

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 2/27/2017 7:33 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 2/27/2017 Time: 7:33 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL MEDICAL CENTER (14-0148) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	286,962	149,301	-27,816	0	1.00
2.00 Subprovider - IPF	0	170,860	0		0	2.00
3.00 Subprovider - IRF	0	-42,224	1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	415,598	149,302	-27,816	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 7:32 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 62781		4.00 County: SANGAMON				
1.00 Street: 701 NORTH FIRST STREET		2.00 City: SPRINGFIELD								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
1.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL MEDICAL CENTER	140148	44100	1	10/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	MEMORIAL MEDICAL CENTER	14S148	44100	4	10/01/1966	N	P	0	4.00
5.00	Subprovider - IRF	PSYCH UNIT								
		MEMORIAL MEDICAL CENTER	14T148	44100	5	10/01/1966	N	P	0	5.00
		REHAB UNIT								
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	MEMORIAL MEDICAL CENTER	142315	44100		10/01/1966				18.00
19.00	Other	RENAL UNIT								19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2015	09/30/2016		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,968	2,633	0	36	9,862	147		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	507	110	0	0	290			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 7:32 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						22.93	58.05	0.283156	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						7.69	8.97	0.461585	65.00
65.01	INTERNAL MEDICINE						6.21	24.15	0.204545	65.01
65.02	PEDIATRICS						0.51	0.17	0.750000	65.02

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	23.02	83.46	0.216191		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	10.00	9.46	0.513875 67.00	
67.01		INTERNAL MEDICINE	1400	13.03	31.77	0.290848 67.01	
67.02		PEDIATRICS	2000	0.00	0.58	0.000000 67.02	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y	N	0 70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0 71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y	N	0 75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0 76.00	
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	

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		V	XIX				
		1.00	2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
		1.00	2.00	3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00		
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0		118.01		
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02		
119.00	DO NOT USE THIS LINE			119.00			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00			
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00		
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y			125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/01/1966			126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 7:32 am	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H058			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: MEMORIAL HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131		141.00	
142.00	Street: 701 NORTH FIRST STREET	PO Box:				142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62781		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						166.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 7:32 am
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			169.00
			1.00	
			2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	
			2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 7:32 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/14/2017	Y	02/14/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 7:32 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BOB	URBANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-788-3138	URBANCE.BOB@MHSI.L.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-2
Part II
Date/Time Prepared:
2/27/2017 7:32 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 7:32 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	364	133,133	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		364	133,133	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,908	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,660	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		412	150,701	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,176		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,980		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		478				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 7:32 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	40,117	4,976	89,083			1.00
2.00 HMO and other (see instructions)	17,072	12,531				2.00
3.00 HMO IPF Subprovider	1,144	2,518				3.00
4.00 HMO IRF Subprovider	586	400				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	40,117	4,976	89,083			7.00
8.00 INTENSIVE CARE UNIT	4,995	179	11,389			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	729	291	2,817			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		522	2,964			13.00
14.00 Total (see instructions)	45,841	5,968	106,253	162.93	3,325.86	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,694	1,996	11,564	4.73	74.49	16.00
17.00 SUBPROVIDER - IRF	2,336	507	4,883	0.35	27.59	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				168.01	3,427.94	27.00
28.00 Observation Bed Days		0	1,580			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,549			30.00
31.00 Employee discount days - IRF			56			31.00
32.00 Labor & delivery days (see instructions)	0	147	367			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 7:32 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8,884	1,411	22,424	1.00
2.00	HMO and other (see instructions)			3,228	3,053		2.00
3.00	HMO IPF Subprovider				418		3.00
4.00	HMO IRF Subprovider				35		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	8,884	1,411	22,424	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	349	305	1,563	16.00
17.00	SUBPROVIDER - IRF	0.00	0	230	44	470	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 7:32 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	208,024,392	-2,947,858	205,076,534	7,401,452.00	27.71
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		11,750,882	0	11,750,882	143,387.00	81.95
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		604,707	0	604,707	2,130.00	283.90
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		1,001,330	0	1,001,330	28,636.00	34.97
7.00	Interns & residents (in an approved program)	21.00	8,036,834	310	8,037,144	308,607.00	26.04
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,643,880	225,314	6,869,194	254,592.00	26.98
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,732,342	0	4,732,342	67,790.00	69.81
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		5,080,395	0	5,080,395	20,040.00	253.51
14.00	Home office and/or related organization salaries and wage-related costs		26,418,909	0	26,418,909	401,324.00	65.83
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		375,692	0	375,692	1,302.00	288.55
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		84,037,600	0	84,037,600		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,780,133	0	3,780,133		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		4,049,843	0	4,049,843		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		170,834	0	170,834		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,936,078	0	1,936,078		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	3,273,547	-58,696	3,214,851	126,272.67	25.46
27.00	Administrative & General	5.00	24,899,985	-444,892	24,455,093	947,511.04	25.81

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 7:32 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	1,971,064	0	1,971,064	9,390.00	209.91	28.00
29.00	Maintenance & Repairs	5,885,344	56,336	5,941,680	202,460.91	29.35	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	144,101	1,548	145,649	11,226.39	12.97	31.00
32.00	Housekeeping	4,527,218	63,592	4,590,810	327,263.09	14.03	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	3,294,699	-2,138,970	1,155,729	77,137.45	14.98	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	898,569	2,194,956	3,093,525	214,665.90	14.41	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,618,592	95,402	2,713,994	70,958.66	38.25	38.00
39.00	Central Services and Supply	2,685,663	-341,445	2,344,218	143,824.77	16.30	39.00
40.00	Pharmacy	7,476,791	-135,334	7,341,457	178,105.66	41.22	40.00
41.00	Medical Records & Medical Records Library	4,002,695	-140,747	3,861,948	190,250.65	20.30	41.00
42.00	Social Service	0	718,396	718,396	32,207.48	22.31	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2017 7:32 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	188,601,703	-2,948,168	185,653,535	6,928,082.00	26.80	1.00
2.00	Excluded area salaries (see instructions)	6,643,880	225,314	6,869,194	254,592.00	26.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	181,957,823	-3,173,482	178,784,341	6,673,490.00	26.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,231,646	0	36,231,646	489,154.00	74.07	4.00
5.00	Subtotal wage-related costs (see inst.)	84,037,600	0	84,037,600	0.00	47.01	5.00
6.00	Total (sum of lines 3 thru 5)	302,227,069	-3,173,482	299,053,587	7,162,644.00	41.75	6.00
7.00	Total overhead cost (see instructions)	61,678,268	-129,854	61,548,414	2,531,274.67	24.32	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2017 7:32 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	13,421,447	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	33,543,530	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	1,775,107	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	17,446,231	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	8,298,354	9.00
10.00	Dental, Hearing and Vision Plan	2,900,805	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	197,427	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	308,761	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,378,006	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	14,258,068	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	92,744	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	354,008	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	93,974,488	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part V Date/Time Prepared: 2/27/2017 7:32 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		4,741,451	86,870,919 1.00
2.00	Hospital		4,732,342	84,037,600 2.00
3.00	Subprovider - IPF		0	2,141,114 3.00
4.00	Subprovider - IRF		9,109	692,205 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	1	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00	0.00	0.00	3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	366	0					5.00			
6.00	Number of stations	11	0	0	0			6.00			
7.00	Treatment capacity per day per station	2	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						142	11.00			
12.00	Number of patients transplanted during the cost reporting period						18	12.00			
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00			
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00			
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00			
16.00	Number of EPO units furnished relating to the home dialysis department							16.00			
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00			
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00			
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00			
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00			
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X	21.00			
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-5

Date/Time Prepared:
2/27/2017 7:32 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142315	1,020	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 2/27/2017 7:32 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.240809	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		51,919,395	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		381,235,361	6.00
7.00	Medicaid cost (line 1 times line 6)		91,804,906	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		39,885,511	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		39,885,511	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	13,310,569	3,638,206	16,948,775
21.00	Cost of patients approved for charity care (line 1 times line 20)	3,205,305	876,113	4,081,418
22.00	Partial payment by patients approved for charity care	900,576	232,265	1,132,841
23.00	Cost of charity care (line 21 minus line 22)	2,304,729	643,848	2,948,577
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,922,569	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,578,706	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,343,863	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,046,041	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,994,618	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		43,880,129	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet A	
Date/Time Prepared: 2/27/2017 7:32 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		19,519,365	19,519,365	8,049,778	27,569,143	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,273,547	60,023,529	63,297,076	-2,060,610	61,236,466	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,899,985	152,754,719	177,654,704	-1,169,357	176,485,347	5.00
6.00 00600	MAINTENANCE & REPAIRS	5,885,344	11,228,594	17,113,938	56,336	17,170,274	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	144,101	2,722,974	2,867,075	1,548	2,868,623	8.00
9.00 00900	HOUSEKEEPING	4,527,218	2,454,326	6,981,544	63,592	7,045,136	9.00
10.00 01000	DIETARY	3,294,699	1,234,707	4,529,406	-2,338,769	2,190,637	10.00
11.00 01100	CAFETERIA	898,569	2,652,779	3,551,348	2,394,755	5,946,103	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,618,592	427,330	3,045,922	95,402	3,141,324	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,685,663	1,804,843	4,490,506	16,757	4,507,263	14.00
15.00 01500	PHARMACY	7,476,791	28,333,940	35,810,731	-26,725,994	9,084,737	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,002,695	1,432,150	5,434,845	50,785	5,485,630	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	1,013,478	1,013,478	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	8,036,834	0	8,036,834	310	8,037,144	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,454,003	1,454,003	0	1,454,003	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	10,485	10,485	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	160,686	160,686	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	30,393,478	7,488,658	37,882,136	1,008,931	38,891,067	30.00
31.00 03100	INTENSIVE CARE UNIT	7,333,116	3,143,726	10,476,842	-6,463	10,470,379	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	1,462,305	532,978	1,995,283	476	1,995,759	33.00
40.00 04000	SUBPROVIDER - I PF	4,225,693	586,919	4,812,612	-28,821	4,783,791	40.00
41.00 04100	SUBPROVIDER - I RF	1,372,621	211,335	1,583,956	16,844	1,600,800	41.00
43.00 04300	NURSERY	3,504,541	1,174,249	4,678,790	-3,412,885	1,265,905	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	17,691,114	14,398,667	32,089,781	-914,266	31,175,515	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,326,435	2,326,435	52.00
53.00 05300	ANESTHESIOLOGY	13,099,644	4,468,170	17,567,814	78,954	17,646,768	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,100,176	11,736,912	19,837,088	-1,084,228	18,752,860	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,304,490	2,312,135	4,616,625	-155,347	4,461,278	55.00
57.00 05700	CT SCAN	1,296,743	2,544,233	3,840,976	6,649	3,847,625	57.00
58.00 05800	MRI	755,556	1,092,918	1,848,474	3,795	1,852,269	58.00
60.00 06000	LABORATORY	9,731,192	14,644,865	24,376,057	84,165	24,460,222	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	511,420	2,785,238	3,296,658	2,167	3,298,825	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	3,504,976	1,827,653	5,332,629	25,240	5,357,869	65.00
66.00 06600	PHYSICAL THERAPY	7,930,410	1,559,082	9,489,492	44,655	9,534,147	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,798,684	179,279	1,977,963	8,456	1,986,419	67.00
68.00 06800	SPEECH PATHOLOGY	737,634	60,251	797,885	4,222	802,107	68.00
69.00 06900	ELECTROCARDIOLOGY	6,631,934	18,044,073	24,676,007	-8,891,664	15,784,343	69.00
69.01 03340	GI UNIT	1,675,978	2,460,586	4,136,564	-123,095	4,013,469	69.01
69.02 03650	VASCULAR LAB	777,627	753,581	1,531,208	3,250	1,534,458	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	428,643	228,749	657,392	3,349	660,741	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	454,116	36,035,618	36,489,734	-21,350,291	15,139,443	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	34,356,318	34,356,318	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,607,749	26,607,749	73.00
73.01 03640	RENAL TXPLANT LAB	195,153	335,228	530,381	929	531,310	73.01
74.00 07400	RENAL DIALYSIS	1,114,299	607,340	1,721,639	-323,637	1,398,002	74.00
75.00 07500	ASC (NON-DISTINCT PART)	2,253,900	3,124,295	5,378,195	-1,178,947	4,199,248	75.00
76.97 07697	CARDIAC REHABILITATION	1,208,099	130,104	1,338,203	14,402	1,352,605	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	8,741,246	8,767,328	17,508,574	-184,130	17,324,444	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	346,237	931,314	1,277,551	1,548	1,279,099	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE	0	8,841,070	8,841,070	-8,692,751	148,319	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	207,325,063	437,049,813	644,374,876	-2,128,809	642,246,067	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,683	249,148	301,831	0	301,831	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
192.00	19200	16,764	23,867	40,631	15,004	55,635	192.00
192.01	19201	0	13,190	13,190	2,110,485	2,123,675	192.01
192.03	19202	19,158	118,493	137,651	0	137,651	192.03
192.04	19203	0	0	0	0	0	192.04
192.05	19204	0	0	0	0	0	192.05
192.06	19205	0	0	0	70	70	192.06
192.07	19206	0	0	0	0	0	192.07
192.08	19208	0	0	0	0	0	192.08
192.09	19207	0	353	353	0	353	192.09
192.10	19209	239,584	325,791	565,375	1,238	566,613	192.10
192.11	19210	371,140	105,038	476,178	2,012	478,190	192.11
192.12	19212	0	0	0	0	0	192.12
200.00		208,024,392	437,885,693	645,910,085	0	645,910,085	200.00
TOTAL (SUM OF LINES 118-199)							

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,961,550	30,530,693	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,466,824	75,703,290	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-91,142,913	85,342,434	5.00
6.00	00600	MAINTENANCE & REPAIRS	162,375	17,332,649	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,868,623	8.00
9.00	00900	HOUSEKEEPING	-115,807	6,929,329	9.00
10.00	01000	DIETARY	-199,046	1,991,591	10.00
11.00	01100	CAFETERIA	-4,376,180	1,569,923	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-500	3,140,824	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-36	4,507,227	14.00
15.00	01500	PHARMACY	-6,000	9,078,737	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,530	5,510,160	16.00
17.00	01700	SOCIAL SERVICE	0	1,013,478	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-529,399	7,507,745	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,454,003	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	10,485	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	160,686	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-189,991	38,701,076	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,032,734	9,437,645	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	-58,199	1,937,560	33.00
40.00	04000	SUBPROVIDER - I PF	-6,715	4,777,076	40.00
41.00	04100	SUBPROVIDER - I RF	-681	1,600,119	41.00
43.00	04300	NURSERY	-20,108	1,245,797	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,812,606	29,362,909	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,326,435	52.00
53.00	05300	ANESTHESIOLOGY	-12,515,792	5,130,976	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-187,012	18,565,848	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-16,533	4,444,745	55.00
57.00	05700	CT SCAN	22,799	3,870,424	57.00
58.00	05800	MRI	34,400	1,886,669	58.00
60.00	06000	LABORATORY	-1,199,510	23,260,712	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,298,825	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-54,353	5,303,516	65.00
66.00	06600	PHYSICAL THERAPY	-214,453	9,319,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,118	1,991,537	67.00
68.00	06800	SPEECH PATHOLOGY	0	802,107	68.00
69.00	06900	ELECTROCARDIOLOGY	-718,659	15,065,684	69.00
69.01	03340	GI UNIT	-34,090	3,979,379	69.01
69.02	03650	VASCULAR LAB	-30,125	1,504,333	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-15,949	644,792	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-29,435	15,110,008	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	34,356,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,607,749	73.00
73.01	03640	RENAL TXPLANT LAB	-11,391	519,919	73.01
74.00	07400	RENAL DIALYSIS	-22,030	1,375,972	74.00
75.00	07500	ASC (NON-DISTINCT PART)	503,298	4,702,546	75.00
76.97	07697	CARDIAC REHABILITATION	10,313	1,362,918	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-259,767	17,064,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-110,146	1,168,953	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE	-148,319	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-96,867,272	545,378,795	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	301,831	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	55,635	192.00
192.01	19201	SCHOOL OF MEDICINE	0	2,123,675	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	137,651	192.03
192.04	19203	MEALS ON WHEELS	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	70	192.06
192.07	19206	GAMBRO	0	0	192.07
192.08	19208	FOUNDATION	0	0	192.08
192.09	19207	SIU MAP PROGRAM	196,461	196,814	192.09
192.10	19209	AUDIOLOGY	0	566,613	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	478,190	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		TOTAL (SUM OF LINES 118-199)	-96,670,811	549,239,274	200.00

