

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: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/28/2019 2:11 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 2/28/2019 Time: 2:11 pm
 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:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter 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 CHIEF FINANCIAL 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 SAINT FRANCIS MEDICAL CENTER (14-0067) for the cost reporting period beginning 10/01/2017 and ending 09/30/2018 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.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,475,614	261,599	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	33,686	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	1,509,300	261,599	0	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: 14-0067			Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 2:11 pm		
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 61637		4.00 County: PEORIA			
1.00 Street: 530 NE GLEN OAK AVENUE		2.00 City: PEORIA							
		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
3.00 Hospital and Hospital-Based Component Identification:									
3.00 Hospital		SAINT FRANCIS MEDICAL CENTER	140067	37900	1	07/01/1966	0	P	0
4.00 Subprovider - IPF									
5.00 Subprovider - IRF		SAINT FRANCIS REHABILITATION UNIT	14T067	37900	5	10/01/1983	0	P	0
6.00 Subprovider - (Other)									
7.00 Swing Beds - SNF									
8.00 Swing Beds - NF									
9.00 Hospital-Based SNF									
10.00 Hospital-Based NF									
11.00 Hospital-Based OLTC									
12.00 Hospital-Based HHA									
13.00 Separately Certified ASC									
14.00 Hospital-Based Hospice									
15.00 Hospital-Based Health Clinic - RHC									
16.00 Hospital-Based Health Clinic - FQHC									
17.00 Hospital-Based (CMHC) I									
18.00 Renal Dialysis									
19.00 Other									
						From:		To:	
						1.00		2.00	
20.00 Cost Reporting Period (mm/dd/yyyy)						10/01/2017		09/30/2018	
21.00 Type of Control (see instructions)						3			
						1.00		2.00	
						2.00		3.00	
22.00 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						
22.01 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						
22.02 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						
22.03 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	N					
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.		3	N						
		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.		19,575	13,699	0	0	21,451	469		24.00

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		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		
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.	780	343	0	0	489		25.00	
						Urban/Rural	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.					2	08/26/2016	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 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							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)(i), (ii), or (iii)? 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)(i), (ii), or (iii)? 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	N	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(b) 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
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				20.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1		60.03	

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
		1.00	2.00	3.00				
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.04			
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.05			
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.06			
60.07	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.07			
		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)						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)						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)						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).						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)						61.05	
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. Enter in column 4, the 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. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	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 through 67. (see instructions)					Y	63.00	

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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 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.							
64.00	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)			1.62	83.71	0.018985	
		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)	INTERNAL MEDICINE	1400	6.04	31.91	0.159157	
65.01		MEDICINE-PEDIATRICS	1450	8.79	29.51	0.229504	
65.02		PEDIATRICS	2000	4.90	18.84	0.206403	
				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)			0.00	108.56	0.000000	
		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)	INTERNAL MEDICINE	1400	0.01	28.56	0.000350	
67.01		MEDICINE-PEDIATRICS	1450	0.01	27.93	0.000358	
67.02		PEDIATRICS	2000	0.01	23.46	0.000426	

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			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.	N			70.00
71.00	If line 70 is 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)			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			75.00
76.00	If line 75 is 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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a 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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 2:11 pm		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					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.				Y			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.				2			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	0		0		13,165,469		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 healthcare related taxes as defined in §1903(w)(3) of the Act? 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.				01/01/1980			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
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.							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.				01/01/1980			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	149006		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 2:11 pm	
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: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS		Contractor's Number: 06101		141.00	
142.00	Street: 800 NE GLEN OAK AVE	PO Box:				142.00	
143.00	City: CITY: PEORIA	State: IL		Zip Code: 61603		143.00	
144.00 Are provider based physicians' costs included in Worksheet A?							
						1.00	144.00
						Y	
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.							
						1.00	145.00
						N	
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.							
						2.00	146.00
						N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
						1.00	147.00
						N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
						2.00	148.00
						N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
						1.00	149.00
						N	
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)							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
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	161.00	
165.00 Multi campus							
						1.00	165.00
						N	
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)							
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
							0.00
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
						1.00	167.00
						Y	
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)							
						2.00	168.00
						0	
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)							
						1.00	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)							
						2.00	169.00
						9.99	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
						1.00	170.00
						10/01/2017	09/30/2018
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. I, 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)							
						1.00	171.00
						N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 2/28/2019 2:11 pm	
				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	V/I	
				1.00	2.00	3.00	
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)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
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	01/21/2019	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?			Y	Y		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	
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	12/18/2018	Y	12/18/2018
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: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/28/2019 2:11 pm	
		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.				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.	LOUIS	RAPTOPOULOS		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309)-624-9230	LOUIS C. RAPTOPOULOS@OSFHEALTHCARE. OR		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-2
Part II
Date/Time Prepared:
2/28/2019 2:11 pm

		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.	GOVT REPT SENIOR ANALYST	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: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

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	534	192,355	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)		534	192,355	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,522	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	28	10,248	0.00	0	8.01
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					0	13.00
14.00 Total (see instructions)		629	227,125	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,542		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)		655				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
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

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)	49,251	16,111	147,385			1.00
2.00 HMO and other (see instructions)	21,697	35,150				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	832				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	49,251	16,111	147,385			7.00
8.00 INTENSIVE CARE UNIT	6,716	1,925	17,540			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	1,001	9,126			8.01
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		538	4,900			13.00
14.00 Total (see instructions)	55,967	19,575	178,951	275.92	5,200.05	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,523	780	8,197	0.10	47.49	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			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)				276.02	5,247.54	27.00
28.00 Observation Bed Days		5,068	11,373			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	469	1,135			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
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

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	10,917	3,441	32,627	1.00
2.00	HMO and other (see instructions)			3,874	5,353		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				52		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
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	10,917	3,441	32,627	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	229	42	508	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			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet S-3 Part II Date/Time Prepared: 2/28/2019 2:11 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	339,854,319	-9,121,250	330,733,069	11,074,624.00	29.86	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,646,827	0	1,646,827	9,367.00	175.81	4.00
4.01	Physicians - Part A - Teaching		9,404,596	0	9,404,596	76,114.00	123.56	4.01
5.00	Physician and Non-Physician-Part B		14,605,166	0	14,605,166	66,038.00	221.16	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	14,386,868	-264	14,386,604	526,094.00	27.35	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		19,354,830	-332,415	19,022,415	526,094.00	36.16	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		7,712,677	0	7,712,677	105,106.00	73.38	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		3,973,699	0	3,973,699	28,303.00	140.40	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		70,682,087	0	70,682,087	1,905,214.00	37.10	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		80,822,619	0	80,822,619			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,214,864	0	5,214,864			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		161,492	0	161,492			22.00
22.01	Physician Part A - Teaching		1,148,526	0	1,148,526			22.01
23.00	Physician Part B		1,285,370	0	1,285,370			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		4,316,453	0	4,316,453			25.00
25.50	Home office wage-related (core)		22,153,212	0	22,153,212			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,619,371	0	2,619,371	74,164.00	35.32	26.00
27.00	Administrative & General	5.00	21,762,392	95,778	21,858,170	706,784.00	30.93	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
2/28/2019 2:11 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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.)	533,495	0	533,495	42,434.00	12.57	28.00
29.00	Maintenance & Repairs	5,763,091	-31,830	5,731,261	193,201.00	29.66	29.00
30.00	Operation of Plant	2,647,747	0	2,647,747	129,568.00	20.44	30.00
31.00	Laundry & Linen Service	228,741	0	228,741	15,769.00	14.51	31.00
32.00	Housekeeping	6,383,514	-33,967	6,349,547	456,487.00	13.91	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	6,119,060	-2,155,592	3,963,468	250,766.00	15.81	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,981,263	1,981,263	125,269.00	15.82	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,499,284	171,777	4,671,061	157,803.00	29.60	38.00
39.00	Central Services and Supply	4,080,380	-1,202	4,079,178	242,507.00	16.82	39.00
40.00	Pharmacy	9,078,441	0	9,078,441	225,813.00	40.20	40.00
41.00	Medical Records & Medical Records Library	3,529,568	0	3,529,568	145,054.00	24.33	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
2/28/2019 2:11 pm

	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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	301,991,184	-9,120,986	292,870,198	10,448,812.00	28.03	1.00
2.00	Excluded area salaries (see instructions)	19,354,830	-332,415	19,022,415	526,094.00	36.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	282,636,354	-8,788,571	273,847,783	9,922,718.00	27.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	82,368,463	0	82,368,463	2,038,623.00	40.40	4.00
5.00	Subtotal wage-related costs (see inst.)	103,137,323	0	103,137,323	0.00	37.66	5.00
6.00	Total (sum of lines 3 thru 5)	468,142,140	-8,788,571	459,353,569	11,961,341.00	38.40	6.00
7.00	Total overhead cost (see instructions)	67,245,084	26,227	67,271,311	2,765,619.00	24.32	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2019 2:11 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		13,809,445	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,367,954	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	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		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		53,984,747	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		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		305,630	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,079,539	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		20,383,699	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		68,411	19.00
20.00	State or Federal Unemployment Taxes		38,576	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		911,323	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		92,949,324	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: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part V
Date/Time Prepared:
2/28/2019 2:11 pm

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	7,712,677	0	1.00
2.00	Hospital	7,712,677	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/28/2019 2:11 pm
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			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)		0.163947	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		180,809,210	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 and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		1,103,660,398	5.00	
6.00	Medicaid charges		177,301,939	6.00	
7.00	Medicaid cost (line 1 times line 6)		29,068,121	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)		0	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	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (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)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	57,617,459	15,435,312	73,052,771	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,446,210	15,435,312	24,881,522	21.00
22.00	Payments received from patients for amounts previously written off as charity care	557,853	0	557,853	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,888,357	15,435,312	24,323,669	23.00
			1.00		
24.00	Does the amount on 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, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			27,527,837	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,510,597	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			3,862,457	27.01
28.00	Non-Medicare bad debt expense (see instructions)			23,665,380	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,231,728	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			29,555,397	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			29,555,397	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet A Date/Time Prepared: 2/28/2019 2:11 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		34,554,740	34,554,740	1,599,290	36,154,030	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		15,478,131	15,478,131	2,233,140	17,711,271	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,619,371	93,896,126	96,515,497	14,961,328	111,476,825	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,084,587	929,350	2,013,937	-292	2,013,645	5.01
5.02	00570	ADMITTING	0	0	0	0	0	5.02
5.03	00540	OUTPATIENT REVENUES	313,742	25,298	339,040	-104	338,936	5.03
5.04	00550	BUSINESS OFFICE	0	0	0	24,196,682	24,196,682	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	20,364,063	175,475,460	195,839,523	-52,341,250	143,498,273	5.05
6.00	00600	MAINTENANCE & REPAIRS	5,763,091	20,447,925	26,211,016	-5,097,464	21,113,552	6.00
7.00	00700	OPERATION OF PLANT	2,647,747	8,092,654	10,740,401	-991,375	9,749,026	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	228,741	2,300,078	2,528,819	0	2,528,819	8.00
9.00	00900	HOUSEKEEPING	6,383,514	2,676,825	9,060,339	21,780	9,082,119	9.00
10.00	01000	DIETARY	6,119,060	1,727,652	7,846,712	-2,122,919	5,723,793	10.00
11.00	01100	CAFETERIA	0	0	0	2,860,341	2,860,341	11.00
13.00	01300	NURSING ADMINISTRATION	4,499,284	432,844	4,932,128	167,111	5,099,239	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,080,380	4,560,962	8,641,342	-131,474	8,509,868	14.00
15.00	01500	PHARMACY	9,078,441	5,031,600	14,110,041	220,490	14,330,531	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,529,568	1,054,588	4,584,156	-1,237	4,582,919	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	7,128,437	7,128,437	17.00
18.00	01850	PARKING	0	1,206,044	1,206,044	0	1,206,044	18.00
20.00	02000	NURSING SCHOOL	5,192,594	867,472	6,060,066	-258,450	5,801,616	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,386,868	1,783,333	16,170,201	-23,926	16,146,275	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,735,999	23,174,593	32,910,592	-1,147,728	31,762,864	22.00
23.00	02300	PARAMEDICALEDUC - CLS	69,683	16,854	86,537	-36,964	49,573	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	131,561	6,387	137,948	0	137,948	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	68,356	3,460	71,816	-4,844	66,972	23.02
23.03	02303	PARAMED ED PRGM-HI STOTECH	0	0	0	23,204	23,204	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	456,861	16,550	473,411	0	473,411	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	215,160	7,115	222,275	665	222,940	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,989,454	33,216,833	98,206,287	-2,476,925	95,729,362	30.00
31.00	03100	INTENSIVE CARE UNIT	15,908,888	5,148,230	21,057,118	-64,318	20,992,800	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,225,028	1,032,879	9,257,907	-20,918	9,236,989	31.01
41.00	04100	SUBPROVIDER - I RF	2,637,084	699,051	3,336,135	-18,905	3,317,230	41.00
43.00	04300	NURSERY	619	96,627	97,246	3,757,976	3,855,222	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,590,764	55,383,150	71,973,914	-47,738,208	24,235,706	50.00
51.00	05100	RECOVERY ROOM	3,215,561	129,456	3,345,017	-4,365	3,340,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,955,813	1,920,740	5,876,553	-2,108,338	3,768,215	52.00
53.00	05300	ANESTHESIOLOGY	865,387	2,303,667	3,169,054	349,685	3,518,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,487,003	13,763,232	33,250,235	-904,127	32,346,108	54.00
57.00	05700	CT SCAN	2,532,108	1,917,185	4,449,293	-126,746	4,322,547	57.00
58.00	05800	MRI	2,827,721	2,672,304	5,500,025	-227,114	5,272,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,570,361	10,386,887	11,957,248	-10,444,222	1,513,026	59.00
60.00	06000	LABORATORY	11,925,479	14,399,378	26,324,857	817,383	27,142,240	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	912,664	4,825,180	5,737,844	-48	5,737,796	63.00
64.00	06400	INTRAVENOUS THERAPY	1,156,706	584,308	1,741,014	-8,155	1,732,859	64.00
65.00	06500	RESPIRATORY THERAPY	6,622,628	3,895,549	10,518,177	-2,790,777	7,727,400	65.00
66.00	06600	PHYSICAL THERAPY	8,231,261	1,221,195	9,452,456	703,072	10,155,528	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,250,053	77,171	2,327,224	174,801	2,502,025	67.00
68.00	06800	SPEECH PATHOLOGY	1,230,871	24,044	1,254,915	92,060	1,346,975	68.00
69.00	06900	ELECTROCARDIOLOGY	4,204,319	9,920,089	14,124,408	-8,072,725	6,051,683	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	663,127	154,244	817,371	-3,765	813,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-620,431	-620,431	30,914,824	30,294,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	49,026,764	49,026,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,466,404	49,466,404	228,003	49,694,407	73.00
74.00	07400	RENAL DIALYSIS	72,629	3,111,236	3,183,865	0	3,183,865	74.00
76.00	03950	DIGESTIVE DISEASES	2,396,278	3,671,020	6,067,298	-2,683,553	3,383,745	76.00
76.01	03951	ENTEROSTOMAL	390,593	11,486	402,079	0	402,079	76.01
76.02	03952	DIABETIC SERVICE	1,578,146	104,257	1,682,403	-5,382	1,677,021	76.02
76.03	03953	WOUND CARE	879,019	448,520	1,327,539	-111,833	1,215,706	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,368,905	117,378	2,486,283	-958	2,485,325	76.04
76.08	03956	SLEEP DISORDERS	1,501,081	216,844	1,717,925	-11,732	1,706,193	76.08
76.09	03957	PAI N PROGRAM	1,244,016	522,642	1,766,658	-1,455	1,765,203	76.09
76.97	07697	CARDIAC REHABILITATION	1,979,518	541,873	2,521,391	-36,323	2,485,068	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	214,945	198,676	413,621	-74,517	339,104	90.01
90.02	09002	LUNG CLINIC	1,020,835	209,045	1,229,880	-26,776	1,203,104	90.02
90.04	09004	ST JUDE CLINIC	1,235,545	142,888	1,378,433	-15,296	1,363,137	90.04
91.00	09100	EMERGENCY	35,185,484	-4,093,670	31,091,814	1,598,142	32,689,956	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet A Date/Time Prepared: 2/28/2019 2:11 pm	
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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,232,224	501,871	2,734,095	-14,606	2,719,489	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	61,512	-5,079	56,433	0	56,433	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	877,306	2,765,387	3,642,693	-467,327	3,175,366	105.00
109.00	10900	PANCREAS ACQUISITION	103,421	147,779	251,200	-55,938	195,262	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	330,313,027	614,995,566	945,308,593	401,799	945,710,392	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	31,830	31,830	194.00
194.01	07951	BRADLEY HEALTH SVC	498,578	50,008	548,586	0	548,586	194.01
194.02	07952	COMMUNITY CLINIC	79,496	447,616	527,112	0	527,112	194.02
194.03	07953	FUND RAISING	0	8,030,568	8,030,568	0	8,030,568	194.03
194.04	07954	OUTREACH PHYSICIAN	231,085	16,613	247,698	0	247,698	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,901,937	1,344,242	4,246,179	247,833	4,494,012	194.07
194.08	07958	INDUSTRIAL REHAB	1,554,281	324,689	1,878,970	-1,511	1,877,459	194.08
194.10	07960	IN-SCHOOL CLINIC	491,947	-109,287	382,660	0	382,660	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	3,768,483	10,609,778	14,378,261	-679,951	13,698,310	194.13
194.14	07964	MARKETING	15,485	0	15,485	0	15,485	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	339,854,319	635,709,793	975,564,112	0	975,564,112	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
2/28/2019 2:11 pm