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 7:32 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - Lease Recl ass						
1.00	SIU SCHOOL OF MEDICINE	192.01	0	1,180,682	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	1,180,682		
B - Drugs Charged to Patients						
1.00	DRUGS CHARGED TO PATIENTS	73.00		26,565,308	1.00	
2.00			0	26,565,308	2.00	
C - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,692,751	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	8,692,751		
D - Social Service Non-Salary Costs						
1.00	SOCIAL SERVICE	17.00	718,396	295,082	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		718,396	295,082		
E - Renal Medical Supplies						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		339,377	1.00	
2.00			0	339,377	2.00	
F - Cafe/Dietary Other Costs Recl ass						
1.00	CAFETERIA	11.00	2,184,079	199,799	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		2,184,079	199,799		
G - FMS Recl ass Other Costs						
1.00	ADULTS & PEDI ATRICS	30.00	848,449	275,090	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,756,826	569,609	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		2,605,275	844,699		
H - Contract Labor						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		119,887	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00		226,233	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00		358,202	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00		191,532	4.00	
5.00	ADULTS & PEDI ATRICS	30.00		3,295,445	5.00	
6.00	INTENSIVE CARE UNIT	31.00		764	6.00	
7.00	BURN INTENSIVE CARE UNIT	33.00		4,986	7.00	
8.00	SUBPROVIDER - IRF	41.00		9,109	8.00	
9.00	OPERATING ROOM	50.00		167,035	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00		71,761	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00		13,672	11.00	
12.00	CT SCAN	57.00		137,449	12.00	
13.00	MRI	58.00		69,136	13.00	
14.00	LABORATORY	60.00		13,104	14.00	
15.00	PHYSICAL THERAPY	66.00		90,073	15.00	
16.00	ELECTROCARDIOLOGY	69.00		267,959	16.00	
17.00	EMERGENCY	91.00		33,312	17.00	
			0	5,069,659		
I - Kinetic Bed Recl ass						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		7,288	1.00	
2.00			0	7,288	2.00	
J - Building Insurance Recl ass						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	537,709	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	537,709		
K - Observation Recl ass						
1.00	ADULTS & PEDI ATRICS	30.00	20,165	7,927	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		20,165	7,927		
M - Implantable Devices						
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	34,356,318	1.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 7:32 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
TOTALS			0	34,356,318	
N - SIU Purchased Service Support					
1.00	SIU SCHOOL OF MEDICINE	192.01		929,803	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00			0	929,803	10.00
O - Affiliate Accounting Reclass					
1.00	VNA OF CENTRAL I L	192.06		70	1.00
2.00					2.00
			0	70	
Q - Management Incentive Program					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	44,168		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	344,675		2.00
3.00	MAINTENANCE & REPAIRS	6.00	29,408		3.00
4.00	HOUSEKEEPING	9.00	14,070		4.00
5.00	DIETARY	10.00	15,086		5.00
6.00	CAFETERIA	11.00	2,365		6.00
7.00	NURSING ADMINISTRATION	13.00	82,557		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	2,365		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	24,786		9.00
10.00	ADULTS & PEDIATRICS	30.00	91,396		10.00
11.00	INTENSIVE CARE UNIT	31.00	19,094		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	8,771		12.00
13.00	SUBPROVIDER - IPF	40.00	28,716		13.00
14.00	SUBPROVIDER - IRF	41.00	9,416		14.00
15.00	NURSERY	43.00	16,042		15.00
16.00	OPERATING ROOM	50.00	88,086		16.00
17.00	ANESTHESIOLOGY	53.00	59,145		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	25,645		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	9,955		19.00
20.00	LABORATORY	60.00	27,060		20.00
21.00	RESPIRATORY THERAPY	65.00	9,797		21.00
22.00	PHYSICAL THERAPY	66.00	40,510		22.00
23.00	OCCUPATIONAL THERAPY	67.00	1,182		23.00
24.00	SPEECH PATHOLOGY	68.00	2,365		24.00
25.00	ELECTROCARDIOLOGY	69.00	41,518		25.00
26.00	GI UNIT	69.01	7,446		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	1,182		27.00
28.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1,182		28.00
29.00	DRUGS CHARGED TO PATIENTS	73.00	20,156		29.00
30.00	RENAL DIALYSIS	74.00	10,478		30.00
31.00	ASC (NON-DISTINCT PART)	75.00	11,604		31.00
32.00	CARDIAC REHABILITATION	76.97	8,212		32.00
33.00	EMERGENCY	91.00	16,368		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	10,052		34.00
			1,124,858	0	
R - Success Sharing Program					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	17,023		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	155,062		2.00
3.00	MAINTENANCE & REPAIRS	6.00	26,928		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,548		4.00
5.00	HOUSEKEEPING	9.00	49,522		5.00
6.00	DIETARY	10.00	30,023		6.00
7.00	CAFETERIA	11.00	8,512		7.00
8.00	NURSING ADMINISTRATION	13.00	12,845		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	14,392		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	25,999		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	310		11.00
12.00	ADULTS & PEDIATRICS	30.00	126,901		12.00
13.00	INTENSIVE CARE UNIT	31.00	38,380		13.00
14.00	BURN INTENSIVE CARE UNIT	33.00	6,964		14.00
15.00	SUBPROVIDER - IPF	40.00	23,987		15.00

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 7:32 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
16.00	SUBPROVIDER - IRF	41.00	7,428		16.00
17.00	NURSERY	43.00	21,047		17.00
18.00	OPERATING ROOM	50.00	74,438		18.00
19.00	ANESTHESIOLOGY	53.00	19,809		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	44,415		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	6,964		21.00
22.00	CT SCAN	57.00	6,655		22.00
23.00	MRI	58.00	4,024		23.00
24.00	LABORATORY	60.00	57,105		24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	2,167		25.00
26.00	RESPIRATORY THERAPY	65.00	19,190		26.00
27.00	PHYSICAL THERAPY	66.00	34,820		27.00
28.00	OCCUPATIONAL THERAPY	67.00	7,274		28.00
29.00	SPEECH PATHOLOGY	68.00	1,857		29.00
30.00	ELECTROCARDIOLOGY	69.00	28,940		30.00
31.00	GI UNIT	69.01	8,047		31.00
32.00	VASCULAR LAB	69.02	3,250		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	2,167		33.00
34.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	929		34.00
35.00	DRUGS CHARGED TO PATIENTS	73.00	22,285		35.00
36.00	RENAL TXPLANT LAB	73.01	929		36.00
37.00	RENAL DIALYSIS	74.00	5,262		37.00
38.00	ASC (NON-DISTINCT PART)	75.00	13,154		38.00
39.00	CARDIAC REHABILITATION	76.97	6,190		39.00
40.00	EMERGENCY	91.00	50,451		40.00
41.00	KIDNEY ACQUISITION	105.00	1,548		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	4,952		42.00
43.00	AUDIOLOGY	192.10	1,238		43.00
44.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	2,012		44.00
			996,943	0	
S - EMS Coordinator Reclass Other Costs					
1.00	PARAMED ED PRGM-(EMS)	23.00	9,740	745	1.00
2.00		0.00	0	0	2.00
	TOTALS		9,740	745	
T - Pharmacy Residency Recl ass Salary					
1.00	PARAMED ED PRGM-(PHARMACY)	23.01	135,334	25,352	1.00
2.00		0.00	0	0	2.00
	TOTALS		135,334	25,352	
500.00	Grand Total: Increases		7,794,790	79,052,569	500.00

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - Lease Recl ass							
1.00		0.00	0	0	0		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,180,682	10		2.00
	TOTALS		0	1,180,682			
B - Drugs Charged to Patients							
1.00							1.00
2.00	PHARMACY	15.00	0	26,565,308			2.00
			0	26,565,308			
C - Interest Expense							
1.00		0.00	0	0	11		1.00
2.00	INTEREST EXPENSE	113.00	0	8,692,751	0		2.00
	TOTALS		0	8,692,751			
D - Social Service Non-Salary Costs							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	718,396	295,082	0		2.00
	TOTALS		718,396	295,082			
E - Renal Medical Supplies							
1.00							1.00
2.00	RENAL DIALYSIS	74.00	0	339,377			2.00
			0	339,377			
F - Cafe/Dietary Other Costs Recl ass							
1.00		0.00	0	0	0		1.00
2.00	DIETARY	10.00	2,184,079	199,799	0		2.00
	TOTALS		2,184,079	199,799			
G - FMS Recl ass Other Costs							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	NURSERY	43.00	2,605,275	844,699	0		3.00
	TOTALS		2,605,275	844,699			
H - Contract Labor							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	119,887				1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	226,233				2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	358,202				3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	191,532				4.00
5.00	ADULTS & PEDIATRICS	30.00	3,295,445				5.00
6.00	INTENSIVE CARE UNIT	31.00	764				6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	4,986				7.00
8.00	SUBPROVIDER - IRF	41.00	9,109				8.00
9.00	OPERATING ROOM	50.00	167,035				9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	71,761				10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	13,672				11.00
12.00	CT SCAN	57.00	137,449				12.00
13.00	MRI	58.00	69,136				13.00
14.00	LABORATORY	60.00	13,104				14.00
15.00	PHYSICAL THERAPY	66.00	90,073				15.00
16.00	ELECTROCARDIOLOGY	69.00	267,959				16.00
17.00	EMERGENCY	91.00	33,312				17.00
			5,069,659	0			
I - Kinetic Bed Recl ass							
1.00							1.00
2.00	ADULTS & PEDIATRICS	30.00	0	7,288			2.00
			0	7,288			
J - Building Insurance Recl ass							
1.00		0.00	0	0	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	537,709	0		2.00
	TOTALS		0	537,709			
K - Observation Recl ass							
1.00		0.00	0	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	8,982	3,851	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	11,183	4,076	0		3.00
	TOTALS		20,165	7,927			
M - Implantable Devices							
1.00		0.00	0	0	0		1.00
3.00	ADULTS & PEDIATRICS	30.00	0	135,290	0		3.00
4.00	OPERATING ROOM	50.00	0	1,076,709	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,012,742	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	172,266	0		6.00
7.00	CT SCAN	57.00	0	6	0		7.00
8.00	MRI	58.00	0	229	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	3,747	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	8,913,969	0		10.00
11.00	GI UNIT	69.01	0	138,588	0		11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	21,699,067	0		12.00

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
13.00	6.00 ASC (NON-DISTINCT PART)	7.00 75.00	8.00 0	9.00 1,203,705	10.00 0	13.00
	TOTALS		0	34,356,318		
N - SIU Purchased Service Support						
1.00						1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		117,837		2.00
3.00	ADULTS & PEDIATRICS	30.00		218,419		3.00
4.00	INTENSIVE CARE UNIT	31.00		51,104		4.00
5.00	SUBPROVIDER - IPF	40.00		81,524		5.00
6.00	OPERATING ROOM	50.00		81		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00		141,546		7.00
8.00	PHYSICAL THERAPY	66.00		30,675		8.00
9.00	ELECTROCARDIOLOGY	69.00		48,153		9.00
10.00	EMERGENCY	91.00		240,464		10.00
			0	929,803		
O - Affiliate Accounting Reclass						
1.00						1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		70		2.00
			0	70		
Q - Management Incentive Program						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		1,124,858		1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00
26.00						26.00
27.00						27.00
28.00						28.00
29.00						29.00
30.00						30.00
31.00						31.00
32.00						32.00
33.00						33.00
34.00						34.00
			0	1,124,858		
R - Success Sharing Program						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		996,943		1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
20.00							20.00
21.00							21.00
22.00							22.00
23.00							23.00
24.00							24.00
25.00							25.00
26.00							26.00
27.00							27.00
28.00							28.00
29.00							29.00
30.00							30.00
31.00							31.00
32.00							32.00
33.00							33.00
34.00							34.00
35.00							35.00
36.00							36.00
37.00							37.00
38.00							38.00
39.00							39.00
40.00							40.00
41.00							41.00
42.00							42.00
43.00							43.00
44.00							44.00
			0	996,943			
S - EMS Coordinator Recl ass Other Costs							
1.00		0.00	0	0	0		1.00
2.00	EMERGENCY	91.00	9,740	745			2.00
	TOTALS		9,740	745			
T - Pharmacy Residency Recl ass Salary							
1.00		0.00	0	0	0		1.00
2.00	PHARMACY	15.00	135,334	25,352			2.00
	TOTALS		135,334	25,352			
500.00	Grand Total : Decreases		10,742,648	76,104,711			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
2/27/2017 7:32 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	24,549,487	0	0	0	421,062 1.00
2.00	Land Improvements	2,487,624	0	0	0	0 2.00
3.00	Buildings and Fixtures	179,889,138	0	0	0	326,209 3.00
4.00	Building Improvements	9,744,287	18,449,835	0	18,449,835	10,733,558 4.00
5.00	Fixed Equipment	36,474,995	0	0	0	-4,214,479 5.00
6.00	Movable Equipment	26,988,401	0	0	0	-1,769,572 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	280,133,932	18,449,835	0	18,449,835	5,496,778 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	280,133,932	18,449,835	0	18,449,835	5,496,778 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	24,128,425	0			1.00
2.00	Land Improvements	2,487,624	1,625,352			2.00
3.00	Buildings and Fixtures	179,562,929	51,182,847			3.00
4.00	Building Improvements	17,460,564	0			4.00
5.00	Fixed Equipment	40,689,474	30,663,017			5.00
6.00	Movable Equipment	28,757,973	24,634,028			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	293,086,989	108,105,244			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	293,086,989	108,105,244			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	19,519,365	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,519,365	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	19,519,365				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	19,519,365				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	362,793,307	0	362,793,307	0.657185	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	189,248,061	0	189,248,061	0.342815	0	2.00
3.00	Total (sum of lines 1-2)	552,041,368	0	552,041,368	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	23,163,469	-1,180,682	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,163,469	-1,180,682	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,010,197	537,709	0	0	30,530,693	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,010,197	537,709	0	0	30,530,693	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-45,232,139				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-17,331,062				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-199,046	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-65,473	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 Misc. Income	B	-214,440	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01 Misc. Income	B	-1,290,176	ADMINISTRATIVE & GENERAL		5.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
33.02	Mi sc. Income	B	-256,081	MAINTENANCE & REPAIRS	6.00	0	33.02
33.03	Mi sc. Income	B	-152,364	HOUSEKEEPING	9.00	0	33.03
33.04	Mi sc. Income	B	-36	CENTRAL SERVICES & SUPPLY	14.00	0	33.04
33.05	Mi sc. Income	B	-6,000	PHARMACY	15.00	0	33.05
33.06	Mi sc. Income	B	-202,467	MEDICAL RECORDS & LIBRARY	16.00	0	33.06
33.07	Mi sc. Income	B	-529,399	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.07
33.08	Mi sc. Income	B	-17,345	ADULTS & PEDIATRICALS	30.00	0	33.08
33.09	Mi sc. Income	B	-1,769	OPERATING ROOM	50.00	0	33.09
33.10	Mi sc. Income	B	-2,717	RADIOLOGY-DIAGNOSTIC	54.00	0	33.10
33.11	Mi sc. Income	B	-908	RADIOLOGY-THERAPEUTIC	55.00	0	33.11
33.12	Mi sc. Income	B	-381,322	LABORATORY	60.00	0	33.12
33.13	Mi sc. Income	B	-168,088	PHYSICAL THERAPY	66.00	0	33.13
33.14	Mi sc. Income	B	-12,989	OCCUPATIONAL THERAPY	67.00	0	33.14
33.15	Mi sc. Income	B	-120,838	ELECTROCARDIOLOGY	69.00	0	33.15
33.16	Mi sc. Income	B	-6,000	GI UNIT	69.01	0	33.16
33.17	Mi sc. Income	B	-6,084	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.17
33.18	Mi sc. Income	B	-15,148	CARDIAC REHABILITATION	76.97	0	33.18
33.19	Mi sc. Income	B	-3,265	EMERGENCY	91.00	0	33.19
37.00	Cafeteria Revenues	B	-4,310,707	CAFETERIA	11.00	0	37.00
37.01	Autopsy Reimbursement	B	-41,317	LABORATORY	60.00	0	37.01
37.02	Prompt Pay Interest Penalty	B	-4,665,888	ADMINISTRATIVE & GENERAL	5.00	0	37.02
37.03	Child Care Income	B	-1,137,023	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.03
37.04	Gain Loss on Disposal	B	-4,018	ADMINISTRATIVE & GENERAL	5.00	0	37.04
38.00	Legal Fees	A	-61,045	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.01	Rental Income	B	-247,188	ADMINISTRATIVE & GENERAL	5.00	0	38.01
38.04	CRNA SALARY	A	-11,671,928	ANESTHESIOLOGY	53.00	0	38.04
38.05	CRNA FICA	A	-595,255	ANESTHESIOLOGY	53.00	0	38.05
38.06	CRNA Benefits	A	-4,210,881	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.06
38.07	CRNA Gift / Employee Bonus / MIP	A	-78,954	ANESTHESIOLOGY	53.00	0	38.07
38.08	Real Estate Taxes	A	-9,217	ADMINISTRATIVE & GENERAL	5.00	0	38.08
38.11	Interest Expenses	A	-722,154	CAP REL COSTS-BLDG & FIXT	1.00	11	38.11
38.15	Investment Mgmt Fees	B	39,600	CAP REL COSTS-BLDG & FIXT	1.00	11	38.15
38.17	Work Compensation	A	-794,495	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.17
38.22	Ambulance Offset	A	-5,040	SUBPROVIDER - IPF	40.00	0	38.22
38.23	Ambulance Offset	A	-188,936	EMERGENCY	91.00	0	38.23
39.00	SELF INSURANCE MALPRACTICE	A	-958,066	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	Self Insurance Health	A	-15,296,592	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00	Pension Cost	A	37,069,790	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00	Advertising Expense	A	-1,965,239	ADMINISTRATIVE & GENERAL	5.00	0	42.00
42.01	Advertising Expense	A	-2,267	OPERATING ROOM	50.00	0	42.01
42.02	Advertising Expense	A	-32,315	PHYSICAL THERAPY	66.00	0	42.02
42.03	Advertising Expense	A	-25,168	ELECTROCARDIOLOGY	69.00	0	42.03
42.04	Advertising Expense	A	-7,126	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42.04
43.00	Post Judgement Interest	B	-20,886	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	Hospital Mutual Assistance Program / MCO HAP Admin Fee	A	-87,122	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00	VNA Offset	A	-215,090	ADMINISTRATIVE & GENERAL	5.00	0	45.00
46.00	Operating Released	B	-25,129	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.00
46.01	Operating Released	B	-420,506	ADMINISTRATIVE & GENERAL	5.00	0	46.01
46.03	Deferred Comp Interest/Dividends	B	-148,319	INTEREST EXPENSE	113.00	0	46.03
46.04	Medical Director	A	63,051	ADMINISTRATIVE & GENERAL	5.00	0	46.04
46.05	Medical Director	A	18,628	ADULTS & PEDIATRICALS	30.00	0	46.05
46.06	Medical Director	A	1,429	INTENSIVE CARE UNIT	31.00	0	46.06
46.07	Medical Director	A	1,406	SUBPROVIDER - IPF	40.00	0	46.07
46.08	Medical Director	A	208	SUBPROVIDER - IRF	41.00	0	46.08
46.09	Medical Director	A	10,229	OPERATING ROOM	50.00	0	46.09
46.10	Medical Director	A	1,646	RADIOLOGY-DIAGNOSTIC	54.00	0	46.10
46.11	Medical Director	A	1,420	RESPIRATORY THERAPY	65.00	0	46.11
46.12	Medical Director	A	23,268	PHYSICAL THERAPY	66.00	0	46.12
46.13	Medical Director	A	325,369	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	46.13
46.14	Medical Director	A	257,124	ASC (NON-DISTINCT PART)	75.00	0	46.14
46.15	Medical Director	A	1,305	EMERGENCY	91.00	0	46.15
46.16	Medical Director	A	10,000	KIDNEY ACQUISITION	105.00	0	46.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
46.20 Non-Personal Donations	A	-200	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 46.20
46.21 Non-Personal Donations	A	-646,379	ADMINISTRATIVE & GENERAL		5.00	0 46.21
46.22 Non-Personal Donations	A	-500	NURSING ADMINISTRATION		13.00	0 46.22
46.23 Non-Personal Donations	A	-757	BURN INTENSIVE CARE UNIT		33.00	0 46.23
46.24 Non-Personal Donations	A	-17,201	RADIOLOGY-DIAGNOSTIC		54.00	0 46.24
46.25 Non-Personal Donations	A	-1,000	PHYSICAL THERAPY		66.00	0 46.25
46.26 Non-Personal Donations	A	-11,058	KIDNEY ACQUISITION		105.00	0 46.26
46.30 Restricted Grant Income	B	-25,129	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 46.30
46.31 Restricted Grant Income	B	-442,507	ADMINISTRATIVE & GENERAL		5.00	0 46.31
47.00 A&G Patient Revenue Offset	B	-1,817	ADMINISTRATIVE & GENERAL		5.00	0 47.00
48.00 Illinois Provider Assessment Expense	A	-16,428,587	ADMINISTRATIVE & GENERAL		5.00	0 48.00
49.00 Lobbyist Fees	A	-48,501	ADMINISTRATIVE & GENERAL		5.00	0 49.00
49.01 Collection Fees	A	-3,505	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.01
49.02 Collection Fees	A	-59,531	ADMINISTRATIVE & GENERAL		5.00	0 49.02
49.03 Collection Fees	A	-102,151	OPERATING ROOM		50.00	0 49.03
49.04 Collection Fees	A	-129,243	ANESTHESIOLOGY		53.00	0 49.04
49.05 Collection Fees	A	-105,253	ELECTROCARDIOLOGY		69.00	0 49.05
49.06 Collection Fees	A	-9,176	VASCULAR LAB		69.02	0 49.06
49.10 Professional Fees Salary	A	-591,557	OPERATING ROOM		50.00	0 49.10
49.11 Professional Fees FICA	A	-15,925	OPERATING ROOM		50.00	0 49.11
49.12 Professional Fees Benefits	A	-221,078	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.12
49.13 Professional Fees Salary	A	-861,073	OPERATING ROOM		50.00	0 49.13
49.14 Professional Fees FICA	A	-65,872	OPERATING ROOM		50.00	0 49.14
49.15 Professional Fees Benefits	A	-321,783	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.15
49.16 Professional Fees Salary	A	-140,257	ELECTROCARDIOLOGY		69.00	0 49.16
49.17 Professional Fees FICA	A	-10,730	ELECTROCARDIOLOGY		69.00	0 49.17
49.18 Professional Fees Benefits	A	-52,417	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.18
49.19 Professional Fees Salary	A	-13,150	OPERATING ROOM		50.00	0 49.19
49.20 Professional Fees FICA	A	-1,006	OPERATING ROOM		50.00	0 49.20
49.21 Professional Fees Benefits	A	-4,914	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.21
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-96,670,811				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0148

Period: From 10/01/2015 To 09/30/2016

Worksheet A-8-1

Date/Time Prepared: 2/27/2017 7:32 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING	36,892,598	54,496,819 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - CAPITAL	3,778,248	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS	0	1,298,664 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	BAYLIS RENT - A&G	49,244	2,220,703 3.01
3.02	9.00	HOUSEKEEPING	BAYLIS RENT - HSKG	11,047	0 3.02
3.03	6.00	MAINTENANCE & REPAIRS	BAYLIS RENT - MAINT	98,936	0 3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT - RADIOLOGY	212,374	0 3.04
3.05	57.00	CT SCAN	BAYLIS RENT - CAT SCAN	22,799	0 3.05
3.06	58.00	MRI	BAYLIS RENT - MRI	34,400	0 3.06
3.07	60.00	LABORATORY	BAYLIS RENT - LAB	17,616	0 3.07
3.08	75.00	ASC (NON-DISTINCT PART)	BAYLIS RENT - ASC SURGERY	350,403	0 3.08
3.10	5.00	ADMINISTRATIVE & GENERAL	KOKE MILL RENT - A&G	8,379	963,925 3.10
3.11	76.97	CARDIAC REHABILITATION	KOKE MILL RENT - CARDIAC REH	31,471	0 3.11
3.12	6.00	MAINTENANCE & REPAIRS	KOKE MILL RENT - MAINT	154,274	0 3.12
3.13	9.00	HOUSEKEEPING	KOKE MILL RENT - HSKG	12,353	0 3.13
3.14	54.00	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT - RADIOLOGY	109,945	0 3.14
3.15	60.00	LABORATORY	KOKE MILL RENT - LAB	40,742	0 3.15
3.16	67.00	OCCUPATIONAL THERAPY	KOKE MILL RENT - OT	18,107	0 3.16
3.17	66.00	PHYSICAL THERAPY	KOKE MILL RENT - PT	240,188	0 3.17
3.18	60.00	LABORATORY	SIXTH LAB	62,873	0 3.18
3.19	6.00	MAINTENANCE & REPAIRS	SIXTH ENGINEERING	12,199	0 3.19
3.20	9.00	HOUSEKEEPING	SIXTH HSKG	3,128	0 3.20
3.21	5.00	ADMINISTRATIVE & GENERAL	SIXTH IT	3,649	88,760 3.21
3.22	60.00	LABORATORY	NDIRKSEN LAB	51,026	0 3.22
3.23	6.00	MAINTENANCE & REPAIRS	NDIRKSEN ENGINEERING	9,982	0 3.23
3.24	9.00	HOUSEKEEPING	NDIRKSEN HSKG	1,037	0 3.24
3.25	5.00	ADMINISTRATIVE & GENERAL	NDIRKSEN IT	2,112	78,571 3.25
3.26	5.00	ADMINISTRATIVE & GENERAL	VNA RENT - A&G	110,048	74,621 3.26
3.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	2401 W JEFFERSON - HR	65,403	0 3.27
3.28	5.00	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON - A&G	556,477	739,007 3.28
3.29	6.00	MAINTENANCE & REPAIRS	2401 W JEFFERSON -MAINT	67,516	0 3.29
3.30	9.00	HOUSEKEEPING	2401 W JEFFERSON - HSKG	7,748	0 3.30
3.31	60.00	LABORATORY	2401 W JEFFERSON - LAB	75,918	0 3.31
3.32	69.00	ELECTROCARDIOLOGY	2401 W JEFFERSON - CARDIAC A	26,186	0 3.32
3.33	16.00	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON - MED REC	269,334	0 3.33
3.34	1.00	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION	0	134,144 3.34
3.35	66.00	PHYSICAL THERAPY	PETERSBURG RENT	20,770	0 3.35
3.36	66.00	PHYSICAL THERAPY	INDUSTRIAL REHAB	89,811	0 3.36
3.37	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ALMH	0	154,536 3.37
3.38	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ALMH	0	56,851 3.38
3.39	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ALMH	0	7,173 3.39
3.40	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES TMH	0	140,602 3.40
3.41	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS TMH	0	51,725 3.41
3.42	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC TMH	0	6,526 3.42
3.43	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES VNA	0	59,695 3.43
3.44	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS VNA	0	21,961 3.44
3.45	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC VNA	0	2,771 3.45
3.46	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ACS	0	31,341 3.46
3.47	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ACS	0	11,530 3.47
3.48	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ACS	0	1,455 3.48
3.49	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MPS	0	299,866 3.49
3.50	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MPS	0	110,117 3.50
3.51	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MPS	0	11,276 3.51
3.52	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHCC	0	73,783 3.52
3.53	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHCC	0	27,095 3.53
3.54	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHCC	0	2,774 3.54
3.58	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHV	0	14,025 3.58
3.59	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHV	0	5,170 3.59
3.60	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHV	0	674 3.60
3.61	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES PAH	0	170,760 3.61
3.62	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS PAH	0	62,819 3.62
3.63	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC PAH	0	7,926 3.63
3.64	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHP	0	36,666 3.64
3.65	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHP	0	13,515 3.65
3.66	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHP	0	1,762 3.66
3.67	66.00	PHYSICAL THERAPY	501 N FIRST - PSYCH	53,056	0 3.67
3.68	50.00	OPERATING ROOM	501 N FIRST - PAIN CLINIC	75,677	0 3.68
3.69	6.00	MAINTENANCE & REPAIRS	501 N FIRST - MAINT	946	0 3.69
3.70	9.00	HOUSEKEEPING	501 N FIRST - HSKPG	1,244	0 3.70
3.71	5.00	ADMINISTRATIVE & GENERAL	501 N FIRST - IT	1,269	131,219 3.71

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
2/27/2017 7:32 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
4.00	5.00	ADMINISTRATIVE & GENERAL	340 MILLER - A&G	9,922	177,453	4.00
4.01	6.00	MAINTENANCE & REPAIRS	340 MILLER - MAINT	74,603	0	4.01
4.02	60.00	LABORATORY	340 MILLER - LAB	5,571	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	CHURCHILL - A&G	124,828	0	4.03
4.04	60.00	LABORATORY	CHURCHILL - LAB	7,371	0	4.04
4.06	5.00	ADMINISTRATIVE & GENERAL	VINE ST - A&G	13,513	0	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	2ND & MADISON - A&G	254,303	0	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	MBH LEGAL FEES	0	2,275	4.08
4.09	192.09	SIU MAP PROGRAM	SIU EXPENSES DIRECTED TO MMC	196,461	0	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	400 W LAWRENCE - A&G	122,388	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			44,459,493	61,790,555	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	MEMORIAL HEALTH SYSTEM	0.00	MEMORIAL HEALTH SYSTEM	0.00	6.00
7.00	E	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	7.00
8.00	E	TAYLORVILLE MEMORIAL HOSPITAL	0.00	TAYLORVILLE MEMORIAL HOSPITAL	0.00	8.00
9.00	E	PASSAVANT AREA	0.00	PASSAVANT AREA	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
2/27/2017 7:32 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-17,604,221	0		1.00
2.00	3,778,248	9		2.00
3.00	-1,298,664	0		3.00
3.01	-2,171,459	0		3.01
3.02	11,047	0		3.02
3.03	98,936	0		3.03
3.04	212,374	0		3.04
3.05	22,799	0		3.05
3.06	34,400	0		3.06
3.07	17,616	0		3.07
3.08	350,403	0		3.08
3.10	-955,546	0		3.10
3.11	31,471	0		3.11
3.12	154,274	0		3.12
3.13	12,353	0		3.13
3.14	109,945	0		3.14
3.15	40,742	0		3.15
3.16	18,107	0		3.16
3.17	240,188	0		3.17
3.18	62,873	0		3.18
3.19	12,199	0		3.19
3.20	3,128	0		3.20
3.21	-85,111	0		3.21
3.22	51,026	0		3.22
3.23	9,982	0		3.23
3.24	1,037	0		3.24
3.25	-76,459	0		3.25
3.26	35,427	0		3.26
3.27	65,403	0		3.27
3.28	-182,530	0		3.28
3.29	67,516	0		3.29
3.30	7,748	0		3.30
3.31	75,918	0		3.31
3.32	26,186	0		3.32
3.33	269,334	0		3.33
3.34	-134,144	9		3.34
3.35	20,770	0		3.35
3.36	89,811	0		3.36
3.37	-154,536	0		3.37
3.38	-56,851	0		3.38
3.39	-7,173	0		3.39
3.40	-140,602	0		3.40
3.41	-51,725	0		3.41
3.42	-6,526	0		3.42
3.43	-59,695	0		3.43
3.44	-21,961	0		3.44
3.45	-2,771	0		3.45
3.46	-31,341	0		3.46
3.47	-11,530	0		3.47
3.48	-1,455	0		3.48
3.49	-299,866	0		3.49
3.50	-110,117	0		3.50
3.51	-11,276	0		3.51
3.52	-73,783	0		3.52
3.53	-27,095	0		3.53
3.54	-2,774	0		3.54
3.58	-14,025	0		3.58
3.59	-5,170	0		3.59
3.60	-674	0		3.60
3.61	-170,760	0		3.61
3.62	-62,819	0		3.62
3.63	-7,926	0		3.63
3.64	-36,666	0		3.64
3.65	-13,515	0		3.65
3.66	-1,762	0		3.66
3.67	53,056	0		3.67
3.68	75,677	0		3.68
3.69	946	0		3.69
3.70	1,244	0		3.70
3.71	-129,950	0		3.71

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet A-8-1 Date/Time Prepared: 2/27/2017 7:32 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
4.00	-167,531	0	4.00
4.01	74,603	0	4.01
4.02	5,571	0	4.02
4.03	124,828	0	4.03
4.04	7,371	0	4.04
4.06	13,513	0	4.06
4.07	254,303	0	4.07
4.08	-2,275	0	4.08
4.09	196,461	0	4.09
4.10	122,388	0	4.10
5.00	-17,331,062		5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	
Type of Business	
6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:	