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	-3,443,184	32,710,846	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,796,175	34,507,446	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,747,193	106,729,632	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	2,013,645	5.01
5.02	00570	ADMITTING	0	0	5.02
5.03	00540	OUTPATIENT REVENUES	0	338,936	5.03
5.04	00550	BUSINESS OFFICE	-10,912,468	13,284,214	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-74,568,596	68,929,677	5.05
6.00	00600	MAINTENANCE & REPAIRS	-533,455	20,580,097	6.00
7.00	00700	OPERATION OF PLANT	-5,008	9,744,018	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,528,819	8.00
9.00	00900	HOUSEKEEPING	-2,000	9,080,119	9.00
10.00	01000	DIETARY	-46,534	5,677,259	10.00
11.00	01100	CAFETERIA	-215,678	2,644,663	11.00
13.00	01300	NURSING ADMINISTRATION	4,191,586	9,290,825	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,321	8,508,547	14.00
15.00	01500	PHARMACY	-154,814	14,175,717	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-393,740	4,189,179	16.00
17.00	01700	SOCIAL SERVICE	-1,756,825	5,371,612	17.00
18.00	01850	PARKING	-113,019	1,093,025	18.00
20.00	02000	NURSING SCHOOL	-8,325,404	-2,523,788	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	16,146,275	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-12,446	31,750,418	22.00
23.00	02300	PARAMEDICAL EDUC - CLS	-21,359	28,214	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	-39,375	98,573	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	-4,646	62,326	23.02
23.03	02303	PARAMED ED PRGM-HI STOTECH	0	23,204	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	473,411	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	222,940	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-16,574,643	79,154,719	30.00
31.00	03100	INTENSIVE CARE UNIT	-93,037	20,899,763	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-196,386	9,040,603	31.01
41.00	04100	SUBPROVIDER - IRF	0	3,317,230	41.00
43.00	04300	NURSERY	0	3,855,222	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-339,308	23,896,398	50.00
51.00	05100	RECOVERY ROOM	0	3,340,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-81,114	3,687,101	52.00
53.00	05300	ANESTHESIOLOGY	0	3,518,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,965,563	29,380,545	54.00
57.00	05700	CT SCAN	-3,480	4,319,067	57.00
58.00	05800	MRI	-58,932	5,213,979	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,513,026	59.00
60.00	06000	LABORATORY	-1,174,169	25,968,071	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,737,796	63.00
64.00	06400	INTRAVENOUS THERAPY	-98,173	1,634,686	64.00
65.00	06500	RESPIRATORY THERAPY	-65,223	7,662,177	65.00
66.00	06600	PHYSICAL THERAPY	-189,693	9,965,835	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,502,025	67.00
68.00	06800	SPEECH PATHOLOGY	-40	1,346,935	68.00
69.00	06900	ELECTROCARDIOLOGY	-862,552	5,189,131	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	813,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	30,294,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	49,026,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,575,424	48,118,983	73.00
74.00	07400	RENAL DIALYSIS	0	3,183,865	74.00
76.00	03950	DIGESTIVE DI SEASES	-98,584	3,285,161	76.00
76.01	03951	ENTEROSTOMAL	0	402,079	76.01
76.02	03952	DIABETIC SERVICE	-113,682	1,563,339	76.02
76.03	03953	WOUND CARE	-105,721	1,109,985	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-413,348	2,071,977	76.04
76.08	03956	SLEEP DISORDERS	-5,514	1,700,679	76.08
76.09	03957	PAIN PROGRAM	-570,954	1,194,249	76.09
76.97	07697	CARDIAC REHABILITATION	-209,518	2,275,550	76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OTHER CLINICS	-62,328	276,776	90.01
90.02	09002	LUNG CLINIC	-3,301	1,199,803	90.02
90.04	09004	ST JUDE CLINIC	-829,113	534,024	90.04
91.00	09100	EMERGENCY	-15,135,698	17,554,258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-750	2,718,739	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	56,433	95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-169,355	3,006,011	105.00
109.00	10900	PANCREAS ACQUISITION	-13,129	182,133	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-126,318,036	819,392,356	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	SISTERS CONVENT	0	31,830	194.00
194.01	07951	BRADLEY HEALTH SVC	0	548,586	194.01
194.02	07952	COMMUNITY CLINIC	0	527,112	194.02
194.03	07953	FUND RAISING	0	8,030,568	194.03
194.04	07954	OUTREACH PHYSICIAN	0	247,698	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	4,494,012	194.07
194.08	07958	INDUSTRIAL REHAB	0	1,877,459	194.08
194.10	07960	IN-SCHOOL CLINIC	0	382,660	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	194.12
194.13	07963	CFH - ASC LLC	0	13,698,310	194.13
194.14	07964	MARKETING	0	15,485	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	-126,318,036	849,246,076	200.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/28/2019 2:11 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CONVENT NON-ALLOW COST					
1.00	SISTERS CONVENT	194.00	31,830	0	1.00
	0		31,830	0	
B - PATHOLOGIST XVII CLINICA					
1.00	I&R SERVICES-OTHER PRGM	22.00	45,178	0	1.00
	COSTS APPRV		45,178	0	
	0				
C - COST OF MEDICAL SUPP SOLD					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,930,013	1.00
2.00		0.00	0	0	2.00
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
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	0		0	30,930,013	
D - COST OF IMPLANT DEVICE SOLD					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	49,026,764	1.00
2.00		0.00	0	0	2.00
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
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	0		0	49,026,764	
E - COST OF DRUGS CHARGED PTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	208,396	1.00
2.00		0.00	0	0	2.00
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
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
	0		0	208,396	
F - RECLASS STD					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	13,758	1.00
2.00	HOUSEKEEPING	9.00	0	33,967	2.00
3.00	DIETARY	10.00	0	1,409	3.00
4.00	NURSING ADMINISTRATION	13.00	0	12,630	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,202	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	77,540	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	17,986	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	5,513	8.00
9.00	SUBPROVIDER - IRF	41.00	0	2,058	9.00
10.00	OPERATING ROOM	50.00	0	22,399	10.00
11.00	RECOVERY ROOM	51.00	0	6,930	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	430	12.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/28/2019 2:11 pm