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE	6.00
7.00	HEALTHCARE	7.00
8.00	HEALTHCARE	8.00
9.00	HEALTHCARE	9.00
10.00		10.00
100.00		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
2/27/2017 7:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	41,028,003	39,179,015	1,848,988	136,700	7,583	1.00
2.00	30.00	ADULTS & PEDIATRICS	264,947	40,240	224,707	136,700	1,121	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,149,664	837,808	311,856	154,100	1,559	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	69,000	30,000	39,000	154,100	156	4.00
5.00	40.00	SUBPROVIDER - IPF	8,288	0	8,288	142,500	76	5.00
6.00	41.00	SUBPROVIDER - IRF	1,875	0	1,875	136,700	15	6.00
7.00	43.00	NURSERY	37,984	6,976	31,008	136,700	272	7.00
8.00	50.00	OPERATING ROOM	391,518	111,534	279,984	204,100	1,506	8.00
9.00	53.00	ANESTHESIOLOGY	63,042	22,944	40,098	200,300	235	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	15,625	15,625	0	231,100	0	10.00
11.00	60.00	LABORATORY	1,283,554	563,249	720,305	219,500	2,327	11.00
12.00	65.00	RESPIRATORY THERAPY	79,104	928	78,176	136,700	355	12.00
13.00	66.00	PHYSICAL THERAPY	537,147	201,138	336,009	136,700	1,476	13.00
14.00	69.00	ELECTROCARDIOLOGY	352,589	327,671	24,918	136,700	152	14.00
15.00	69.01	GI UNIT	38,868	0	38,868	136,700	164	15.00
16.00	69.02	VASCULAR LAB	25,550	10,868	14,682	136,700	70	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	27,385	1,187	26,198	136,700	174	17.00
18.00	74.00	RENAL DIALYSIS	29,982	5,331	24,651	136,700	121	18.00
19.00	91.00	EMERGENCY	108,895	0	108,895	136,700	609	19.00
20.00	105.00	KIDNEY ACQUISITION	156,736	0	156,736	136,700	725	20.00
21.00	73.01	RENAL TXPLANT LAB	26,587	3,884	22,703	219,500	144	21.00
22.00	76.97	CARDIAC REHABILITATION	8,376	0	8,376	136,700	36	22.00
23.00	71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	354,410	0	354,410	136,700	195	23.00
24.00	75.00	ASC (NON-DISTINCT PART)	128,172	0	128,172	204,100	244	24.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	581,943	320,288	261,655	231,100	818	25.00
200.00			46,769,244	41,678,686	5,090,558		20,133	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	498,363	24,918	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	73,673	3,684	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	115,501	5,775	0	0	0	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	11,558	578	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	5,207	260	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	986	49	0	0	0	6.00
7.00	43.00	NURSERY	17,876	894	0	0	0	7.00
8.00	50.00	OPERATING ROOM	147,776	7,389	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	22,630	1,132	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	245,566	12,278	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	23,331	1,167	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	97,004	4,850	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	9,990	500	0	0	0	14.00
15.00	69.01	GI UNIT	10,778	539	0	0	0	15.00
16.00	69.02	VASCULAR LAB	4,601	230	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	11,436	572	0	0	0	17.00
18.00	74.00	RENAL DIALYSIS	7,952	398	0	0	0	18.00
19.00	91.00	EMERGENCY	40,024	2,001	0	0	0	19.00
20.00	105.00	KIDNEY ACQUISITION	47,648	2,382	0	0	0	20.00
21.00	73.01	RENAL TXPLANT LAB	15,196	760	0	0	0	21.00
22.00	76.97	CARDIAC REHABILITATION	2,366	118	0	0	0	22.00
23.00	71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	12,816	641	0	0	0	23.00
24.00	75.00	ASC (NON-DISTINCT PART)	23,943	1,197	0	0	0	24.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	90,884	4,544	0	0	0	25.00
200.00			1,537,105	76,856	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	498,363	1,350,625	40,529,640		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	73,673	151,034	191,274		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	115,501	196,355	1,034,163		3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	0	11,558	27,442	57,442		4.00
5.00	40.00	SUBPROVIDER - IPF	0	5,207	3,081	3,081		5.00
6.00	41.00	SUBPROVIDER - IRF	0	986	889	889		6.00
7.00	43.00	NURSERY	0	17,876	13,132	20,108		7.00
8.00	50.00	OPERATING ROOM	0	147,776	132,208	243,742		8.00
9.00	53.00	ANESTHESIOLOGY	0	22,630	17,468	40,412		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
2/27/2017 7:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	15,625		10.00
11.00	60.00	LABORATORY	0	245,566	474,739	1,037,988		11.00
12.00	65.00	RESPIRATORY THERAPY	0	23,331	54,845	55,773		12.00
13.00	66.00	PHYSICAL THERAPY	0	97,004	239,005	440,143		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	9,990	14,928	342,599		14.00
15.00	69.01	GI UNIT	0	10,778	28,090	28,090		15.00
16.00	69.02	VASCULAR LAB	0	4,601	10,081	20,949		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	11,436	14,762	15,949		17.00
18.00	74.00	RENAL DIALYSIS	0	7,952	16,699	22,030		18.00
19.00	91.00	EMERGENCY	0	40,024	68,871	68,871		19.00
20.00	105.00	KIDNEY ACQUISITION	0	47,648	109,088	109,088		20.00
21.00	73.01	RENAL TXPLANT LAB	0	15,196	7,507	11,391		21.00
22.00	76.97	CARDIAC REHABILITATION	0	2,366	6,010	6,010		22.00
23.00	71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,816	341,594	341,594		23.00
24.00	75.00	ASC (NON-DIAGNOSTIC PART)	0	23,943	104,229	104,229		24.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	0	90,884	170,771	491,059		25.00
200.00			0	1,537,105	3,553,453	45,232,139		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	30,530,693	30,530,693			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	75,703,290	292,264	0	75,995,554	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	85,342,434	4,855,136	0	10,110,053	5.00
6.00 00600	MAINTENANCE & REPAIRS	17,332,649	3,681,422	0	2,456,368	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,868,623	130,643	0	60,213	8.00
9.00 00900	HOUSEKEEPING	6,929,329	369,165	0	1,897,901	9.00
10.00 01000	DIETARY	1,991,591	185,145	0	477,793	10.00
11.00 01100	CAFETERIA	1,569,923	564,596	0	1,278,903	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,140,824	127,995	0	1,122,000	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,507,227	484,348	0	969,130	14.00
15.00 01500	PHARMACY	9,078,737	181,341	0	3,035,054	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,510,160	372,147	0	1,596,579	16.00
17.00 01700	SOCIAL SERVICE	1,013,478	0	0	296,994	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	7,507,745	176,077	0	1,387,965	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,454,003	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	10,485	0	0	4,027	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	160,686	6,665	0	55,949	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	38,701,076	6,980,477	0	11,651,950	30.00
31.00 03100	INTENSIVE CARE UNIT	9,437,645	977,491	0	3,051,337	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	1,937,560	223,550	0	604,356	33.00
40.00 04000	SUBPROVIDER - IPF	4,777,076	771,530	0	1,768,745	40.00
41.00 04100	SUBPROVIDER - IRF	1,600,119	234,140	0	570,657	41.00
43.00 04300	NURSERY	1,245,797	59,341	0	387,101	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	29,362,909	2,573,563	0	6,705,900	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,326,435	59,676	0	726,295	52.00
53.00 05300	ANESTHESIOLOGY	5,130,976	150,545	0	590,236	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,565,848	1,225,051	0	3,348,015	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,444,745	410,612	0	954,048	55.00
57.00 05700	CT SCAN	3,870,424	103,589	0	482,019	57.00
58.00 05800	MRI	1,886,669	23,797	0	285,439	58.00
60.00 06000	LABORATORY	23,260,712	1,470,755	0	4,052,379	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,298,825	0	0	212,324	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	5,303,516	248,686	0	1,460,986	65.00
66.00 06600	PHYSICAL THERAPY	9,319,694	359,305	0	3,272,440	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,991,537	142,054	0	747,095	67.00
68.00 06800	SPEECH PATHOLOGY	802,107	37,826	0	306,693	68.00
69.00 06900	ELECTROCARDIOLOGY	15,065,684	457,264	0	2,602,094	69.00
69.01 03340	GI UNIT	3,979,379	170,690	0	699,276	69.01
69.02 03650	VASCULAR LAB	1,504,333	125,165	0	322,825	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	644,792	43,304	0	178,591	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,110,008	18,046	0	188,610	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	34,356,318	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	26,607,749	0	0	17,546	73.00
73.01 03640	RENAL TXPLANT LAB	519,919	30,736	0	81,063	73.01
74.00 07400	RENAL DIALYSIS	1,375,972	162,991	0	467,173	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,702,546	0	0	942,027	75.00
76.97 07697	CARDIAC REHABILITATION	1,362,918	0	0	505,398	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	17,064,677	664,350	0	3,623,570	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,168,953	22,093	0	143,779	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	545,378,795	29,173,571	0	75,698,896	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	4.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	301,831	38,557	0	21,780	362,168	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55,635	387,058	0	13,133	455,826	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	2,123,675	0	0	0	2,123,675	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	137,651	91,416	0	7,920	236,987	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	666,450	0	0	666,450	192.05
192.06	19205	VNA OF CENTRAL IL	70	23,797	0	0	23,867	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	118,926	0	0	118,926	192.08
192.09	19207	SIU MAP PROGRAM	196,814	0	0	0	196,814	192.09
192.10	19209	AUDIOLOGY	566,613	30,918	0	99,559	697,090	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	478,190	0	0	154,266	632,456	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	549,239,274	30,530,693	0	75,995,554	549,239,274	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	100,307,623					5.00
6.00	00600	MAINTENANCE & REPAIRS	5,244,141	28,714,580				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	683,598	149,735	0	3,892,812		8.00
9.00	00900	HOUSEKEEPING	2,054,806	506,408	0	0	11,757,609	9.00
10.00	01000	DIETARY	593,117	212,204	0	0	84,372	10.00
11.00	01100	CAFETERIA	762,681	647,110	0	0	257,289	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	981,067	146,701	0	0	58,328	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,331,836	555,134	0	28,643	220,719	14.00
15.00	01500	PHARMACY	2,747,175	207,844	0	8,697	82,638	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,671,052	426,535	0	0	169,589	16.00
17.00	01700	SOCIAL SERVICE	292,807	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,026,964	201,810	0	14,804	80,239	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	324,877	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	3,243	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	49,893	7,638	0	0	3,037	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,810,500	8,000,647	0	1,577,507	3,181,029	30.00
31.00	03100	INTENSIVE CARE UNIT	3,008,895	1,120,348	0	337,485	445,447	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	617,905	256,221	0	87,549	101,873	33.00
40.00	04000	SUBPROVIDER - I PF	1,634,960	884,287	0	76,338	351,590	40.00
41.00	04100	SUBPROVIDER - I RF	537,345	268,359	0	109,239	106,699	41.00
43.00	04300	NURSERY	378,107	68,014	0	51,989	27,042	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,634,097	2,949,681	0	340,934	1,172,784	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	695,424	68,398	0	101,569	27,195	52.00
53.00	05300	ANESTHESIOLOGY	1,311,962	172,546	0	22,425	68,604	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,170,066	1,751,414	0	187,370	696,356	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,298,030	470,622	0	29,450	187,118	55.00
57.00	05700	CT SCAN	995,638	156,014	0	50,088	62,031	57.00
58.00	05800	MRI	490,644	83,535	0	11,059	33,213	58.00
60.00	06000	LABORATORY	6,431,347	1,714,512	0	230	681,684	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	784,517	0	0	4,448	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,566,999	285,031	0	11,028	113,327	65.00
66.00	06600	PHYSICAL THERAPY	2,893,818	411,816	0	39,404	163,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	643,649	162,815	0	0	64,735	67.00
68.00	06800	SPEECH PATHOLOGY	256,198	43,355	0	0	17,238	68.00
69.00	06900	ELECTROCARDIOLOGY	4,049,787	524,092	0	45,070	208,377	69.00
69.01	03340	GI UNIT	1,083,518	195,636	0	59,736	77,784	69.01
69.02	03650	VASCULAR LAB	436,219	143,457	0	0	57,038	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	193,649	49,633	0	12,254	19,734	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,422,294	20,683	0	0	8,224	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	7,676,438	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,949,049	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	141,149	35,228	0	0	14,006	73.01
74.00	07400	RENAL DIALYSIS	448,243	186,812	0	27,681	74,276	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,261,201	583,351	0	115,145	231,938	75.00
76.97	07697	CARDIAC REHABILITATION	417,449	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,770,939	761,443	0	373,260	302,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	298,248	25,322	0	0	10,068	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	99,075,541	24,454,391	0	3,723,402	9,462,105	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,921	44,192	0	561	17,570	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	101,848	443,626	0	2,629	176,384	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	474,505	2,195,981	0	20,742	873,115	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	52,951	104,776	0	145,478	41,659	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	148,909	348,929	0	0	303,704	192.05
192.06	19205	VNA OF CENTRAL IL	5,333	174,639	0	0	139,108	192.06
192.07	19206	GAMBRO	0	297,204	0	0	258,689	192.07
192.08	19208	FOUNDATION	26,572	136,307	0	0	54,195	192.08
192.09	19207	SIU MAP PROGRAM	43,975	479,098	0	0	416,990	192.09
192.10	19209	AUDIOLOGY	155,755	35,437	0	0	14,090	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	141,313	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	100,307,623	28,714,580	0	3,892,812	11,757,609	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,544,222					10.00
11.00	01100		5,080,502				11.00
12.00	01200			0			12.00
13.00	01300		64,495	0	5,641,410		13.00
14.00	01400		137,087	0	0	8,234,124	14.00
15.00	01500		161,797	0	0	8,139	15.00
16.00	01600		174,267	0	0	2	16.00
17.00	01700		22,905	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		282,024	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		285	0	0	0	23.00
23.01	02301		4,600	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,367,470	1,067,823	0	2,136,209	244,050	30.00
31.00	03100	161,727	227,395	0	454,910	100,439	31.00
33.00	03300	50,078	47,691	0	95,408	30,293	33.00
40.00	04000	414,922	141,592	0	283,259	5,695	40.00
41.00	04100	164,586	52,444	0	104,915	7,292	41.00
43.00	04300	88,345	28,474	0	56,964	11,552	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	47,539	498,527	0	997,319	412,955	50.00
52.00	05200	0	55,637	0	111,303	22,568	52.00
53.00	05300	0	27,277	0	54,568	170,372	53.00
54.00	05400	28	280,998	0	0	492,528	54.00
55.00	05500	376	45,011	0	0	21,719	55.00
57.00	05700	0	43,985	0	0	50,780	57.00
58.00	05800	0	26,117	0	0	6,196	58.00
60.00	06000	15,245	388,755	0	0	854,370	60.00
62.00	06200	0	14,617	0	0	29,265	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	115,779	0	0	53,274	65.00
66.00	06600	47	218,651	0	0	8,893	66.00
67.00	06700	0	43,928	0	0	3,520	67.00
68.00	06800	0	15,910	0	0	328	68.00
69.00	06900	245	181,870	0	363,837	1,442,411	69.00
69.01	03340	301	50,847	0	101,721	118,151	69.01
69.02	03650	0	20,586	0	41,183	45,824	69.02
70.00	07000	0	16,024	0	0	8,112	70.00
71.00	07100	0	9,580	0	19,165	3,665,471	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
73.01	03640	0	5,664	0	0	26,913	73.01
74.00	07400	5,154	30,242	0	60,500	0	74.00
75.00	07500	536	70,957	0	141,953	211,865	75.00
76.97	07697	0	33,625	0	67,269	962	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	60,075	275,390	0	550,927	152,495	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	9,618	0	0	0	105.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300						113.00
118.00		3,376,674	4,892,474	0	5,641,410	8,206,434	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	2,395	0	0	0	190.00
192.00	19200	28	646	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

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Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	475	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	167,520	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	97,474	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	67,517	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	7,166	0	0	27,611	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	12,355	0	0	79	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,544,222	5,080,502	0	5,641,410	8,234,124	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	15,511,422				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,920,331			16.00
17.00	01700	SOCIAL SERVICE	0	0	1,626,184		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	117,392	6,145,646	1,121,922	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36,859	771,802	25,347	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,252	189,478	35,018	0	33.00
40.00	04000	SUBPROVIDER - I PF	834	788,666	199,438	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,237	334,315	28,848	0	41.00
43.00	04300	NURSERY	2,207	54,562	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,957	155,749	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,312	0	6,503	0	52.00
53.00	05300	ANESTHESIOLOGY	62,817	48,610	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,975	161,701	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,052	107,140	8,504	0	55.00
57.00	05700	CT SCAN	22,716	258,921	0	0	57.00
58.00	05800	MRI	2,003	64,482	0	0	58.00
60.00	06000	LABORATORY	6,406	212,295	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1	6,944	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	19,323	26,785	0	0	65.00
66.00	06600	PHYSICAL THERAPY	67	34,721	5,836	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	87	2,976	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34,550	208,327	0	0	69.00
69.01	03340	GI UNIT	9,233	46,626	186,764	0	69.01
69.02	03650	VASCULAR LAB	637	6,944	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	34	1,984	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,688	43,649	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,038,952	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	6,781	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	11,707	79,363	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	189	5,952	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	62,148	162,693	8,004	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,511,422	9,920,331	1,626,184	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SU SCHOOL OF MEDICINE	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

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Part I
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	15,511,422	9,920,331	1,626,184	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-(EMS)	PARAMED ED PRGM-(PHARMACY)	Subtotal
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	11,677,628				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		1,778,880			22.00
23.00 02300 PARAMED ED PRGM-(EMS)			18,040		23.00
23.01 02301 PARAMED ED PRGM-(PHARMACY)				288,468	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	5,333,173	812,414	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00 04000 SUBPROVIDER - I PF	783,569	119,363	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	23,355	3,558	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	3,038,519	462,865	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	520,822	79,338	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03340 GI UNIT	0	0	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	288,468	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	652,779	99,439	18,040	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,352,217	1,576,977	18,040	288,468	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,180,987	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	5,688,018	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	582,326	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	167,520	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	1,565,466	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	410,464	192.06
192.07	19206	GAMBRO	0	0	0	0	555,893	192.07
192.08	19208	FOUNDATION	0	0	0	0	336,000	192.08
192.09	19207	SIU MAP PROGRAM	1,325,411	201,903	0	0	2,664,191	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	937,149	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	786,203	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,677,628	1,778,880	18,040	288,468	549,239,274	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

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Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,145,587	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
40.00	04000	SUBPROVIDER - I PF	-902,932	40.00
41.00	04100	SUBPROVIDER - I RF	-26,913	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-3,501,384	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-600,160	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03340	GI UNIT	0	69.01
69.02	03650	VASCULAR LAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIpsy	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-752,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,929,194	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

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Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,180,987	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	5,688,018	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	582,326	192.03
192.04	19203	MEALS ON WHEELS	0	167,520	192.04
192.05	19204	ACS HOME CARE	0	1,565,466	192.05
192.06	19205	VNA OF CENTRAL IL	0	410,464	192.06
192.07	19206	GAMBRO	0	555,893	192.07
192.08	19208	FOUNDATION	0	336,000	192.08
192.09	19207	SIU MAP PROGRAM	-1,527,314	1,136,877	192.09
192.10	19209	AUDIOLOGY	0	937,149	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	786,203	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-13,456,508	535,782,766	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	32,806	292,264	0	325,070	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	5,040,656	4,855,136	0	9,895,792	5.00
6.00 00600	MAINTENANCE & REPAIRS	507,230	3,681,422	0	4,188,652	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,398	130,643	0	133,041	8.00
9.00 00900	HOUSEKEEPING	56,530	369,165	0	425,695	9.00
10.00 01000	DIETARY	21,097	185,145	0	206,242	10.00
11.00 01100	CAFETERIA	76,708	564,596	0	641,304	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	296,079	127,995	0	424,074	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	394,813	484,348	0	879,161	14.00
15.00 01500	PHARMACY	636,193	181,341	0	817,534	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	143,848	372,147	0	515,995	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	176,077	0	176,077	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	0	6,665	0	6,665	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,917,513	6,980,477	0	8,897,990	30.00
31.00 03100	INTENSIVE CARE UNIT	152,109	977,491	0	1,129,600	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	15,191	223,550	0	238,741	33.00
40.00 04000	SUBPROVIDER - I PF	23,955	771,530	0	795,485	40.00
41.00 04100	SUBPROVIDER - I RF	8,976	234,140	0	243,116	41.00
43.00 04300	NURSERY	40,778	59,341	0	100,119	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,977,862	2,573,563	0	6,551,425	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	69,249	59,676	0	128,925	52.00
53.00 05300	ANESTHESIOLOGY	1,173,983	150,545	0	1,324,528	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,827,469	1,225,051	0	4,052,520	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,125,585	410,612	0	1,536,197	55.00
57.00 05700	CT SCAN	892,791	103,589	0	996,380	57.00
58.00 05800	MRI	386,858	23,797	0	410,655	58.00
60.00 06000	LABORATORY	1,081,183	1,470,755	0	2,551,938	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,807	0	0	18,807	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	144,621	248,686	0	393,307	65.00
66.00 06600	PHYSICAL THERAPY	333,518	359,305	0	692,823	66.00
67.00 06700	OCCUPATIONAL THERAPY	7,505	142,054	0	149,559	67.00
68.00 06800	SPEECH PATHOLOGY	2,977	37,826	0	40,803	68.00
69.00 06900	ELECTROCARDIOLOGY	668,453	457,264	0	1,125,717	69.00
69.01 03340	GI UNIT	695,629	170,690	0	866,319	69.01
69.02 03650	VASCULAR LAB	136,609	125,165	0	261,774	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	83,847	43,304	0	127,151	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,373	18,046	0	46,419	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	19,038	30,736	0	49,774	73.01
74.00 07400	RENAL DIALYSIS	82,319	162,991	0	245,310	74.00
75.00 07500	ASC (NON-DISTINCT PART)	820,970	0	0	820,970	75.00
76.97 07697	CARDIAC REHABILITATION	15,321	0	0	15,321	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	375,224	664,350	0	1,039,574	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,353	22,093	0	23,446	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,336,424	29,173,571	0	53,509,995	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,227	38,557	0	39,784	93 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	387,058	0	387,058	56 192.00
192.01 19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0 192.01
192.03 19202	UNIVERSITY BUILDING (MHCCI)	0	91,416	0	91,416	34 192.03
192.04 19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05 19204	ACS HOME CARE	0	666,450	0	666,450	0 192.05
192.06 19205	VNA OF CENTRAL IL	0	23,797	0	23,797	0 192.06
192.07 19206	GAMBRO	0	0	0	0	0 192.07
192.08 19208	FOUNDATION	0	118,926	0	118,926	0 192.08
192.09 19207	SIU MAP PROGRAM	0	0	0	0	0 192.09
192.10 19209	AUDIOLOGY	2,172	30,918	0	33,090	426 192.10
192.11 19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	26,952	0	0	26,952	660 192.11
192.12 19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0 192.12
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	24,366,775	30,530,693	0	54,897,468	325,070 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 7:32 am		
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,939,029			5.00
6.00	00600	MAINTENANCE & REPAIRS	519,612	4,718,769		6.00
7.00	00700	OPERATION OF PLANT	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	67,734	24,607	225,640	8.00
9.00	00900	HOUSEKEEPING	203,599	83,220	0	720,631
10.00	01000	DIETARY	58,769	34,872	0	5,171
11.00	01100	CAFETERIA	75,570	106,342	0	15,769
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	97,208	24,108	0	3,575
14.00	01400	CENTRAL SERVICES & SUPPLY	131,964	91,227	1,660	13,528
15.00	01500	PHARMACY	272,202	34,156	504	5,065
16.00	01600	MEDICAL RECORDS & LIBRARY	165,575	70,094	0	10,394
17.00	01700	SOCIAL SERVICE	29,013	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	200,840	33,164	858	4,918
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	32,190	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	321	0	321	0
23.01	02301	PARAMED ED PRGM-(PHARMACY)	4,944	1,255	0	186
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,269,436	1,314,774	0	91,440
31.00	03100	INTENSIVE CARE UNIT	298,134	184,111	0	19,562
33.00	03300	BURN INTENSIVE CARE UNIT	61,225	42,106	0	5,075
40.00	04000	SUBPROVIDER - IPF	161,999	145,318	0	4,425
41.00	04100	SUBPROVIDER - IRF	53,242	44,100	0	6,332
43.00	04300	NURSERY	37,464	11,177	0	3,013
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	855,503	484,732	0	19,762
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,906	11,240	0	5,887
53.00	05300	ANESTHESIOLOGY	129,995	28,355	0	1,300
54.00	05400	RADIOLOGY-DIAGNOSTIC	512,272	287,816	0	10,861
55.00	05500	RADIOLOGY-THERAPEUTIC	128,614	77,339	0	1,707
57.00	05700	CT SCAN	98,652	25,638	0	2,903
58.00	05800	MRI	48,615	13,728	0	641
60.00	06000	LABORATORY	637,246	281,752	0	13
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	77,733	0	0	258
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	155,265	46,840	0	639
66.00	06600	PHYSICAL THERAPY	286,732	67,675	0	2,284
67.00	06700	OCCUPATIONAL THERAPY	63,776	26,756	0	0
68.00	06800	SPEECH PATHOLOGY	25,385	7,125	0	0
69.00	06900	ELECTROCARDIOLOGY	401,270	86,126	0	2,612
69.01	03340	GI UNIT	107,360	32,150	0	3,462
69.02	03650	VASCULAR LAB	43,222	23,575	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	19,188	8,156	0	710
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	339,096	3,399	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	760,615	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	589,457	0	0	0
73.01	03640	RENAL TXPLANT LAB	13,986	5,789	0	0
74.00	07400	RENAL DIALYSIS	44,414	30,699	0	1,604
75.00	07500	ASC (NON-DISTINCT PART)	124,965	95,864	0	6,674
76.97	07697	CARDIAC REHABILITATION	41,363	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	472,725	125,131	0	21,635
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				18,556
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	29,552	4,161	0	617
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,816,948	4,018,677	0	215,821
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,018	7,262	0	33
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,092	72,903	0	152
192.01	19201	SU SCHOOL OF MEDICINE	47,016	360,873	0	1,202
192.03	19202	UNIVERSITY BUILDING (MHCCI)	5,247	17,218	0	8,432