		Increases			
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,326	13.00
14.00	CT SCAN	57.00	0	848	14.00
15.00	MRI	58.00	0	198	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	261	16.00
17.00	LABORATORY	60.00	0	35,833	17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	768	18.00
19.00	INTRAVENOUS THERAPY	64.00	0	48	19.00
20.00	RESPIRATORY THERAPY	65.00	0	6,178	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	9,973	21.00
22.00	DIGESTIVE DISEASES	76.00	0	1,493	22.00
23.00	DIABETIC SERVICE	76.02	0	1,706	23.00
24.00	WOUND CARE	76.03	0	9,121	24.00
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	483	25.00
26.00	PAIN PROGRAM	76.09	0	1,284	26.00
27.00	CARDIAC REHABILITATION	76.97	0	1,057	27.00
28.00	ST JUDE CLINIC	90.04	0	266	28.00
29.00	EMERGENCY	91.00	0	8,769	29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,661	30.00
31.00	INDUSTRIAL REHAB	194.08	0	6,535	31.00
			0	305,630	
H - CON - TRAVEL AND MEETINGS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	39,426	1.00
2.00	PARAMED PRGM- PASTORAL	23.05	0	665	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
			0	40,091	
I - CAFETERIA & CATERING EXPENSE					
1.00	CAFETERIA	11.00	1,981,263	879,078	1.00
2.00	RESEARCH, WELLNESS, WC	194.07	172,920	76,724	2.00
			2,154,183	955,802	
J - CENTER FOR HEALTH					
1.00	HOUSEKEEPING	9.00	0	23,618	1.00
			0	23,618	
K - POST TRANSPLANT EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	109,536	60,464	1.00
2.00	ADULTS & PEDIATRICS	30.00	222,472	108,720	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	12,157	7,450	3.00
			344,165	176,634	
L - CON EDUCATIONAL ACTIVITIES					
1.00	NURSING ADMINISTRATION	13.00	184,407	30,807	1.00
			184,407	30,807	
M - RECLASS HI STOTECHNICIANS					
1.00	PARAMED PRGM-HI STOTECH	23.03	19,909	3,295	1.00
			19,909	3,295	
N - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	994,611	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,000,917	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	60,079	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
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/28/2019 2:11 pm

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
0			0	3,055,607					
Q - RECLASS PROPERTY INSURANCE									
1.00	OTHER CAP REL COSTS	3.00	0	836,902				1.00	
2.00		0.00	0	0				2.00	
3.00		0.00	0	0				3.00	
0			0	836,902					
P - TO RECLASS ED SHARED COST									
1.00	EMERGENCY	91.00	0	9,926,811				1.00	
2.00		0.00	0	0				2.00	
0			0	9,926,811					
Q - RECLASS ENTERMAL AND CATERING COST									
1.00	DIETARY	10.00	0	987,350				1.00	
2.00		0.00	0	0				2.00	
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	
11.00		0.00	0	0				11.00	
12.00		0.00	0	0				12.00	
13.00		0.00	0	0				13.00	
14.00		0.00	0	0				14.00	
15.00		0.00	0	0				15.00	
16.00		0.00	0	0				16.00	
17.00		0.00	0	0				17.00	
18.00		0.00	0	0				18.00	
19.00		0.00	0	0				19.00	
20.00		0.00	0	0				20.00	
21.00		0.00	0	0				21.00	
22.00		0.00	0	0				22.00	
23.00		0.00	0	0				23.00	
24.00		0.00	0	0				24.00	
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
39.00		0.00	0	0				39.00	
40.00		0.00	0	0				40.00	
41.00		0.00	0	0				41.00	
42.00		0.00	0	0				42.00	
43.00		0.00	0	0				43.00	
44.00		0.00	0	0				44.00	
45.00		0.00	0	0				45.00	
46.00		0.00	0	0				46.00	
47.00		0.00	0	0				47.00	
48.00		0.00	0	0				48.00	
49.00		0.00	0	0				49.00	
50.00		0.00	0	0				50.00	
0			0	987,350					