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	14,755	57,341	0	0	18,614	192.05
192.06	19205	VNA OF CENTRAL IL	528	28,699	0	0	8,526	192.06
192.07	19206	GAMBRO	0	48,841	0	0	15,855	192.07
192.08	19208	FOUNDATION	2,633	22,400	0	0	3,322	192.08
192.09	19207	SIU MAP PROGRAM	4,357	78,732	0	0	25,558	192.09
192.10	19209	AUDIOLOGY	15,433	5,823	0	0	864	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	14,002	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,939,029	4,718,769	0	225,640	720,631	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 7:32 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	307,097					10.00
11.00	01100	CAFETERIA	0	844,454				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	10,720	0	564,483		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,786	0	0	1,144,471	14.00
15.00	01500	PHARMACY	0	26,893	0	0	1,131	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,966	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,807	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	46,877	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	47	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	765	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	205,136	177,486	0	213,749	33,920	30.00
31.00	03100	INTENSIVE CARE UNIT	14,013	37,796	0	45,519	13,960	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,339	7,927	0	9,547	4,210	33.00
40.00	04000	SUBPROVIDER - I/PF	35,952	23,535	0	28,343	792	40.00
41.00	04100	SUBPROVIDER - I/RF	14,261	8,717	0	10,498	1,013	41.00
43.00	04300	NURSERY	7,655	4,733	0	5,700	1,606	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,119	82,863	0	99,792	57,395	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,248	0	11,137	3,137	52.00
53.00	05300	ANESTHESIOLOGY	0	4,534	0	5,460	23,679	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2	46,706	0	0	68,455	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	33	7,482	0	0	3,019	55.00
57.00	05700	CT SCAN	0	7,311	0	0	7,058	57.00
58.00	05800	MRI	0	4,341	0	0	861	58.00
60.00	06000	LABORATORY	1,321	64,617	0	0	118,746	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,430	0	0	4,067	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	19,244	0	0	7,404	65.00
66.00	06600	PHYSICAL THERAPY	4	36,343	0	0	1,236	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,301	0	0	489	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,644	0	0	46	68.00
69.00	06900	ELECTROCARDIOLOGY	21	30,229	0	36,406	200,476	69.00
69.01	03340	GI UNIT	26	8,451	0	10,178	16,421	69.01
69.02	03650	VASCULAR LAB	0	3,422	0	4,121	6,369	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,663	0	0	1,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,592	0	1,918	509,489	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	942	0	0	3,741	73.01
74.00	07400	RENAL DIALYSIS	447	5,027	0	6,054	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	46	11,794	0	14,204	29,446	75.00
76.97	07697	CARDIAC REHABILITATION	0	5,589	0	6,731	134	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,205	45,774	0	55,126	21,195	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,599	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	292,580	813,201	0	564,483	1,140,622	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	398	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2	107	0	0	0	192.00
192.01	19201	SCHOOL OF MEDICINE	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
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Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSING ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	79	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	14,515	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	16,202	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	11,222	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	1,191	0	0	3,838	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	2,054	0	0	11	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	307,097	844,454	0	564,483	1,144,471	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 7:32 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,170,465					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	797,852				16.00
17.00	01700	SOCIAL SERVICE	0	0	34,090			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,858	494,270	23,520			30.00
31.00	03100	INTENSIVE CARE UNIT	2,781	62,073	531			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	472	15,239	734			33.00
40.00	04000	SUBPROVIDER - I PF	63	63,429	4,181			40.00
41.00	04100	SUBPROVIDER - I RF	93	26,888	605			41.00
43.00	04300	NURSERY	167	4,388	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,657	12,526	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	325	0	136			52.00
53.00	05300	ANESTHESIOLOGY	4,740	3,909	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,356	13,005	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	79	8,617	178			55.00
57.00	05700	CT SCAN	1,714	20,824	0			57.00
58.00	05800	MRI	151	5,186	0			58.00
60.00	06000	LABORATORY	483	17,074	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	558	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	1,458	2,154	0			65.00
66.00	06600	PHYSICAL THERAPY	5	2,792	122			66.00
67.00	06700	OCCUPATIONAL THERAPY	7	239	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,607	16,755	0			69.00
69.01	03340	GI UNIT	697	3,750	3,915			69.01
69.02	03650	VASCULAR LAB	48	558	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3	160	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,787	3,511	0			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,134,815	0	0			73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0			73.01
74.00	07400	RENAL DIALYSIS	512	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	883	6,383	0			75.00
76.97	07697	CARDIAC REHABILITATION	14	479	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRI PSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,690	13,085	168			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,170,465	797,852	34,090	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SU SCHOOL OF MEDICINE	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0			192.03
192.04	19203	MEALS ON WHEELS	0	0	0			192.04
192.05	19204	ACS HOME CARE	0	0	0			192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0			192.06
192.07	19206	GAMBRO	0	0	0			192.07
192.08	19208	FOUNDATION	0	0	0			192.08
192.09	19207	SIU MAP PROGRAM	0	0	0			192.09
192.10	19209	AUDIOLOGY	0	0	0			192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0			192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0			192.12
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,170,465	797,852	34,090	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-(EMS)	PARAMED ED PRGM-(PHARMACY)	Subtotal
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	468,670			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		32,190		22.00
23.00 02300	PARAMED ED PRGM-(EMS)			385	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)			14,054	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS				12,975,440
31.00 03100	INTENSIVE CARE UNIT				1,848,431
33.00 03300	BURN INTENSIVE CARE UNIT				398,444
40.00 04000	SUBPROVIDER - I PF				1,292,635
41.00 04100	SUBPROVIDER - I RF				417,845
43.00 04300	NURSERY				179,334
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM				8,270,333
52.00 05200	DELIVERY ROOM & LABOR ROOM				243,714
53.00 05300	ANESTHESIOLOGY				1,533,229
54.00 05400	RADIOLOGY-DIAGNOSTIC				5,049,991
55.00 05500	RADIOLOGY-THERAPEUTIC				1,778,814
57.00 05700	CT SCAN				1,166,343
58.00 05800	MRI				487,435
60.00 06000	LABORATORY				3,732,301
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				104,761
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0
65.00 06500	RESPIRATORY THERAPY				639,505
66.00 06600	PHYSICAL THERAPY				1,114,047
67.00 06700	OCCUPATIONAL THERAPY				255,290
68.00 06800	SPEECH PATHOLOGY				78,372
69.00 06900	ELECTROCARDIOLOGY				1,926,119
69.01 03340	GI UNIT				1,060,487
69.02 03650	VASCULAR LAB				347,966
70.00 07000	ELECTROENCEPHALOGRAPHY				161,131
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				908,522
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				760,615
73.00 07300	DRUGS CHARGED TO PATIENTS				1,724,347
73.01 03640	RENAL TXPLANT LAB				75,437
74.00 07400	RENAL DIALYSIS				340,617
75.00 07500	ASC (NON-DISTINCT PART)				1,129,474
76.97 07697	CARDIAC REHABILITATION				71,792
76.98 07698	HYPERBARIC OXYGEN THERAPY				0
76.99 07699	LITHOTRIpsy				0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY				1,838,361
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS				0
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION				59,990
109.00 10900	PANCREAS ACQUISITION				0
113.00 11300	INTEREST EXPENSE				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	51,971,122
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				56,665

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES					481,181	192.00
192.01	19201	SIU SCHOOL OF MEDICINE					462,605	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)					124,979	192.03
192.04	19203	MEALS ON WHEELS					14,515	192.04
192.05	19204	ACS HOME CARE					773,362	192.05
192.06	19205	VNA OF CENTRAL IL					72,772	192.06
192.07	19206	GAMBRO					64,696	192.07
192.08	19208	FOUNDATION					147,281	192.08
192.09	19207	SIU MAP PROGRAM					108,647	192.09
192.10	19209	AUDIOLOGY					60,665	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY					43,679	192.11
192.12	19212	SIU RADIOLOGY PROGRAM					0	192.12
200.00		Cross Foot Adjustments	468,670	32,190	385	14,054	515,299	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	468,670	32,190	385	14,054	54,897,468	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 7:32 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	12,975,440	30.00
31.00	03100	INTENSIVE CARE UNIT	1,848,431	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	398,444	33.00
40.00	04000	SUBPROVIDER - I PF	1,292,635	40.00
41.00	04100	SUBPROVIDER - I RF	417,845	41.00
43.00	04300	NURSERY	179,334	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	8,270,333	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	243,714	52.00
53.00	05300	ANESTHESIOLOGY	1,533,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,049,991	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,778,814	55.00
57.00	05700	CT SCAN	1,166,343	57.00
58.00	05800	MRI	487,435	58.00
60.00	06000	LABORATORY	3,732,301	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	104,761	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	639,505	65.00
66.00	06600	PHYSICAL THERAPY	1,114,047	66.00
67.00	06700	OCCUPATIONAL THERAPY	255,290	67.00
68.00	06800	SPEECH PATHOLOGY	78,372	68.00
69.00	06900	ELECTROCARDIOLOGY	1,926,119	69.00
69.01	03340	GI UNIT	1,060,487	69.01
69.02	03650	VASCULAR LAB	347,966	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	161,131	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	908,522	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	760,615	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,724,347	73.00
73.01	03640	RENAL TXPLANT LAB	75,437	73.01
74.00	07400	RENAL DIALYSIS	340,617	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,129,474	75.00
76.97	07697	CARDIAC REHABILITATION	71,792	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIpsy	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	1,838,361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	59,990	105.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,971,122	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,665	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	481,181	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	462,605	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	124,979	192.03
192.04	19203	MEALS ON WHEELS	0	14,515	192.04
192.05	19204	ACS HOME CARE	0	773,362	192.05
192.06	19205	VNA OF CENTRAL IL	0	72,772	192.06
192.07	19206	GAMBRO	0	64,696	192.07
192.08	19208	FOUNDATION	0	147,281	192.08
192.09	19207	SIU MAP PROGRAM	0	108,647	192.09
192.10	19209	AUDIOLOGY	0	60,665	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	43,679	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	515,299	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	54,897,468	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,003,259	0			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,604	0	183,824,952		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	159,543	0	24,455,093	-100,307,623	5.00
6.00 00600	MAINTENANCE & REPAIRS	120,974	0	5,941,680	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,293	0	145,649	0	8.00
9.00 00900	HOUSEKEEPING	12,131	0	4,590,810	0	9.00
10.00 01000	DIETARY	6,084	0	1,155,729	0	10.00
11.00 01100	CAFETERIA	18,553	0	3,093,525	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	4,206	0	2,713,994	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,916	0	2,344,218	0	14.00
15.00 01500	PHARMACY	5,959	0	7,341,457	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,229	0	3,861,947	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	718,396	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	3,357,333	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	9,740	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	219	0	135,334	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	229,383	0	28,184,944	0	30.00
31.00 03100	INTENSIVE CARE UNIT	32,121	0	7,380,844	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	7,346	0	1,461,870	0	33.00
40.00 04000	SUBPROVIDER - IPF	25,353	0	4,278,396	0	40.00
41.00 04100	SUBPROVIDER - IRF	7,694	0	1,380,356	0	41.00
43.00 04300	NURSERY	1,950	0	936,355	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	84,569	0	16,220,824	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,961	0	1,756,826	0	52.00
53.00 05300	ANESTHESIOLOGY	4,947	0	1,427,716	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	40,256	0	8,098,475	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	13,493	0	2,307,736	0	55.00
57.00 05700	CT SCAN	3,404	0	1,165,950	0	57.00
58.00 05800	MRI	782	0	690,444	0	58.00
60.00 06000	LABORATORY	48,330	0	9,802,253	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	513,587	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	8,172	0	3,533,963	0	65.00
66.00 06600	PHYSICAL THERAPY	11,807	0	7,915,667	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,668	0	1,807,140	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,243	0	741,856	0	68.00
69.00 06900	ELECTROCARDIOLOGY	15,026	0	6,294,176	0	69.00
69.01 03340	GI UNIT	5,609	0	1,691,471	0	69.01
69.02 03650	VASCULAR LAB	4,113	0	780,877	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	1,423	0	431,992	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	456,227	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	42,441	0	73.00
73.01 03640	RENAL TXPLANT LAB	1,010	0	196,082	0	73.01
74.00 07400	RENAL DIALYSIS	5,356	0	1,130,039	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	2,278,658	0	75.00
76.97 07697	CARDIAC REHABILITATION	0	0	1,222,501	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	21,831	0	8,765,013	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	726	0	347,785	0	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	958,663	0	183,107,369	-100,307,623	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	52,683	0	362,168	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	31,768	0	455,826	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	2,123,675	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,004	0	19,158	0	236,987	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	21,900	0	0	0	666,450	192.05
192.06	19205	VNA OF CENTRAL IL	782	0	0	0	23,867	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	3,908	0	0	0	118,926	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	196,814	192.09
192.10	19209	AUDIOLOGY	1,016	0	240,822	0	697,090	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	373,152	0	632,456	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	30,530,693	0	75,995,554		100,307,623	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.431517	0.000000	0.413413		0.223436	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			325,070		9,939,029	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001768		0.022139	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	823,263				6.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	4,293	0	3,551,219		8.00	
9.00	00900	HOUSEKEEPING	14,519	0	0	847,837	9.00	
10.00	01000	DIETARY	6,084	0	0	6,084	376,869	10.00
11.00	01100	CAFETERIA	18,553	0	0	18,553	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,206	0	0	4,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,916	0	26,130	15,916	0	14.00
15.00	01500	PHARMACY	5,959	0	7,934	5,959	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,229	0	0	12,229	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	13,505	5,786	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	219	0	0	219	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	229,383	0	1,439,081	229,383	251,741	30.00
31.00	03100	INTENSIVE CARE UNIT	32,121	0	307,871	32,121	17,197	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,346	0	79,867	7,346	5,325	33.00
40.00	04000	SUBPROVIDER - I PF	25,353	0	69,639	25,353	44,120	40.00
41.00	04100	SUBPROVIDER - I RF	7,694	0	99,653	7,694	17,501	41.00
43.00	04300	NURSERY	1,950	0	47,427	1,950	9,394	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,569	0	311,017	84,569	5,055	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	92,656	1,961	0	52.00
53.00	05300	ANESTHESIOLOGY	4,947	0	20,457	4,947	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,214	0	170,928	50,214	3	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	26,866	13,493	40	55.00
57.00	05700	CT SCAN	4,473	0	45,693	4,473	0	57.00
58.00	05800	MRI	2,395	0	10,089	2,395	0	58.00
60.00	06000	LABORATORY	49,156	0	210	49,156	1,621	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	4,058	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,172	0	10,060	8,172	0	65.00
66.00	06600	PHYSICAL THERAPY	11,807	0	35,946	11,807	5	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,668	0	0	4,668	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	0	1,243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,026	0	41,115	15,026	26	69.00
69.01	03340	GI UNIT	5,609	0	54,494	5,609	32	69.01
69.02	03650	VASCULAR LAB	4,113	0	0	4,113	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	11,179	1,423	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	0	593	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	0	1,010	0	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	25,252	5,356	548	74.00
75.00	07500	ASC (NON-DISTINCT PART)	16,725	0	105,041	16,725	57	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,831	0	340,507	21,831	6,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	726	0	0	726	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	701,121	0	3,396,675	682,309	359,053	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFF, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	512	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	2,398	12,719	3	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
192.01	19201 SIU SCHOOL OF MEDICINE	62,960	0	18,922	62,960	0	192.01
192.03	19202 UNIVERSITY BUILDING (MHCCI)	3,004	0	132,712	3,004	0	192.03
192.04	19203 MEALS ON WHEELS	0	0	0	0	17,813	192.04
192.05	19204 ACS HOME CARE	10,004	0	0	21,900	0	192.05
192.06	19205 VNA OF CENTRAL IL	5,007	0	0	10,031	0	192.06
192.07	19206 GAMBRO	8,521	0	0	18,654	0	192.07
192.08	19208 FOUNDATION	3,908	0	0	3,908	0	192.08
192.09	19207 SIU MAP PROGRAM	13,736	0	0	30,069	0	192.09
192.10	19209 AUDIOLOGY	1,016	0	0	1,016	0	192.10
192.11	19210 SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212 SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	28,714,580	0	3,892,812	11,757,609	3,544,222	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	34.878988	0.000000	1.096190	13.867771	9.404387	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,718,769	0	225,640	720,631	307,097	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.731788	0.000000	0.063539	0.849964	0.814864	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description		CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	267,280					11.00
12.00	01200	0	0				12.00
13.00	01300	3,393	0	148,355			13.00
14.00	01400	7,212	0	0	80,747,255		14.00
15.00	01500	8,512	0	0	79,815	27,399,898	15.00
16.00	01600	9,168	0	0	17	0	16.00
17.00	01700	1,205	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	14,837	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	15	0	0	0	0	23.00
23.01	02301	242	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	56,177	0	56,177	2,393,259	207,366	30.00
31.00	03100	11,963	0	11,963	984,951	65,109	31.00
33.00	03300	2,509	0	2,509	297,068	11,043	33.00
40.00	04000	7,449	0	7,449	55,852	1,474	40.00
41.00	04100	2,759	0	2,759	71,507	2,185	41.00
43.00	04300	1,498	0	1,498	113,282	3,898	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	26,227	0	26,227	4,049,613	38,786	50.00
52.00	05200	2,927	0	2,927	221,312	7,616	52.00
53.00	05300	1,435	0	1,435	1,670,736	110,963	53.00
54.00	05400	14,783	0	0	4,829,941	31,752	54.00
55.00	05500	2,368	0	0	212,984	1,859	55.00
57.00	05700	2,314	0	0	497,973	40,127	57.00
58.00	05800	1,374	0	0	60,761	3,538	58.00
60.00	06000	20,452	0	0	8,378,316	11,315	60.00
62.00	06200	769	0	0	286,982	2	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	6,091	0	0	522,429	34,133	65.00
66.00	06600	11,503	0	0	87,205	119	66.00
67.00	06700	2,311	0	0	34,523	153	67.00
68.00	06800	837	0	0	3,220	11	68.00
69.00	06900	9,568	0	9,568	14,144,894	61,030	69.00
69.01	03340	2,675	0	2,675	1,158,643	16,309	69.01
69.02	03650	1,083	0	1,083	449,371	1,125	69.02
70.00	07000	843	0	0	79,545	60	70.00
71.00	07100	504	0	504	35,945,094	41,844	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	26,565,308	73.00
73.01	03640	298	0	0	263,925	0	73.01
74.00	07400	1,591	0	1,591	0	11,979	74.00
75.00	07500	3,733	0	3,733	2,077,635	20,680	75.00
76.97	07697	1,769	0	1,769	9,438	333	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	14,488	0	14,488	1,495,427	109,781	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	506	0	0	0	0	105.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300						113.00
118.00		257,388	0	148,355	80,475,718	27,399,898	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	126	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	25	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	5,128	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	3,552	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	377	0	0	270,765	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	650	0	0	772	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,080,502	0	5,641,410	8,234,124	15,511,422	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.008164	0.000000	38.026423	0.101974	0.566112	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	844,454	0	564,483	1,144,471	1,170,465	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.159436	0.000000	3.804948	0.014173	0.042718	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	10,000					16.00
17.00 01700 SOCIAL SERVICE	0	9,752				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
23.01 02301 PARAMED ED PRGM-(PHARMACY)	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,195	6,728	0	0	4,567	30.00
31.00 03100 INTENSIVE CARE UNIT	778	152	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	191	210	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	795	1,196	0	0	671	40.00
41.00 04100 SUBPROVIDER - IRF	337	173	0	0	20	41.00
43.00 04300 NURSERY	55	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	157	0	0	0	2,602	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	39	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	49	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	163	0	0	0	446	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	108	51	0	0	0	55.00
57.00 05700 CT SCAN	261	0	0	0	0	57.00
58.00 05800 MRI	65	0	0	0	0	58.00
60.00 06000 LABORATORY	214	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	7	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	27	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	35	35	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	210	0	0	0	0	69.00
69.01 03340 GI UNIT	47	1,120	0	0	0	69.01
69.02 03650 VASCULAR LAB	7	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	44	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	80	0	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	6	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	164	48	0	0	559	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	9,752	0	0	8,865	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00	21.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	1,135	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	192.12
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,920,331	1,626,184	0	11,677,628	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	992.033100	166.753897	0.000000	1,167.762800	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	797,852	34,090	0	468,670	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	79.785200	3.495693	0.000000	46.867000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS) (ASSIGNED TIME)	PARAMED PRGM-(PHARMACY) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	10,000			22.00
23.00 02300 PARAMED PRGM-(EMS)		100		23.00
23.01 02301 PARAMED PRGM-(PHARMACY)			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	4,567	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	671	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	20	0	0	41.00
43.00 04300 NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2,602	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	446	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03340 GI UNIT	0	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	559	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,865	100	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	PARAMED PRGM- (PHARMACY) (ASSIGNED TIME)			
	SERVICES-OTHER					
	PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	1,135	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	192.12
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,778,880	18,040	288,468	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	177.888000	180.400000	2,884.680000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,190	385	14,054	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.219000	3.850000	140.540000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 7:32 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	96,103,698		96,103,698	151,034	96,254,732	30.00
31.00	03100 INTENSIVE CARE UNIT	20,157,127		20,157,127	196,355	20,353,482	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	4,283,232		4,283,232	27,442	4,310,674	33.00
40.00	04000 SUBPROVIDER - I PF	12,098,932		12,098,932	3,081	12,102,013	40.00
41.00	04100 SUBPROVIDER - I RF	4,120,195		4,120,195	889	4,121,084	41.00
43.00	04300 NURSERY	2,459,495		2,459,495	13,132	2,472,627	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	53,873,914		53,873,914	132,208	54,006,122	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,205,315		4,205,315	0	4,205,315	52.00
53.00	05300 ANESTHESIOLOGY	7,810,938		7,810,938	17,468	7,828,406	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	31,897,350		31,897,350	170,771	32,068,121	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,978,427		7,978,427	0	7,978,427	55.00
57.00	05700 CT SCAN	6,096,205		6,096,205	0	6,096,205	57.00
58.00	05800 MRI	2,913,154		2,913,154	0	2,913,154	58.00
60.00	06000 LABORATORY	39,088,690		39,088,690	474,739	39,563,429	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,350,941		4,350,941	0	4,350,941	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	9,204,734	0	9,204,734	54,845	9,259,579	65.00
66.00	06600 PHYSICAL THERAPY	16,728,429	0	16,728,429	239,005	16,967,434	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,802,396	0	3,802,396	0	3,802,396	67.00
68.00	06800 SPEECH PATHOLOGY	1,479,661	0	1,479,661	0	1,479,661	68.00
69.00	06900 ELECTROCARDIOLOGY	25,183,608		25,183,608	14,928	25,198,536	69.00
69.01	03340 GI UNIT	6,779,662		6,779,662	28,090	6,807,752	69.01
69.02	03650 VASCULAR LAB	2,704,211		2,704,211	10,081	2,714,292	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,168,111		1,168,111	14,762	1,182,873	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,529,418		22,529,418	341,594	22,871,012	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	42,032,756		42,032,756	0	42,032,756	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	47,901,764		47,901,764	0	47,901,764	73.00
73.01	03640 RENAL TXPLANT LAB	854,678		854,678	7,507	862,185	73.01
74.00	07400 RENAL DIALYSIS	2,845,825		2,845,825	16,699	2,862,524	74.00
75.00	07500 ASC (NON-DISTINCT PART)	8,352,589		8,352,589	104,229	8,456,818	75.00
76.97	07697 CARDIAC REHABILITATION	2,393,762		2,393,762	6,010	2,399,772	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	28,850,758		28,850,758	68,871	28,919,629	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,677,454		1,677,454		1,677,454	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,678,081		1,678,081		1,678,081	105.00
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	523,605,510	0	523,605,510	2,093,740	525,699,250	200.00
201.00	Less Observation Beds	1,677,454		1,677,454		1,677,454	201.00
202.00	Total (see instructions)	521,928,056	0	521,928,056	2,093,740	524,021,796	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 7:32 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	119,481,153		119,481,153		30.00
31.00	03100	INTENSIVE CARE UNIT	34,082,433		34,082,433		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,608,327		7,608,327		33.00
40.00	04000	SUBPROVIDER - I/PF	21,912,595		21,912,595		40.00
41.00	04100	SUBPROVIDER - I/RF	5,522,346		5,522,346		41.00
43.00	04300	NURSERY	4,898,391		4,898,391		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	141,438,425	85,600,615	227,039,040	0.237289	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,378,090	99,686	9,477,776	0.443703	52.00
53.00	05300	ANESTHESIOLOGY	21,399,342	26,793,800	48,193,142	0.162076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,549,353	88,860,841	131,410,194	0.242731	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,813,624	58,674,938	61,488,562	0.129755	55.00
57.00	05700	CT SCAN	66,640,914	141,888,006	208,528,920	0.029234	57.00
58.00	05800	MRI	13,690,794	35,451,102	49,141,896	0.059280	58.00
60.00	06000	LABORATORY	85,759,606	116,652,003	202,411,609	0.193115	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,316,329	3,959,320	14,275,649	0.304781	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	50,575,144	14,922,102	65,497,246	0.140536	65.00
66.00	06600	PHYSICAL THERAPY	10,077,268	19,231,834	29,309,102	0.570759	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,309,107	1,757,271	11,066,378	0.343599	67.00
68.00	06800	SPEECH PATHOLOGY	3,069,933	52,330	3,122,263	0.473907	68.00
69.00	06900	ELECTROCARDIOLOGY	87,478,921	114,577,222	202,056,143	0.124637	69.00
69.01	03340	GI UNIT	4,957,569	25,610,728	30,568,297	0.221787	69.01
69.02	03650	VASCULAR LAB	8,697,838	3,601,406	12,299,244	0.219868	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	6,606,842	1,094,865	7,701,707	0.151669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,823,218	24,127,049	89,950,267	0.250465	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	147,320,542	55,768,918	203,089,460	0.206967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,733,510	76,882,273	186,615,783	0.256687	73.00
73.01	03640	RENAL TXPLANT LAB	13,900	605,023	618,923	1.380912	73.01
74.00	07400	RENAL DIALYSIS	8,538,404	3,443,885	11,982,289	0.237503	74.00
75.00	07500	ASC (NON-DISTINCT PART)	671,449	43,434,495	44,105,944	0.189376	75.00
76.97	07697	CARDIAC REHABILITATION	2,746,280	3,016,958	5,763,238	0.415350	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	37,562,284	77,166,024	114,728,308	0.251470	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	568,001	2,880,921	3,448,922	0.486371	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,141,241,932	1,026,153,615	2,167,395,547		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,141,241,932	1,026,153,615	2,167,395,547		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.237872	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.443703	52.00
53.00	05300	ANESTHESIOLOGY	0.162438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.244031	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129755	55.00
57.00	05700	CT SCAN	0.029234	57.00
58.00	05800	MRI	0.059280	58.00
60.00	06000	LABORATORY	0.195460	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.304781	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0.141374	65.00
66.00	06600	PHYSICAL THERAPY	0.578913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.343599	67.00
68.00	06800	SPEECH PATHOLOGY	0.473907	68.00
69.00	06900	ELECTROCARDIOLOGY	0.124711	69.00
69.01	03340	GI UNIT	0.222706	69.01
69.02	03650	VASCULAR LAB	0.220688	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.254263	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.206967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.256687	73.00
73.01	03640	RENAL TXPLANT LAB	1.393041	73.01
74.00	07400	RENAL DIALYSIS	0.238896	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.191739	75.00
76.97	07697	CARDIAC REHABILITATION	0.416393	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.252071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486371	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION		105.00
109.00	10900	PANCREAS ACQUISITION		109.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 7:32 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		96,103,698	151,034	96,254,732	30.00
31.00	03100 INTENSIVE CARE UNIT		20,157,127	196,355	20,353,482	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		4,283,232	27,442	4,310,674	33.00
40.00	04000 SUBPROVIDER - I PF		12,098,932	3,081	12,102,013	40.00
41.00	04100 SUBPROVIDER - I RF		4,120,195	889	4,121,084	41.00
43.00	04300 NURSERY		2,459,495	13,132	2,472,627	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		53,873,914	132,208	54,006,122	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,205,315	0	4,205,315	52.00
53.00	05300 ANESTHESIOLOGY		7,810,938	17,468	7,828,406	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		31,897,350	170,771	32,068,121	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		7,978,427	0	7,978,427	55.00
57.00	05700 CT SCAN		6,096,205	0	6,096,205	57.00
58.00	05800 MRI		2,913,154	0	2,913,154	58.00
60.00	06000 LABORATORY		39,088,690	474,739	39,563,429	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		4,350,941	0	4,350,941	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	9,204,734	54,845	9,259,579	65.00
66.00	06600 PHYSICAL THERAPY	0	16,728,429	239,005	16,967,434	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,802,396	0	3,802,396	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,479,661	0	1,479,661	68.00
69.00	06900 ELECTROCARDIOLOGY		25,183,608	14,928	25,198,536	69.00
69.01	03340 GI UNIT		6,779,662	28,090	6,807,752	69.01
69.02	03650 VASCULAR LAB		2,704,211	10,081	2,714,292	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		1,168,111	14,762	1,182,873	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		22,529,418	341,594	22,871,012	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		42,032,756	0	42,032,756	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		47,901,764	0	47,901,764	73.00
73.01	03640 RENAL TXPLANT LAB		854,678	7,507	862,185	73.01
74.00	07400 RENAL DIALYSIS		2,845,825	16,699	2,862,524	74.00
75.00	07500 ASC (NON-DISTINCT PART)		8,352,589	104,229	8,456,818	75.00
76.97	07697 CARDIAC REHABILITATION		2,393,762	6,010	2,399,772	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		28,850,758	68,871	28,919,629	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,677,454		1,677,454	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		1,678,081		1,678,081	105.00
109.00	10900 PANCREAS ACQUISITION		0		0	109.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		523,605,510	2,093,740	525,699,250	200.00
201.00	Less Observation Beds		1,677,454		1,677,454	201.00
202.00	Total (see instructions)		521,928,056	2,093,740	524,021,796	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 7:32 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	119,481,153		119,481,153		30.00
31.00	03100	INTENSIVE CARE UNIT	34,082,433		34,082,433		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,608,327		7,608,327		33.00
40.00	04000	SUBPROVIDER - I/PF	21,912,595		21,912,595		40.00
41.00	04100	SUBPROVIDER - I/RF	5,522,346		5,522,346		41.00
43.00	04300	NURSERY	4,898,391		4,898,391		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	141,438,425	85,600,615	227,039,040	0.237289	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,378,090	99,686	9,477,776	0.443703	52.00
53.00	05300	ANESTHESIOLOGY	21,399,342	26,793,800	48,193,142	0.162076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,549,353	88,860,841	131,410,194	0.242731	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,813,624	58,674,938	61,488,562	0.129755	55.00
57.00	05700	CT SCAN	66,640,914	141,888,006	208,528,920	0.029234	57.00
58.00	05800	MRI	13,690,794	35,451,102	49,141,896	0.059280	58.00
60.00	06000	LABORATORY	85,759,606	116,652,003	202,411,609	0.193115	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,316,329	3,959,320	14,275,649	0.304781	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	50,575,144	14,922,102	65,497,246	0.140536	65.00
66.00	06600	PHYSICAL THERAPY	10,077,268	19,231,834	29,309,102	0.570759	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,309,107	1,757,271	11,066,378	0.343599	67.00
68.00	06800	SPEECH PATHOLOGY	3,069,933	52,330	3,122,263	0.473907	68.00
69.00	06900	ELECTROCARDIOLOGY	87,478,921	114,577,222	202,056,143	0.124637	69.00
69.01	03340	GI UNIT	4,957,569	25,610,728	30,568,297	0.221787	69.01
69.02	03650	VASCULAR LAB	8,697,838	3,601,406	12,299,244	0.219868	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	6,606,842	1,094,865	7,701,707	0.151669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,823,218	24,127,049	89,950,267	0.250465	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	147,320,542	55,768,918	203,089,460	0.206967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,733,510	76,882,273	186,615,783	0.256687	73.00
73.01	03640	RENAL TXPLANT LAB	13,900	605,023	618,923	1.380912	73.01
74.00	07400	RENAL DIALYSIS	8,538,404	3,443,885	11,982,289	0.237503	74.00
75.00	07500	ASC (NON-DISTINCT PART)	671,449	43,434,495	44,105,944	0.189376	75.00
76.97	07697	CARDIAC REHABILITATION	2,746,280	3,016,958	5,763,238	0.415350	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	37,562,284	77,166,024	114,728,308	0.251470	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	568,001	2,880,921	3,448,922	0.486371	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,141,241,932	1,026,153,615	2,167,395,547		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,141,241,932	1,026,153,615	2,167,395,547		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 7:32 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
69.01	03340	GI UNIT	0.000000	69.01
69.02	03650	VASCULAR LAB	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
73.01	03640	RENAL TXPLANT LAB	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION		105.00
109.00	10900	PANCREAS ACQUISITION		109.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part I Date/Time Prepared: 2/27/2017 7:32 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	12,975,440	0	12,975,440	90,663	143.12	30.00
31.00	INTENSIVE CARE UNIT	1,848,431		1,848,431	11,389	162.30	31.00
33.00	BURN INTENSIVE CARE UNIT	398,444		398,444	2,817	141.44	33.00
40.00	SUBPROVIDER - IPF	1,292,635	0	1,292,635	11,564	111.78	40.00
41.00	SUBPROVIDER - IRF	417,845	0	417,845	4,883	85.57	41.00
43.00	NURSERY	179,334		179,334	2,964	60.50	43.00
200.00	Total (Lines 30-199)	17,112,129		17,112,129	124,280		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	40,117	5,741,545				
31.00	INTENSIVE CARE UNIT	4,995	810,689				
33.00	BURN INTENSIVE CARE UNIT	729	103,110				
40.00	SUBPROVIDER - IPF	3,694	412,915				
41.00	SUBPROVIDER - IRF	2,336	199,892				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	51,871	7,268,151				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/27/2017 7:32 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,270,333	227,039,040	0.036427	53,599,701	1,952,476	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	243,714	9,477,776	0.025714	390	10	52.00
53.00	05300	ANESTHESIOLOGY	1,533,229	48,193,142	0.031814	8,128,744	258,608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,049,991	131,410,194	0.038429	19,457,719	747,741	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,778,814	61,488,562	0.028929	1,255,256	36,313	55.00
57.00	05700	CT SCAN	1,166,343	208,528,920	0.005593	27,339,283	152,909	57.00
58.00	05800	MRI	487,435	49,141,896	0.009919	5,428,640	53,847	58.00
60.00	06000	LABORATORY	3,732,301	202,411,609	0.018439	35,736,092	658,938	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	104,761	14,275,649	0.007338	4,100,964	30,093	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	639,505	65,497,246	0.009764	24,774,145	241,895	65.00
66.00	06600	PHYSICAL THERAPY	1,114,047	29,309,102	0.038010	3,082,398	117,162	66.00
67.00	06700	OCCUPATIONAL THERAPY	255,290	11,066,378	0.023069	2,774,393	64,002	67.00
68.00	06800	SPEECH PATHOLOGY	78,372	3,122,263	0.025101	1,145,479	28,753	68.00
69.00	06900	ELECTROCARDIOLOGY	1,926,119	202,056,143	0.009533	38,224,466	364,394	69.00
69.01	03340	GI UNIT	1,060,487	30,568,297	0.034692	2,062,231	71,543	69.01
69.02	03650	VASCULAR LAB	347,966	12,299,244	0.028292	3,654,116	103,382	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	161,131	7,701,707	0.020921	2,372,111	49,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	908,522	89,950,267	0.010100	15,133,820	152,852	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	760,615	203,089,460	0.003745	69,763,633	261,265	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,724,347	186,615,783	0.009240	43,314,604	400,227	73.00
73.01	03640	RENAL TXPLANT LAB	75,437	618,923	0.121884	0	0	73.01
74.00	07400	RENAL DIALYSIS	340,617	11,982,289	0.028427	4,672,015	132,811	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,129,474	44,105,944	0.025608	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	71,792	5,763,238	0.012457	1,278,328	15,924	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,838,361	114,728,308	0.016024	14,396,099	230,683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	226,126	3,448,922	0.065564	218,808	14,346	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (Lines 50-199)	35,025,129	1,973,890,302		381,913,435	6,139,801	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part III Date/Time Prepared: 2/27/2017 7:32 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,663	0.00	40,117	0		30.00
31.00	03100	INTENSIVE CARE UNIT	11,389	0.00	4,995	0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,817	0.00	729	0		33.00
40.00	04000	SUBPROVIDER - I PF	11,564	0.00	3,694	0		40.00
41.00	04100	SUBPROVIDER - I RF	4,883	0.00	2,336	0		41.00
43.00	04300	NURSERY	2,964	0.00	0	0		43.00
200.00		Total (lines 30-199)	124,280		51,871	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 7:32 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	288,468	0	288,468
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	18,040	0	18,040
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	306,508	0	306,508