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/28/2019 2:11 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
R - TO RECLASS ANES MED DIR TIME					
1.00	ANESTHESIOLOGY	53.00	0	433,333	1.00
	O		0	433,333	
S - TO RECLASS NURSERY COST					
1.00	NURSERY	43.00	3,166,100	591,876	1.00
2.00		0.00	0	0	2.00
	O		3,166,100	591,876	
U - MINISTRY ALLOCATION RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,436,798	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	2,327,570	2.00
3.00	PHARMACY	15.00	0	1,221,204	3.00
4.00	SOCIAL SERVICE	17.00	0	7,128,437	4.00
5.00	PHYSICAL THERAPY	66.00	0	709,985	5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	174,801	6.00
7.00	SPEECH PATHOLOGY	68.00	0	94,258	7.00
8.00	BUSINESS OFFICE	5.04	0	24,196,682	8.00
	TOTALS		0	51,289,735	
V - TO RECLASS PHYSICIAN EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	222,876	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	968,806	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	11,020	3.00
4.00	EMERGENCY	91.00	28,235	167,434	4.00
5.00	DIGESTIVE DISEASES	76.00	0	112,668	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	829,596	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	O		28,235	2,312,400	
W - TO RECLASS HOSP AND PALLIATIVE CARE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,499,990	1.00
	TOTALS		0	1,499,990	
X - TO RECLASS MAIN COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,328,297	1.00
2.00	LABORATORY	60.00	0	1,014,339	2.00
	TOTALS		0	7,342,636	
500.00	Grand Total: Increases		5,974,007	159,977,690	500.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
2/28/2019 2:11 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CONVENT NON-ALLOW COST						
1.00	MAINTENANCE & REPAIRS	6.00	31,830	0	0	1.00
	O		31,830	0		
B - PATHOLOGIST XVII CLINICA						
1.00	LABORATORY	60.00	45,178	0	0	1.00
	O		45,178	0		
C - COST OF MEDICAL SUPP SOLD						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,227	0	1.00
2.00	PHARMACY	15.00	0	868,778	0	2.00
3.00	OPERATING ROOM	50.00	0	15,609,944	0	3.00
4.00	ANESTHESIOLOGY	53.00	0	71,321	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,661,604	0	5.00
6.00	CT SCAN	57.00	0	75,941	0	6.00
7.00	MRI	58.00	0	19	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	3,348,873	0	8.00
9.00	LABORATORY	60.00	0	11,283	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	2,753,311	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	1,211,728	0	11.00
12.00	DIGESTIVE DISEASES	76.00	0	2,030,986	0	12.00
13.00	EMERGENCY	91.00	0	217,998	0	13.00
	O		0	30,930,013		
D - COST OF IMPLANT DEVICE SOLD						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,317	0	1.00
2.00	PHARMACY	15.00	0	130,000	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	42,608	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	6,597	0	4.00
5.00	SUBPROVIDER - IRF	41.00	0	209	0	5.00
6.00	OPERATING ROOM	50.00	0	31,501,596	0	6.00
7.00	ANESTHESIOLOGY	53.00	0	70	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,499,572	0	8.00
9.00	CT SCAN	57.00	0	1,584	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	7,053,769	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	6,903,817	0	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,189	0	12.00
13.00	DIGESTIVE DISEASES	76.00	0	745,386	0	13.00
14.00	WOUND CARE	76.03	0	111,794	0	14.00
15.00	OTHER CLINICS	90.01	0	5,070	0	15.00
16.00	EMERGENCY	91.00	0	186	0	16.00
17.00	OTHER CLINICS				0	17.00
18.00	EMERGENCY				0	18.00
	O		0	49,026,764		
E - COST OF DRUGS CHARGED PTS						
1.00	OPERATING ROOM	50.00	0	43,595	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	36,586	0	2.00
3.00	CT SCAN	57.00	0	24,361	0	3.00
4.00	MRI	58.00	0	9,873	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	23,381	0	5.00
6.00	LABORATORY	60.00	0	377	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	13,674	0	7.00
8.00	DIGESTIVE DISEASES	76.00	0	3,952	0	8.00
9.00	ST JUDE CLINIC	90.04	0	2,954	0	9.00
10.00	EMERGENCY	91.00	0	44,569	0	10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	5,074	0	11.00
12.00	INTRAVENOUS THERAPY		0	0	0	12.00
13.00	DIGESTIVE DISEASES		0	0	0	13.00
14.00	WOUND CARE		0	0	0	14.00
	O		0	208,396		
F - RECLASS STD						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	13,758	0	0	1.00
2.00	HOUSEKEEPING	9.00	33,967	0	0	2.00
3.00	DIETARY	10.00	1,409	0	0	3.00
4.00	NURSING ADMINISTRATION	13.00	12,630	0	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	1,202	0	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	77,540	0	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	17,986	0	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	31.01	5,513	0	0	8.00
9.00	SUBPROVIDER - IRF	41.00	2,058	0	0	9.00
10.00	OPERATING ROOM	50.00	22,399	0	0	10.00
11.00	RECOVERY ROOM	51.00	6,930	0	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	430	0	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	18,326	0	0	13.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
2/28/2019 2:11 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00			
14.00	CT SCAN	57.00	848	0	0	0		14.00
15.00	MRI	58.00	198	0	0	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	261	0	0	0		16.00
17.00	LABORATORY	60.00	35,833	0	0	0		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	768	0	0	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	48	0	0	0		19.00
20.00	RESPIRATORY THERAPY	65.00	6,178	0	0	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	9,973	0	0	0		21.00
22.00	DIGESTIVE DISEASES	76.00	1,493	0	0	0		22.00
23.00	DIABETIC SERVICE	76.02	1,706	0	0	0		23.00
24.00	WOUND CARE	76.03	9,121	0	0	0		24.00
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	483	0	0	0		25.00
26.00	PAIN PROGRAM	76.09	1,284	0	0	0		26.00
27.00	CARDIAC REHABILITATION	76.97	1,057	0	0	0		27.00
28.00	ST JUDE CLINIC	90.04	266	0	0	0		28.00
29.00	EMERGENCY	91.00	8,769	0	0	0		29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	6,661	0	0	0		30.00
31.00	INDUSTRIAL REHAB	194.08	6,535	0	0	0		31.00
	O		305,630	0				
H - CON - TRAVEL AND MEETINGS								
1.00	NURSING SCHOOL	20.00	0	22,667	0	0		1.00
2.00	PARAMEDICAL EDUC - CLS	23.00	0	13,035	0	0		2.00
3.00	PARAMEDICAL EDUC DIETARY	23.02	0	3,724	0	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	665	0	0		4.00
	O		0	40,091				
I - CAFETERIA & CATERING EXPENSE								
1.00	DIETARY	10.00	2,154,183	955,802	0	0		1.00
2.00		0.00	0	0	0	0		2.00
	O		2,154,183	955,802				
J - CENTER FOR HEALTH								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	23,618	0	0		1.00
	O		0	23,618				
K - POST TRANSPLANT EXPENSE								
1.00	KIDNEY ACQUISITION	105.00	288,231	176,630	0	0		1.00
2.00	PANCREAS ACQUISITION	109.00	55,934	4	0	0		2.00
3.00		0.00	0	0	0	0		3.00
	O		344,165	176,634				
L - CON EDUCATIONAL ACTIVITIES								
1.00	NURSING SCHOOL	20.00	184,407	30,807	0	0		1.00
	O		184,407	30,807				
M - RECLASS HISTOTECHNICIANS								
1.00	PARAMEDICAL EDUC - CLS	23.00	19,909	3,295	0	0		1.00
	O		19,909	3,295				
N - RECLASS DEPRECIATION EXPENSE								
1.00		0.00	0	0	9	9		1.00
2.00		0.00	0	0	9	9		2.00
3.00		0.00	0	0	0	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	603,819	0	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	49,833	0	0		5.00
6.00	OPERATION OF PLANT	7.00	0	991,320	0	0		6.00
7.00	HOUSEKEEPING	9.00	0	862	0	0		7.00
8.00	DIETARY	10.00	0	284	0	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	25,904	0	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	53,887	0	0		10.00
11.00	PHARMACY	15.00	0	516	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	30,501	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	505	0	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	5,783	0	0		14.00
15.00	OPERATING ROOM	50.00	0	118,638	0	0		15.00
16.00	RECOVERY ROOM	51.00	0	2,074	0	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,544	0	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	10,224	0	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	177,981	0	0		19.00
20.00	CT SCAN	57.00	0	24,179	0	0		20.00
21.00	MRI	58.00	0	216,215	0	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	17,381	0	0		22.00
23.00	LABORATORY	60.00	0	89,890	0	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	34,299	0	0		24.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
2/28/2019 2:11 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	PHYSICAL THERAPY	66.00	0	5,529	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,661	0	26.00	
27.00	DIGESTIVE DISORDERS	76.00	0	6,067	0	27.00	
28.00	SLEEP DISORDERS	76.08	0	11,531	0	28.00	
29.00	LUNG CLINIC	90.02	0	3,434	0	29.00	
30.00	EMERGENCY	91.00	0	15,546	0	30.00	
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	505	0	31.00	
32.00	KIDNEY ACQUISITION	105.00	0	505	0	32.00	
33.00	RESEARCH, WELLNESS, WC	194.07	0	1,811	0	33.00	
34.00	INDUSTRIAL REHAB	194.08	0	1,511	0	34.00	
35.00	CFH - ASC LLC	194.13	0	546,868	0	35.00	
			0	3,055,607			
O - RECLASS PROPERTY INSURANCE							
1.00		0.00	0	0	12	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	703,819	0	2.00	
3.00	CFH - ASC LLC	194.13	0	133,083	0	3.00	
			0	836,902			
P - TO RECLASS ED SHARED COST							
1.00	EMERGENCY	91.00	8,146,375	0	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,780,436	0	2.00	
			8,146,375	1,780,436			
Q - RECLASS ENTERMAL AND CATERING COST							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34,673	0	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.01	0	292	0	2.00	
3.00	OUTPATIENT REVENUES	5.03	0	104	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	151,896	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	735	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	55	0	6.00	
7.00	HOUSEKEEPING	9.00	0	976	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	22,199	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	43	0	9.00	
10.00	PHARMACY	15.00	0	1,420	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,237	0	11.00	
12.00	NURSING SCHOOL	20.00	0	20,569	0	12.00	
13.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	23,662	0	13.00	
14.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	20,428	0	14.00	
15.00	PARAMEDICAL EDUC - CLS	23.00	0	725	0	15.00	
16.00	PARAMEDICAL EDUC DIETARY	23.02	0	1,120	0	16.00	
17.00	ADULTS & PEDIATRICS	30.00	0	324,836	0	17.00	
18.00	INTENSIVE CARE UNIT	31.00	0	68,236	0	18.00	
19.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	20,918	0	19.00	
20.00	SUBPROVIDER - IRF	41.00	0	12,913	0	20.00	
21.00	OPERATING ROOM	50.00	0	22,623	0	21.00	
22.00	RECOVERY ROOM	51.00	0	2,291	0	22.00	
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,322	0	23.00	
24.00	ANESTHESIOLOGY	53.00	0	2,033	0	24.00	
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,032	0	25.00	
26.00	CT SCAN	57.00	0	681	0	26.00	
27.00	MRI	58.00	0	1,007	0	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	818	0	28.00	
29.00	LABORATORY	60.00	0	5,050	0	29.00	
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	48	0	30.00	
31.00	INTRAVENOUS THERAPY	64.00	0	8,155	0	31.00	
32.00	RESPIRATORY THERAPY	65.00	0	3,167	0	32.00	
33.00	PHYSICAL THERAPY	66.00	0	1,384	0	33.00	
35.00	SPEECH PATHOLOGY	68.00	0	2,198	0	35.00	
36.00	ELECTROCARDIOLOGY	69.00	0	3,585	0	36.00	
37.00	ELECTROENCEPHALOGRAPHY	70.00	0	104	0	37.00	
38.00	DIGESTIVE DISORDERS	76.00	0	9,830	0	38.00	
39.00	DIABETIC SERVICE	76.02	0	5,382	0	39.00	
40.00	WOUND CARE	76.03	0	39	0	40.00	
41.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	958	0	41.00	
42.00	SLEEP DISORDERS	76.08	0	201	0	42.00	
43.00	PAIN PROGRAM	76.09	0	1,455	0	43.00	
44.00	CARDIAC REHABILITATION	76.97	0	36,323	0	44.00	
45.00	OTHER CLINICS	90.01	0	291	0	45.00	