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet D
Part IV
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	227,039,040	0.000000	0.000000	53,599,701	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,477,776	0.000000	0.000000	390	52.00
53.00	05300	ANESTHESIOLOGY	0	48,193,142	0.000000	0.000000	8,128,744	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	131,410,194	0.000000	0.000000	19,457,719	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	61,488,562	0.000000	0.000000	1,255,256	55.00
57.00	05700	CT SCAN	0	208,528,920	0.000000	0.000000	27,339,283	57.00
58.00	05800	MRI	0	49,141,896	0.000000	0.000000	5,428,640	58.00
60.00	06000	LABORATORY	0	202,411,609	0.000000	0.000000	35,736,092	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,275,649	0.000000	0.000000	4,100,964	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65,497,246	0.000000	0.000000	24,774,145	65.00
66.00	06600	PHYSICAL THERAPY	0	29,309,102	0.000000	0.000000	3,082,398	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,066,378	0.000000	0.000000	2,774,393	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,122,263	0.000000	0.000000	1,145,479	68.00
69.00	06900	ELECTROCARDIOLOGY	0	202,056,143	0.000000	0.000000	38,224,466	69.00
69.01	03340	GI UNIT	0	30,568,297	0.000000	0.000000	2,062,231	69.01
69.02	03650	VASCULAR LAB	0	12,299,244	0.000000	0.000000	3,654,116	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,701,707	0.000000	0.000000	2,372,111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	89,950,267	0.000000	0.000000	15,133,820	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	203,089,460	0.000000	0.000000	69,763,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,468	186,615,783	0.001546	0.001546	43,314,604	73.00
73.01	03640	RENAL TXPLANT LAB	0	618,923	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	11,982,289	0.000000	0.000000	4,672,015	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	44,105,944	0.000000	0.000000	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	5,763,238	0.000000	0.000000	1,278,328	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	18,040	114,728,308	0.000157	0.000157	14,396,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,448,922	0.000000	0.000000	218,808	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (Lines 50-199)	306,508	1,973,890,302			381,913,435	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 7:32 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII						
Hospital						
PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	20,500,667	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,865,867	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,749,843	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,608,930	0	55.00
57.00	05700	CT SCAN	0	36,334,450	0	57.00
58.00	05800	MRI	0	7,840,232	0	58.00
60.00	06000	LABORATORY	0	12,564,915	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,113,154	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,114,124	0	65.00
66.00	06600	PHYSICAL THERAPY	0	225,388	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,178	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	912	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42,559,588	0	69.00
69.01	03340	GI UNIT	0	6,785,253	0	69.01
69.02	03650	VASCULAR LAB	0	1,139,467	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	159,566	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,826,237	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	21,569,885	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,964	21,886,249	33,836	73.00
73.01	03640	RENAL TXPLANT LAB	0	26,929	0	73.01
74.00	07400	RENAL DIALYSIS	0	747,551	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	7,679,889	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	1,039,647	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,260	15,153,077	2,379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	812,729	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00		Total (Lines 50-199)	69,224	259,325,727	36,215	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 7:32 am
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Title XVIII		Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.237289	20,500,667	295	0	4,864,583	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.443703	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.162076	5,865,867	0	0	950,716	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.242731	24,749,843	38	3,951	6,007,554	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129755	22,608,930	0	0	2,933,622	55.00
57.00	05700 CT SCAN	0.029234	36,334,450	101	10,536	1,062,201	57.00
58.00	05800 MRI	0.059280	7,840,232	0	0	464,769	58.00
60.00	06000 LABORATORY	0.193115	12,564,915	25,492	0	2,426,474	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.304781	1,113,154	0	0	339,268	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.140536	3,114,124	0	0	437,647	65.00
66.00	06600 PHYSICAL THERAPY	0.570759	225,388	0	0	128,642	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.343599	21,178	0	0	7,277	67.00
68.00	06800 SPEECH PATHOLOGY	0.473907	912	0	0	432	68.00
69.00	06900 ELECTROCARDIOLOGY	0.124637	42,559,588	50	5,268	5,304,499	69.00
69.01	03340 GI UNIT	0.221787	6,785,253	0	0	1,504,881	69.01
69.02	03650 VASCULAR LAB	0.219868	1,139,467	0	0	250,532	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.151669	159,566	0	0	24,201	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.250465	4,826,237	0	0	1,208,803	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.206967	21,569,885	0	0	4,464,254	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.256687	21,886,249	1,070	111,942	5,617,916	73.00
73.01	03640 RENAL TXPLANT LAB	1.380912	26,929	20	0	37,187	73.01
74.00	07400 RENAL DIALYSIS	0.237503	747,551	0	0	177,546	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.189376	7,679,889	0	0	1,454,387	75.00
76.97	07697 CARDIAC REHABILITATION	0.415350	1,039,647	0	0	431,817	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.251470	15,153,077	3,838	0	3,810,544	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.486371	812,729	0	0	395,288	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Subtotal (see instructions)		259,325,727	30,904	131,697	44,305,040	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		259,325,727	30,904	131,697	44,305,040	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 7:32 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	70	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9	959		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	3	308		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	4,923	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	6	657		69.00
69.01 03340 GI UNIT	0	0		69.01
69.02 03650 VASCULAR LAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	275	28,734		73.00
73.01 03640 RENAL TXPLANT LAB	28	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	965	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
200.00	Subtotal (see instructions)	6,279	30,658	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	6,279	30,658	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/27/2017 7:32 am
Title XVIII			Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,270,333	227,039,040	0.036427	71,883	2,618	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	243,714	9,477,776	0.025714	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,533,229	48,193,142	0.031814	5,508	175	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,049,991	131,410,194	0.038429	147,843	5,681	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,778,814	61,488,562	0.028929	0	0	55.00
57.00	05700 CT SCAN	1,166,343	208,528,920	0.005593	166,347	930	57.00
58.00	05800 MRI	487,435	49,141,896	0.009919	74,745	741	58.00
60.00	06000 LABORATORY	3,732,301	202,411,609	0.018439	733,755	13,530	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	104,761	14,275,649	0.007338	14,235	104	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	639,505	65,497,246	0.009764	42,018	410	65.00
66.00	06600 PHYSICAL THERAPY	1,114,047	29,309,102	0.038010	34,234	1,301	66.00
67.00	06700 OCCUPATIONAL THERAPY	255,290	11,066,378	0.023069	13,390	309	67.00
68.00	06800 SPEECH PATHOLOGY	78,372	3,122,263	0.025101	4,197	105	68.00
69.00	06900 ELECTROCARDIOLOGY	1,926,119	202,056,143	0.009533	82,316	785	69.00
69.01	03340 GI UNIT	1,060,487	30,568,297	0.034692	11,519	400	69.01
69.02	03650 VASCULAR LAB	347,966	12,299,244	0.028292	13,672	387	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	161,131	7,701,707	0.020921	20,298	425	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	908,522	89,950,267	0.010100	28,726	290	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	760,615	203,089,460	0.003745	12,456	47	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,724,347	186,615,783	0.009240	532,233	4,918	73.00
73.01	03640 RENAL TXPLANT LAB	75,437	618,923	0.121884	317	39	73.01
74.00	07400 RENAL DIALYSIS	340,617	11,982,289	0.028427	136,084	3,868	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,129,474	44,105,944	0.025608	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	71,792	5,763,238	0.012457	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,838,361	114,728,308	0.016024	404,868	6,488	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,448,922	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	34,799,003	1,973,890,302		2,550,644	43,551	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 7:32 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	288,468	288,468	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	18,040	18,040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	306,508	306,508	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 7:32 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	227,039,040	0.000000	0.000000	71,883	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,477,776	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	48,193,142	0.000000	0.000000	5,508	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	131,410,194	0.000000	0.000000	147,843	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	61,488,562	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	208,528,920	0.000000	0.000000	166,347	57.00
58.00	05800 MRI	0	49,141,896	0.000000	0.000000	74,745	58.00
60.00	06000 LABORATORY	0	202,411,609	0.000000	0.000000	733,755	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,275,649	0.000000	0.000000	14,235	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	65,497,246	0.000000	0.000000	42,018	65.00
66.00	06600 PHYSICAL THERAPY	0	29,309,102	0.000000	0.000000	34,234	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,066,378	0.000000	0.000000	13,390	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,122,263	0.000000	0.000000	4,197	68.00
69.00	06900 ELECTROCARDIOLOGY	0	202,056,143	0.000000	0.000000	82,316	69.00
69.01	03340 GI UNIT	0	30,568,297	0.000000	0.000000	11,519	69.01
69.02	03650 VASCULAR LAB	0	12,299,244	0.000000	0.000000	13,672	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,701,707	0.000000	0.000000	20,298	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	89,950,267	0.000000	0.000000	28,726	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	203,089,460	0.000000	0.000000	12,456	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	288,468	186,615,783	0.001546	0.001546	532,233	73.00
73.01	03640 RENAL TXPLANT LAB	0	618,923	0.000000	0.000000	317	73.01
74.00	07400 RENAL DIALYSIS	0	11,982,289	0.000000	0.000000	136,084	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	44,105,944	0.000000	0.000000	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	5,763,238	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	18,040	114,728,308	0.000157	0.000157	404,868	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,448,922	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (lines 50-199)	306,508	1,973,890,302			2,550,644	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 7:32 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	823	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	64	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	887	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part II Date/Time Prepared: 2/27/2017 7:32 am	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,270,333	227,039,040	0.036427	32,475	1,183	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	243,714	9,477,776	0.025714	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,533,229	48,193,142	0.031814	8,092	257	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,049,991	131,410,194	0.038429	185,307	7,121	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,778,814	61,488,562	0.028929	11,810	342	55.00
57.00	05700 CT SCAN	1,166,343	208,528,920	0.005593	122,214	684	57.00
58.00	05800 MRI	487,435	49,141,896	0.009919	29,990	297	58.00
60.00	06000 LABORATORY	3,732,301	202,411,609	0.018439	335,443	6,185	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	104,761	14,275,649	0.007338	12,789	94	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	639,505	65,497,246	0.009764	436,117	4,258	65.00
66.00	06600 PHYSICAL THERAPY	1,114,047	29,309,102	0.038010	1,695,622	64,451	66.00
67.00	06700 OCCUPATIONAL THERAPY	255,290	11,066,378	0.023069	1,676,206	38,668	67.00
68.00	06800 SPEECH PATHOLOGY	78,372	3,122,263	0.025101	412,354	10,350	68.00
69.00	06900 ELECTROCARDIOLOGY	1,926,119	202,056,143	0.009533	46,058	439	69.00
69.01	03340 GI UNIT	1,060,487	30,568,297	0.034692	0	0	69.01
69.02	03650 VASCULAR LAB	347,966	12,299,244	0.028292	32,046	907	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	161,131	7,701,707	0.020921	6,111	128	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	908,522	89,950,267	0.010100	87,721	886	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	760,615	203,089,460	0.003745	10,856	41	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,724,347	186,615,783	0.009240	599,951	5,544	73.00
73.01	03640 RENAL TXPLANT LAB	75,437	618,923	0.121884	0	0	73.01
74.00	07400 RENAL DIALYSIS	340,617	11,982,289	0.028427	121,705	3,460	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,129,474	44,105,944	0.025608	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	71,792	5,763,238	0.012457	1,285	16	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,838,361	114,728,308	0.016024	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,448,922	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	34,799,003	1,973,890,302		5,864,152	145,311	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 7:32 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	288,468	0	288,468	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	18,040	0	18,040	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	306,508	0	306,508	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 7:32 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	227,039,040	0.000000	0.000000	32,475	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,477,776	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	48,193,142	0.000000	0.000000	8,092	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	131,410,194	0.000000	0.000000	185,307	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	61,488,562	0.000000	0.000000	11,810	55.00
57.00	05700 CT SCAN	0	208,528,920	0.000000	0.000000	122,214	57.00
58.00	05800 MRI	0	49,141,896	0.000000	0.000000	29,990	58.00
60.00	06000 LABORATORY	0	202,411,609	0.000000	0.000000	335,443	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,275,649	0.000000	0.000000	12,789	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	65,497,246	0.000000	0.000000	436,117	65.00
66.00	06600 PHYSICAL THERAPY	0	29,309,102	0.000000	0.000000	1,695,622	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,066,378	0.000000	0.000000	1,676,206	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,122,263	0.000000	0.000000	412,354	68.00
69.00	06900 ELECTROCARDIOLOGY	0	202,056,143	0.000000	0.000000	46,058	69.00
69.01	03340 GI UNIT	0	30,568,297	0.000000	0.000000	0	69.01
69.02	03650 VASCULAR LAB	0	12,299,244	0.000000	0.000000	32,046	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,701,707	0.000000	0.000000	6,111	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	89,950,267	0.000000	0.000000	87,721	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	203,089,460	0.000000	0.000000	10,856	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	288,468	186,615,783	0.001546	0.001546	599,951	73.00
73.01	03640 RENAL TXPLANT LAB	0	618,923	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	11,982,289	0.000000	0.000000	121,705	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	44,105,944	0.000000	0.000000	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	5,763,238	0.000000	0.000000	1,285	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	18,040	114,728,308	0.000157	0.000157	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,448,922	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (lines 50-199)	306,508	1,973,890,302			5,864,152	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 7:32 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	928	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	928	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 7:32 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		90,663	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		90,663	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		65,388	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		23,695	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		40,117	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		96,254,732	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		96,254,732	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		112,089,290	28.00
29.00	Private room charges (excluding swing-bed charges)		73,560,545	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		38,528,745	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.858733	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,124.99	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,626.03	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		96,254,732	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,061.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		42,591,417	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		42,591,417	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	20,353,482	11,389	1,787.12	4,995	8,926,664	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	4,310,674	2,817	1,530.24	729	1,115,545	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					76,306,266	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					128,939,892	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,655,344	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,209,025	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,864,369	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					116,075,523	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,580	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,061.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,677,454	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 7:32 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,975,440	96,254,732	0.134803	1,677,454	226,126	90.00
91.00	Nursing School cost	0	96,254,732	0.000000	1,677,454	0	91.00
92.00	Allied health cost	0	96,254,732	0.000000	1,677,454	0	92.00
93.00	All other Medical Education	0	96,254,732	0.000000	1,677,454	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,564 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,564 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			9,374 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			2,190 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,694 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			12,102,013 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			12,102,013 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			16,745,760 28.00
29.00	Private room charges (excluding swing-bed charges)			13,900,095 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			2,845,665 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.722691 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,482.83 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,299.39 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			183.44 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			132.57 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			1,242,711 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,859,302 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,046.52 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,865,845 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,865,845 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
		Component CCN: 14-S148				Date/Time Prepared: 2/27/2017 7:32 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					543,945		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,409,790		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					412,915		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,438		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					457,353		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,952,437		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 7:32 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,292,635	12,102,013	0.106812	0	0	90.00
91.00	Nursing School cost	0	12,102,013	0.000000	0	0	91.00
92.00	Allied health cost	0	12,102,013	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,102,013	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,883 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,883 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			1,847 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,036 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,336 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,121,084 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,121,084 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			5,556,375 28.00
29.00	Private room charges (excluding swing-bed charges)			2,077,875 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			3,478,500 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.741686 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,125.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,145.75 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,121,084 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			843.97 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,971,514 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,971,514 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
		Component CCN: 14-T148				Date/Time Prepared: 2/27/2017 7:32 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,167,157		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,138,671		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					199,892		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					146,239		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					346,131		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,792,540		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 7:32 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	417,845	4,121,084	0.101392	0	0	90.00
91.00	Nursing School cost	0	4,121,084	0.000000	0	0	91.00
92.00	Allied health cost	0	4,121,084	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,121,084	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 7:32 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		49,881,778	30.00
31.00	03100	INTENSIVE CARE UNIT		15,385,280	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,267,701	33.00
40.00	04000	SUBPROVIDER - I PF		18,666	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.237872	53,599,701	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.443703	390	52.00
53.00	05300	ANESTHESIOLOGY	0.162438	8,128,744	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.244031	19,457,719	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129755	1,255,256	55.00
57.00	05700	CT SCAN	0.029234	27,339,283	57.00
58.00	05800	MRI	0.059280	5,428,640	58.00
60.00	06000	LABORATORY	0.195460	35,736,092	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.304781	4,100,964	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.141374	24,774,145	65.00
66.00	06600	PHYSICAL THERAPY	0.578913	3,082,398	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.343599	2,774,393	67.00
68.00	06800	SPEECH PATHOLOGY	0.473907	1,145,479	68.00
69.00	06900	ELECTROCARDIOLOGY	0.124711	38,224,466	69.00
69.01	03340	GI UNIT	0.222706	2,062,231	69.01
69.02	03650	VASCULAR LAB	0.220688	3,654,116	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153586	2,372,111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.254263	15,133,820	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.206967	69,763,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.256687	43,314,604	73.00
73.01	03640	RENAL TXPLANT LAB	1.393041	0	73.01
74.00	07400	RENAL DIALYSIS	0.238896	4,672,015	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.191739	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.416393	1,278,328	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.252071	14,396,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486371	218,808	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		381,913,435	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		381,913,435	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 7:32 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		5,794,560	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.237872	71,883	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.443703	0	52.00
53.00	05300	ANESTHESIOLOGY	0.162438	5,508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.244031	147,843	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129755	0	55.00
57.00	05700	CT SCAN	0.029234	166,347	57.00
58.00	05800	MRI	0.059280	74,745	58.00
60.00	06000	LABORATORY	0.195460	733,755	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.304781	14,235	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.141374	42,018	65.00
66.00	06600	PHYSICAL THERAPY	0.578913	34,234	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.343599	13,390	67.00
68.00	06800	SPEECH PATHOLOGY	0.473907	4,197	68.00
69.00	06900	ELECTROCARDIOLOGY	0.124711	82,316	69.00
69.01	03340	GI UNIT	0.222706	11,519	69.01
69.02	03650	VASCULAR LAB	0.220688	13,672	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153586	20,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.254263	28,726	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.206967	12,456	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.256687	532,233	73.00
73.01	03640	RENAL TXPLANT LAB	1.393041	317	73.01
74.00	07400	RENAL DIALYSIS	0.238896	136,084	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.191739	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.416393	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.252071	404,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486371	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		2,550,644	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,550,644	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000 SUBPROVIDER - I PF		0	40.00
41.00	04100 SUBPROVIDER - IRF		2,629,260	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.237872	32,475	7,725 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.443703	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.162438	8,092	1,314 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.244031	185,307	45,221 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129755	11,810	1,532 55.00
57.00	05700 CT SCAN	0.029234	122,214	3,573 57.00
58.00	05800 MRI	0.059280	29,990	1,778 58.00
60.00	06000 LABORATORY	0.195460	335,443	65,566 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.304781	12,789	3,898 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.141374	436,117	61,656 65.00
66.00	06600 PHYSICAL THERAPY	0.578913	1,695,622	981,618 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.343599	1,676,206	575,943 67.00
68.00	06800 SPEECH PATHOLOGY	0.473907	412,354	195,417 68.00
69.00	06900 ELECTROCARDIOLOGY	0.124711	46,058	5,744 69.00
69.01	03340 GI UNIT	0.222706	0	0 69.01
69.02	03650 VASCULAR LAB	0.220688	32,046	7,072 69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.153586	6,111	939 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.254263	87,721	22,304 71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.206967	10,856	2,247 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.256687	599,951	154,000 73.00
73.01	03640 RENAL TXPLANT LAB	1.393041	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.238896	121,705	29,075 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.191739	0	0 75.00
76.97	07697 CARDIAC REHABILITATION	0.416393	1,285	535 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.252071	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.486371	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
200.00	Total (sum of lines 50-94 and 96-98)		5,864,152	2,167,157 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		5,864,152	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0148