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/28/2019 2:11 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
46.00	LUNG CLINIC	90.02	0	23,342	0	46.00	
47.00	ST JUDE CLINIC	90.04	0	12,342	0	47.00	
48.00	EMERGENCY	91.00	0	99,664	0	48.00	
49.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	9,027	0	49.00	
50.00	KIDNEY ACQUISITION	105.00	0	1,961	0	50.00	
			0	987,350			
R - TO RECLASS ANES MED DIR TIME							
1.00	OPERATING ROOM	50.00	0	433,333	0	1.00	
			0	433,333			
S - TO RECLASS NURSERY COST							
1.00	ADULTS & PEDIATRICS	30.00	1,583,050	295,938	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,583,050	295,938	0	2.00	
			3,166,100	591,876			
U - MINISTRY ALLOCATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	51,289,735	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
	TOTALS		0	51,289,735			
V - TO RECLASS PHYSICIAN EXPENSE							
1.00	OTHER CLINICS	90.01	0	69,156	0	1.00	
2.00	LABORATORY	60.00	0	45,178	0	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	215,484	0	3.00	
4.00	OPERATING ROOM	50.00	0	8,479	0	4.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	160,351	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	669,245	0	0	6.00	
7.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	264	0	0	7.00	
8.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	27,971	1,144,507	0	8.00	
			697,480	1,643,155			
W - TO RECLASS HOSP AND PALLIATIVE CARE							
1.00	ADULTS & PEDIATRICS	30.00	0	1,499,990	0	1.00	
	TOTALS		0	1,499,990			
X - TO RECLASS MAIN COST							
1.00	MAINTENANCE & REPAIRS	6.00	0	7,342,636	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		0	7,342,636			
500.00	Grand Total: Decreases		15,095,257	150,856,440		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,802,970	892,598	0	892,598	0	1.00
2.00	Land Improvements	9,422,826	156,798	0	156,798	0	2.00
3.00	Buildings and Fixtures	693,052,489	12,124,908	0	12,124,908	0	3.00
4.00	Building Improvements	3,024,102	0	0	0	911,942	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	265,547,000	6,082,113	0	6,082,113	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	980,849,387	19,256,417	0	19,256,417	911,942	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	980,849,387	19,256,417	0	19,256,417	911,942	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,695,568	0				1.00
2.00	Land Improvements	9,579,624	0				2.00
3.00	Buildings and Fixtures	705,177,397	0				3.00
4.00	Building Improvements	2,112,160	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	271,629,113	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	999,193,862	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	999,193,862	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
2/28/2019 2:11 pm

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	34,554,740	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,478,131	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	50,032,871	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	34,554,740				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,478,131				2.00
3.00	Total (sum of lines 1-2)	0	50,032,871				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
2/28/2019 2:11 pm

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	707,289,557	0	707,289,557	0.722521	604,679	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	271,629,113	0	271,629,113	0.277479	232,223	2.00
3.00	Total (sum of lines 1-2)	978,918,670	0	978,918,670	1.000000	836,902	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	604,679	26,583,385	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	232,223	31,801,399	0	2.00
3.00	Total (sum of lines 1-2)	0	0	836,902	58,384,784	0	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	5,522,782	604,679	0	0	32,710,846	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,473,824	232,223	0	0	34,507,446	2.00
3.00	Total (sum of lines 1-2)	7,996,606	836,902	0	0	67,218,292	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/28/2019 2:11 pm

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)	A	-317,631		OTHER ADMINISTRATIVE AND GENERAL	5.05		0	7.00
8.00 Television and radio service (chapter 21)	A	-14,471		OTHER ADMINISTRATIVE AND GENERAL	5.05		0	8.00
9.00 Parking lot (chapter 21)	A	-113,019		PARKING	18.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-39,591,103					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	-25,868,660					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		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	B	-34,132		DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-201,240		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-8,232,231		NURSING SCHOOL	20.00		0	19.00
20.00 Vending machines	B	-150,712		CAFETERIA	11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-2,951,318		OTHER ADMINISTRATIVE AND GENERAL	5.05		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	*** Cost Center Deleted ***	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 WORKERS COMP CHARGES W/O	A	-210,344		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/28/2019 2:11 pm