Period: From 10/01/2015 To 09/30/2016

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/27/2017 7:32 am

Cost Center Description		Kidney		Hospital	PPS	Cost (col. 2 x col. 3)	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition		
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	19,203	1,061.68	17	18,049	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,820	1,787.12	8	14,297	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,530.24	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		22,023		25	32,346	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.237289	194,824	46,230	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.443703	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.162076	51,215	8,301	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.242731	80,383	19,511	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.129755	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.029234	126,139	3,688	15.00	
16.00	MRI	58.00	0.059280	3,628	215	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.193115	338,026	65,278	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.304781	16,537	5,040	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.140536	18,547	2,607	23.00	
24.00	PHYSICAL THERAPY	66.00	0.570759	16,203	9,248	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.343599	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.473907	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.124637	89,406	11,143	27.00	
27.01	GI UNIT	69.01	0.221787	5,980	1,326	27.01	
27.02	VASCULAR LAB	69.02	0.219868	2,070	455	27.02	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.151669	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.250465	85,970	21,532	29.00	
30.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0.206967	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.256687	32,354	8,305	31.00	
31.01	RENAL TXPLANT LAB	73.01	1.380912	486,677	672,058	31.01	
32.00	RENAL DIALYSIS	74.00	0.237503	5,157	1,225	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.189376	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.415350	2,964	1,231	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
38.00	EMERGENCY	91.00	0.251470	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.486371	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			1,556,080	877,393	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0148

Period: From 10/01/2015 To 09/30/2016

Worksheet D-4

Date/Time Prepared: 2/27/2017 7:32 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Organ Acquisition	Organ Acquisition
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	17		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	8		0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			25		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition	Organ Acquisition	
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	0	0.000000		0	51.00
52.00	EMERGENCY	24.00	0	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0			0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	909,739		1,578,103			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,678,081		1,672,564			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,587,820		3,250,667			61.00
62.00	Total Usable Organs (see instructions)		32				62.00
63.00	Medicare Usable Organs (see instructions)		24				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.750000				64.00
65.00	Medicare Cost/Charges (see instructions)	1,940,865		2,438,000			65.00
66.00	Revenue for Organs Sold	43,167		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,897,698		2,438,000			67.00
68.00	Organs Furnished Part B	0	0	0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,897,698	0	2,438,000		0	69.00
Cost Center Description			Li vi ng Related	Cadaveri c	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		5	14			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	13			73.00
74.00	Total (sum of lines 70 thru 73)		5	27			74.00
75.00	Organs Transplanted		5	13		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	14		43,167	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		5	27			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		84,623,063	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		4,419,139	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		29,669,278	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		407.43	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		87.55	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		87.55	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		162.93	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		87.55	12.00
13.00	Total allowable FTE count for the prior year.		87.55	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		87.55	14.00
15.00	Sum of lines 12 through 14 divided by 3.		87.55	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		87.55	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.214884	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.219506	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.214884	21.00
22.00	IME payment adjustment (see instructions)		9,370,396	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,285,309	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		14.30	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		75.38	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		14.30	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.035098	26.00
27.00	IME payments adjustment factor. (see instructions)		0.009286	27.00
28.00	IME add-on adjustment amount (see instructions)		785,810	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		275,509	28.01
29.00	Total IME payment (sum of lines 22 and 28)		10,156,206	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,560,818	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.18	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.24	31.00
32.00	Sum of lines 30 and 31		21.42	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.89	33.00
34.00	Disproportionate share adjustment (see instructions)		1,457,632	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	2,974,945	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	2,974,945	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,974,945		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	103,630,985		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		107,191,803	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		8,172,739	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		3,462,974	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		19,938	54.00
54.01	Islet isolation add-on payment			54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		1,897,698	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		69,224	58.00
59.00	Total (sum of amounts on lines 49 through 58)		120,814,376	59.00
60.00	Primary payer payments		78,126	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		120,736,250	61.00
62.00	Deductibles billed to program beneficiaries		8,246,801	62.00
63.00	Coinurance billed to program beneficiaries		522,865	63.00
64.00	Allowable bad debts (see instructions)		1,940,430	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,261,280	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,557,340	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		113,227,864	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-470,465	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 7:32 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			112,757,399	71.00
71.01	Sequestration adjustment (see instructions)			2,255,148	71.01
72.00	Interim payments			110,215,289	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			286,962	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			977,679	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		36,937	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		44,268,825	2.00
3.00	PPS payments		39,534,933	3.00
4.00	Outlier payment (see instructions)		87,346	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		36,215	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		36,937	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		162,601	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		162,601	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		162,601	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		125,664	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		36,937	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		39,658,494	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,691,411	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		32,004,020	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,102,239	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		33,106,259	30.00
31.00	Primary payer payments		1,220	31.00
32.00	Subtotal (line 30 minus line 31)		33,105,039	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,740,878	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,131,571	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,349,339	36.00
37.00	Subtotal (see instructions)		34,236,610	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-73	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,236,683	40.00
40.01	Sequestration adjustment (see instructions)		684,734	40.01
41.00	Interim payments		33,402,648	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		149,301	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		1,085	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,085	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		269	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		816	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		816	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		816	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		816	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		816	40.00
40.01	Sequestration adjustment (see instructions)		16	40.01
41.00	Interim payments		799	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2017 7:32 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		103,277,426		31,298,478		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		7,216,976		2,278,109		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	05/12/2016	279,113	05/12/2016	173,939		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-279,113		-173,939		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		110,215,289		33,402,648		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		286,962		149,301		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		110,502,251		33,551,949		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148
Component CCN: 14-S148

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2017 7:32 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,811,605		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,811,605		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		170,860		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,982,465		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148
Component CCN: 14-T148

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2017 7:32 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,755,940		799	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	05/12/2016	19,095		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		19,095		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,775,035		799	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		42,224		0	6.02
7.00	Total Medicare program liability (see instructions)		3,732,811		800	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet E-1 Part II Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		22,424	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		45,841	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		17,072	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		103,289	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		2,167,395,547	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		16,948,775	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		959,986	8.00
9.00	Sequestration adjustment amount (see instructions)		19,200	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		940,786	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		968,602	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		-27,816	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part II Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,868,133 1.00
2.00	Net IPF PPS Outlier Payments			110,313 2.00
3.00	Net IPF PPS ECT Payments			87,900 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			3.12 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			4.73 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.12 8.00
9.00	Average Daily Census (see instructions)			31.595628 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.049694 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			142,529 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,208,875 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,208,875 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,208,875 18.00
19.00	Deductibles			290,808 19.00
20.00	Subtotal (line 18 minus line 19)			2,918,067 20.00
21.00	Coinsurance			49,910 21.00
22.00	Subtotal (line 20 minus line 21)			2,868,157 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			268,135 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			174,288 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			234,741 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,042,445 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			887 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,043,332 31.00
31.01	Sequestration adjustment (see instructions)			60,867 31.01
32.00	Interim payments			2,811,605 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			170,860 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			110,313 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part III Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,415,011 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			187,826 3.00
4.00	Outlier Payments			164,870 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.83 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.35 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.35 9.00
10.00	Average Daily Census (see instructions)			13.341530 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.026667 11.00
12.00	Teaching Adjustment (see instructions)			91,068 12.00
13.00	Total PPS Payment (see instructions)			3,858,775 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,858,775 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,858,775 19.00
20.00	Deductibles			38,500 20.00
21.00	Subtotal (line 19 minus line 20)			3,820,275 21.00
22.00	Coinsurance			23,779 22.00
23.00	Subtotal (line 21 minus line 22)			3,796,496 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			17,795 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			11,567 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			16,611 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,808,063 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			928 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,808,991 32.00
32.01	Sequestration adjustment (see instructions)			76,180 32.01
33.00	Interim payments			3,775,035 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-42,224 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			164,870 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 2/27/2017 7:32 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			112.84	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			9.26	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			103.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			170.98	6.00
7.00	Enter the lesser of line 5 or line 6			103.58	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	64.26	99.38	163.64	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	38.93	60.20	99.13	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	38.93	60.20		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	39.98	58.19		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	38.35	60.60		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	39.09	59.66		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	39.09	59.66		17.00
18.00	Per resident amount	81,632.79	81,632.79		18.00
19.00	Approved amount for resident costs	3,191,026	4,870,212	8,061,238	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			67.40	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			8,061,238	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	51,871	18,802		26.00
27.00	Total Inpatient Days (see instructions)	120,103	120,103		27.00
28.00	Ratio of inpatient days to total inpatient days	0.431888	0.156549		28.00
29.00	Program direct GME amount	3,481,552	1,261,979		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		178,318		30.00
31.00	Net Program direct GME amount			4,565,213	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		11,982,289	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		137,488,353	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		1,897,698	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		78,126	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		139,307,925	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		44,341,977	42.00
43.00	Primary payer payments (see instructions)		1,220	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		44,340,757	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		183,648,682	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.758557	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.241443	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,565,213	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,462,974	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,102,239	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet G

Date/Time Prepared:
2/27/2017 7:32 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	34,884,393	0	0	0	1.00
2.00	Temporary investments	78,235,116	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	118,880,967	0	0	0	4.00
5.00	Other receivable	64,104,538	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,371,000	0	0	0	6.00
7.00	Inventory	10,216,139	0	0	0	7.00
8.00	Prepaid expenses	5,294,244	0	0	0	8.00
9.00	Other current assets	6,055,720	0	0	0	9.00
10.00	Due from other funds	14,302,781	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	319,602,898	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,089,366	0	0	0	12.00
13.00	Land improvements	43,444,888	0	0	0	13.00
14.00	Accumulated depreciation	-17,760,342	0	0	0	14.00
15.00	Buildings	362,793,307	0	0	0	15.00
16.00	Accumulated depreciation	-156,638,836	0	0	0	16.00
17.00	Leasehold improvements	1,705,363	0	0	0	17.00
18.00	Accumulated depreciation	-958,618	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	189,248,061	0	0	0	23.00
24.00	Accumulated depreciation	-135,991,238	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	290,931,951	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	56,951,138	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	207,289,878	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	264,241,016	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	874,775,865	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	38,255,829	0	0	0	37.00
38.00	Salaries, wages, and fees payable	18,449,215	0	0	0	38.00
39.00	Payroll taxes payable	3,380,464	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	35,383,107	0	0	0	43.00
44.00	Other current liabilities	12,416,020	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	107,884,635	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	267,926,955	0	0	0	46.00
47.00	Notes payable	3,159,100	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	48,236,806	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	319,322,861	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	427,207,496	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	447,568,369				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	447,568,369	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	874,775,865	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-1

Date/Time Prepared:
2/27/2017 7:32 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		434,725,618		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		39,243,696			2.00
3.00	Total (sum of line 1 and line 2)		473,969,314		0	3.00
4.00	CHANGE IN VALUE/INT RATE SWAP	188,655		0		4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS	28,642,143		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		28,830,798		0	10.00
11.00	Subtotal (line 3 plus line 10)		502,800,112		0	11.00
12.00	CONTRIBUTIONS	29,794,397		0		12.00
13.00	CHANGE IN MIN PENSION LEVEL	24,874,309		0		13.00
14.00	OTHER DEDUCTIONS	563,037		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		55,231,743		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		447,568,369		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CHANGE IN VALUE/INT RATE SWAP		0			4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CONTRIBUTIONS		0			12.00
13.00	CHANGE IN MIN PENSION LEVEL		0			13.00
14.00	OTHER DEDUCTIONS		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2017 7:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	128,724,929		128,724,929	1.00
2.00	SUBPROVIDER - IPF	18,550,097		18,550,097	2.00
3.00	SUBPROVIDER - IRF	5,556,375		5,556,375	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	152,831,401		152,831,401	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	34,208,894		34,208,894	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	7,624,594		7,624,594	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	41,833,488		41,833,488	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	194,664,889		194,664,889	17.00
18.00	Ancillary services	972,082,162	1,101,783,096	2,073,865,258	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HAMP RESTATEMENT	-33,385,526	-21,569,731	-54,955,257	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,133,361,525	1,080,213,365	2,213,574,890	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		645,910,085		29.00
30.00	GRANT EXPENSE	-6			30.00
31.00	PURCHASED SERVICE HAMP	32,927,908			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		32,927,902		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		678,837,987		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0148

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-3

Date/Time Prepared:
2/27/2017 7:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,213,574,890	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,620,542,611	2.00
3.00	Net patient revenues (line 1 minus line 2)	593,032,279	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	678,837,987	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-85,805,708	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,051	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	4,574,627	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	355,440	20.00
21.00	Rental of vending machines	65,473	21.00
22.00	Rental of hospital space	1,601,240	22.00
23.00	Governmental appropriations	0	23.00
24.00	HIGHER EDUCATION	0	24.00
24.01	CAPITATION	54,771,239	24.01
24.02	AUTOPSY REVENUE	41,317	24.02
24.03	MISCELLANEOUS INCOME	3,409,317	24.03
24.04	OTHER	-2,486,787	24.04
24.05	CHILD CARE	1,137,023	24.05
24.06	HOSPITAL ACCESS IMPROVEMENT PAYMENT	35,289,051	24.06
24.08	OTHER OPERATING RELEASE FROM RESTRICT	4,981,784	24.08
24.10	GAIN/LOSS ON FAIR VALUE	389,349	24.10
24.12	REALIZED GAIN/LOSS	7,511,025	24.12
24.13	UNREALIZED GAIN/LOSS	8,535,201	24.13
24.14	DEFERRED COMP INT/DIVIDENDS	119,420	24.14
24.17	INTEREST INCOME 85 SERIES	190	24.17
24.18	OPERATIONS INVESTMENT INTEREST	87,858	24.18
24.20	WORKERS COMP INTEREST	138,892	24.20
24.21	INVESTMENT INCOME EXPENSE	-763,004	24.21
24.22	SELF INSURANCE INTEREST	308,156	24.22
24.23	BOND FUND INTEREST INCOME	5,007,248	24.23
24.24	BOND SERIES INTEREST INCOME	303	24.24
24.25	INVESTMENT MGMT FEES	-39,600	24.25
24.27	FARMLAND INCOME	11,591	24.27
25.00	Total other income (sum of lines 6-24)	125,049,404	25.00
26.00	Total (line 5 plus line 25)	39,243,696	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	39,243,696	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0148

Period:

Worksheet 1-1

Component CCN: 14-2315

From 10/01/2015
To 09/30/2016

Date/Time Prepared:
2/27/2017 7:32 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	987,924	HOURS OF SERVICE	42,744.45	20.55	1.00
2.00	LICENSED PRACTICAL NURSES	35,202	HOURS OF SERVICE	2,809.30	1.35	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	7,952	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	106,913	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,137,991				9.00
10.00	EMPLOYEE BENEFITS	80,541	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	82,319	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS	11,979	REQUISITIONS			15.00
16.00	OTHER	63,142	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,375,972				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	162,991	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	467,173	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	448,243	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	261,088	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	6,781	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	123,577	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,845,825				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,845,825				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part 1, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0148

Period: From 10/01/2015

Worksheet 1-2

Component CCN: 14-2315

To 09/30/2016

Date/Time Prepared: 2/27/2017 7:32 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Bui l di ng	Equi pment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	506,398	0	987,924	35,202	547,714	18,760	1.00
MAINTENANCE								
2.00	Hemodialysis	96,628	0	331,214	35,202	195,131	4,728	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	409,770	0	656,710	0	352,583	14,032	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	506,398	0	987,924	35,202	547,714	18,760	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	2,095,998	749,827	2,845,825		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	662,903	237,148	900,051		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	1,433,095	512,679	1,945,774		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	0	0	2,095,998	749,827	2,845,825		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,845,825		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period: From 10/01/2015

Worksheet 1-3

Component CCN: 14-2315

To 09/30/2016

Date/Time Prepared: 2/27/2017 7:32 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	506,398	0	987,924	35,202	547,714	1.00
MAINTENANCE							
2.00	Hemodialysis	1,022	20,748.00	14,305.00	2,695.00	396,986	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	16,000	4,334	61,571.00	28,363.00	0.00	717,313
13.00	Method II Home Patient	0	0.00	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	5,356	82,319.00	42,668.00	2,695.00	1,114,299	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	94.547797	0.000000	23.153745	13.061967	0.491532	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	18,760	0	0	2,095,998	749,827	1.00
MAINTENANCE							
2.00	Hemodialysis	3,019	0	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	8,960	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs	0					14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	11,979	0	0		2,095,998	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.566074	0.000000	0.000000		0.357742	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0148

Period: From 10/01/2015

Worksheet 1-4

Component CCN: 14-2315

To 09/30/2016

Date/Time Prepared: 2/27/2017 7:32 am

		Rate 0			Renal Dialysis	
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,020	900,051	882.40	609	537,382
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	1,020	900,051		609	537,382
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	1,020				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	186,757	306.66			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	186,757				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet 1-5 Date/Time Prepared: 2/27/2017 7:32 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	537,382		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	186,757	186,757	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	186,757	186,757	2.03
2.04	Outlier payments	1,931		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	1,184	1,184	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,184	1,184	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	37,115	37,115	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	37,115	37,115	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	38,299	8.00
9.00	Program payment (see instructions)	148,458	148,458	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	900,051		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	900,051		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0148	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 2/27/2017 7:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,736,107	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		428,911	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		287.45	3.00
4.00	Number of interns & residents (see instructions)		101.85	4.00
5.00	Indirect medical education percentage (see instructions)		10.52	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		708,638	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.18	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.24	8.00
9.00	Sum of lines 7 and 8		21.42	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.44	10.00
11.00	Disproportionate share adjustment (see instructions)		299,083	11.00
12.00	Total prospective capital payments (see instructions)		8,172,739	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00