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	
33.08	VENDING MACHINE COMMISSIONS	B	-2,677	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.08
34.03	UNEMPLOYMENT COMPENSATION NET	A	68,411	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 34.03
34.05	TUITION HISTOTECH SCHOOL	B	-8,536	MAINTENANCE & REPAIRS	6.00	0 34.05
34.06	TUITION CLS LAB TECH SCHOOL	B	-21,339	PARAMEDICAL EDUC - CLS	23.00	0 34.06
35.00	TUITION X-RAY TECH SCHOOL	B	-39,375	PARAMEDICAL EDUC X-RAY	23.01	0 35.00
35.01	TUITION & FEE DIETICIAN SCHOOL	B	-4,646	PARAMEDICAL EDUC DIETARY	23.02	0 35.01
35.02	CONTRACT PHARMACY	A	-1,540,667	DRUGS CHARGED TO PATIENTS	73.00	0 35.02
35.03	BRANDING REVENUE	B	-64,966	CAFETERIA	11.00	0 35.03
35.04	LOBBYING COSTS - ASSOCIATES - ADMIN	A	-79,291	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 35.04
36.00	OTHER REVENUE OFFSET	B	-9,373	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 36.00
37.00	OTHER REVENUE OFFSET	B	-143,240	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 37.00
37.01	OTHER REVENUE OFFSET	B	-39,691	CARDIAC REHABILITATION	76.97	0 37.01
38.00	OTHER REVENUE OFFSET	B	-2,000	HOUSEKEEPING	9.00	0 38.00
38.01	OTHER REVENUE OFFSET	B	-46,534	DIETARY	10.00	0 38.01
38.02	OTHER REVENUE OFFSET	B	-4,245	NURSING ADMINISTRATION	13.00	0 38.02
39.00	OTHER REVENUE OFFSET	B	-5	LABORATORY	60.00	0 39.00
39.01	OTHER REVENUE OFFSET	B	-829,113	ST JUDE CLINIC	90.04	0 39.01
39.02	OTHER REVENUE OFFSET	B	-45,532	NURSING SCHOOL	20.00	0 39.02
40.00	OTHER REVENUE OFFSET	B	-5,722	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.00
40.01	OTHER REVENUE OFFSET	B	-30,046	RADIOLOGY-DIAGNOSTIC	54.00	0 40.01
40.02	OTHER REVENUE OFFSET	B	-19,117	PHYSICAL THERAPY	66.00	0 40.02
40.03	OTHER REVENUE OFFSET	B	-24,144	DIABETIC SERVICE	76.02	0 40.03
40.04	OTHER REVENUE OFFSET	B	-625	DRUGS CHARGED TO PATIENTS	73.00	0 40.04
40.06	OTHER REVENUE OFFSET	B	-3,325	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0 40.06
40.07	OTHER REVENUE OFFSET	B	-5,514	SLEEP DISORDERS	76.08	0 40.07
40.09	OTHER REVENUE OFFSET	B	-245,401	EMERGENCY	91.00	0 40.09
40.12	CAT EKG STORAGE FEE	B	-855,782	ELECTROCARDIOLOGY	69.00	0 40.12
40.13	MEDICAID ASSESSMENT TAX	A	-36,548,769	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.13
40.14	NON-ALLOWABLE MARKETING	A	-95,017	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.14
40.15	NON-ALLOWABLE MARKETING	A	-35,438	NURSING ADMINISTRATION	13.00	0 40.15
40.16	NON-ALLOWABLE MARKETING	A	-1,321	CENTRAL SERVICES & SUPPLY	14.00	0 40.16
40.17	NON-ALLOWABLE MARKETING	A	-47,641	NURSING SCHOOL	20.00	0 40.17
40.20	NON-ALLOWABLE MARKETING	A	-20	PARAMEDICAL EDUC - CLS	23.00	0 40.20
40.21	NON-ALLOWABLE MARKETING	A	-2,021	ADULTS & PEDIATRICS	30.00	0 40.21
40.23	NON-ALLOWABLE MARKETING	A	-3,040	RADIOLOGY-DIAGNOSTIC	54.00	0 40.23
40.24	NON-ALLOWABLE MARKETING	A	-3,480	CT SCAN	57.00	0 40.24
40.27	NON-ALLOWABLE MARKETING	A	-406	LABORATORY	60.00	0 40.27
40.29	NON-ALLOWABLE MARKETING	A	-30	RESPIRATORY THERAPY	65.00	0 40.29
40.30	NON-ALLOWABLE MARKETING	A	-47	PHYSICAL THERAPY	66.00	0 40.30
40.31	NON-ALLOWABLE MARKETING	A	-3,301	LUNG CLINIC	90.02	0 40.31
40.35	NON-ALLOWABLE MARKETING	A	-4,319	EMERGENCY	91.00	0 40.35
40.37	NON-ALLOWABLE MARKETING	A	-405	KIDNEY ACQUISITION	105.00	0 40.37
40.38	MOONLIGHTING RESIDENTS	A	-6,724	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.38
40.40	MOONLIGHTING RESIDENTS	A	-320,333	ADULTS & PEDIATRICS	30.00	0 40.40
40.44	MOONLIGHTING RESIDENTS	A	-43,964	MRI	58.00	0 40.44
40.46	MOONLIGHTING RESIDENTS	A	-1,238	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.46
40.47	MOONLIGHTING RESIDENTS	A	-2,681	EMERGENCY	91.00	0 40.47
40.48	MOONLIGHTING RESIDENTS	A	-750	OBSERVATION BEDS (DISTINCT PART)	92.01	0 40.48
40.49	MOONLIGHTING RESIDENTS - EB OFFSET	A	-63,657	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.49
40.50	CLINIC PSYCH PART B OFFSET	A	-329,218	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0 40.50
40.51	CLINIC PSYCH PART B OFFSET BENEFIT	A	-55,967	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.51
41.00	DONATIONS	A	-2,287,089	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.00
41.02	PART B PHYSICIAN COMPENSATION	A	-2,851,988	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.02
41.03	RN-BSN TUITION REVENUES OFFSET	B	-204,996	NURSING ADMINISTRATION	13.00	0 41.03
41.04	RENTS/LEASE PROP TAX	A	-5,008	OPERATION OF PLANT	7.00	0 41.04

Provider CCN: 14-0067
 Period: From 10/01/2017 To 09/30/2018
 Worksheet A-8
 Date/Time Prepared: 2/28/2019 2:11 pm

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		
41.05 RENTS/LEASE PROP TAX	A	-29,595	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	41.05
41.07 RENTS/LEASE PROP TAX	A	-77,703	RADIOLOGY-DIAGNOSTIC	54.00	0	41.07
41.08 RENTS/LEASE PROP TAX	A	-9,796	MRI	58.00	0	41.08
41.09 RENTS/LEASE PROP TAX	A	-35,284	INTRAVENOUS THERAPY	64.00	0	41.09
41.10 RENTS/LEASE PROP TAX	A	-8,745	RESPIRATORY THERAPY	65.00	0	41.10
41.11 RENTS/LEASE PROP TAX	A	-3,192	ELECTROCARDIOLOGY	69.00	0	41.11
41.12 RETIREMENT GIFTS	A	-28,967	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.12
41.13 PHYSICIAN RECRUITMENT	A	-18,540	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	41.13
41.14 HOSPITALIST AND PALLIATIVE OFFSET	A	-1,499,990	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.14
41.15 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	41.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-126,318,036				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: 14-0067

Period: From 10/01/2017 To 09/30/2018

Worksheet A-8-1

Date/Time Prepared: 2/28/2019 2:11 pm

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	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES - BLDG	3,268,394	12,234,360 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES - EQUIP	14,322,351	0 2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES - INT BL	5,522,782	0 3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES - EQUIP	2,473,824	0 3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE EMPLOYEE BENEFIT	15,436,798	15,436,798 3.02
3.03	5.01	PURCHASING RECEIVING AND STO	CORP OFFICE CENTRAL PURCHASI	1,745,639	1,745,639 3.03
3.04	5.04	BUSINESS OFFICE	CORP OFFICE REV CYCLE	13,284,214	24,196,682 3.04
3.05	5.05	OTHER ADMINISTRATIVE AND GEN	CORP/SF INC ADMIN ALLOCATION	54,705,094	84,723,979 3.05
3.06	7.00	OPERATION OF PLANT	CORP OFFICE CHARGES - MAINT	2,327,570	2,327,570 3.06
3.07	13.00	NURSING ADMINISTRATION	CORP OFFICE CHARGES - NURS A	4,436,265	0 3.07
3.08	17.00	SOCIAL SERVICE	CORP OFFICE CHARGES - CARE M	5,371,612	7,128,437 3.08
3.09	30.00	ADULTS & PEDIATRICS	CORP OFFICE CHARGES - A&P EI	580,848	580,848 3.09
3.10	31.00	INTENSIVE CARE UNIT	CORP OFFICE CHARGES - ICU EI	1,477,437	1,477,437 3.10
4.00	66.00	PHYSICAL THERAPY	CORP OFFICE CHG - REHAB ADMI	709,985	709,985 4.00
4.01	67.00	OCCUPATIONAL THERAPY	CORP OFFICE CHG - REHAB ADMI	174,801	174,801 4.01
4.02	68.00	SPEECH PATHOLOGY	CORP OFFICE CHG - REHAB ADMI	94,258	94,258 4.02
4.03	73.00	DRUGS CHARGED TO PATIENTS	CORP OFFICE CHARGES - PHARMA	4,784,447	4,784,447 4.03
4.04	5.05	OTHER ADMINISTRATIVE AND GEN	SFI CHARGES - A&G	588,416	1,033,322 4.04
4.05	6.00	MAINTENANCE & REPAIRS	SFI CHARGES - EQUIP TECH	1,481,037	2,005,956 4.05
4.06	58.00	MRI	SFI CHARGES - MRI MOBILE	12,087	12,000 4.06
4.07	0.00			0	0 4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			132,797,859	158,666,519 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	OSF HEALTHCARE	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		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: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:
2/28/2019 2:11 pm

	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	-8,965,966	9		1.00
2.00	14,322,351	9		2.00
3.00	5,522,782	11		3.00
3.01	2,473,824	11		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	-10,912,468	0		3.04
3.05	-30,018,885	0		3.05
3.06	0	0		3.06
3.07	4,436,265	0		3.07
3.08	-1,756,825	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	-444,906	0		4.04
4.05	-524,919	0		4.05
4.06	87	0		4.06
4.07	0	0		4.07
5.00	-25,868,660	0		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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	CATHOLIC SYSTEM		6.00
7.00			7.00
8.00			8.00
9.00			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: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:
2/28/2019 2:11 pm

	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	92,827	0	92,827	179,000	766	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	2,214,541	1,194,976	1,019,564	179,000	6,161	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	179,000	0	3.00
4.00	15.00	PHARMACY	248,187	43,322	204,865	179,000	1,085	4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	304,203	142,514	161,689	179,000	1,298	5.00
6.00	30.00	ADULTS & PEDIATRICS	16,991,015	15,925,147	1,065,868	197,500	7,780	6.00
7.00	31.00	INTENSIVE CARE UNIT	223,786	56,690	167,096	197,500	1,377	7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	196,386	196,386	0	197,500	0	8.00
9.00	50.00	OPERATING ROOM	454,334	0	454,334	246,400	971	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	81,114	81,114	0	237,100	0	10.00
11.00	53.00	ANESTHESIOLOGY	433,333	0	433,333	239,400	3,835	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	2,999,221	2,755,471	243,750	271,900	1,105	12.00
13.00	58.00	MRI	5,259	5,259	0	271,900	0	13.00
14.00	60.00	LABORATORY	1,323,305	1,128,595	194,710	260,300	1,195	14.00
15.00	64.00	INTRAVENOUS THERAPY	62,889	62,889	0	197,500	0	15.00
16.00	65.00	RESPIRATORY THERAPY	68,792	45,522	23,270	197,500	130	16.00
17.00	66.00	PHYSICAL THERAPY	170,529	170,528	0	197,500	0	17.00
18.00	67.00	OCCUPATIONAL THERAPY	0	0	0	197,500	0	18.00
19.00	68.00	SPEECH PATHOLOGY	40	40	0	197,500	0	19.00
20.00	69.00	ELECTROCARDIOLOGY	9,750	0	9,750	197,500	65	20.00
21.00	76.00	DIGESTIVE DISEASES	112,667	98,583	14,083	179,000	224	21.00
22.00	76.02	DIABETIC SERVICES	89,538	89,538	0	179,000	0	22.00
23.00	76.03	WOUND CARE	126,375	90,518	35,856	179,000	240	23.00
24.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	96,756	61,756	35,000	181,300	183	24.00
25.00	76.09	PAIN PROGRAM	629,904	523,464	106,440	179,000	685	25.00
26.00	76.97	CARDIAC REHABILITATION	169,827	169,827	0	179,000	0	26.00
27.00	90.01	OTHER CLINICS	62,328	62,328	0	179,000	0	27.00
28.00	91.00	EMERGENCY	15,887,034	14,518,421	1,368,613	197,500	10,571	28.00
29.00	92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	197,500	0	29.00
30.00	105.00	KIDNEY ACQUISITION	228,200	0	228,200	197,500	624	30.00
31.00	109.00	PANCREAS ACQUISITION	17,687	0	17,687	197,500	48	31.00
200.00			43,299,827	37,422,888	5,876,935		38,343	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	65,920	3,296	0	0	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	530,201	26,510	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	15.00	PHARMACY	93,373	4,669	0	0	0	4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	111,703	5,585	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	738,726	36,936	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	130,749	6,537	0	0	0	7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	115,026	5,751	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	441,394	22,070	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	144,447	7,222	0	0	0	12.00
13.00	58.00	MRI	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	149,547	7,477	0	0	0	14.00
15.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	15.00
16.00	65.00	RESPIRATORY THERAPY	12,344	617	0	0	0	16.00
17.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	17.00
18.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
19.00	68.00	SPEECH PATHOLOGY	0	0	0	0	0	19.00
20.00	69.00	ELECTROCARDIOLOGY	6,172	309	0	0	0	20.00
21.00	76.00	DIGESTIVE DISEASES	19,277	964	0	0	0	21.00
22.00	76.02	DIABETIC SERVICES	0	0	0	0	0	22.00
23.00	76.03	WOUND CARE	20,654	1,033	0	0	0	23.00
24.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,951	798	0	0	0	24.00
25.00	76.09	PAIN PROGRAM	58,950	2,948	0	0	0	25.00
26.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	26.00
27.00	90.01	OTHER CLINICS	0	0	0	0	0	27.00
28.00	91.00	EMERGENCY	1,003,737	50,187	0	0	0	28.00
29.00	92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	29.00
30.00	105.00	KIDNEY ACQUISITION	59,250	2,963	0	0	0	30.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:
2/28/2019 2:11 pm

	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	
31.00	109.00	PANCREAS ACQUISITION	4,558	228	0	0	0	31.00
200.00			3,721,979	186,100	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	65,920	26,907	26,907		1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	530,201	489,363	1,684,340		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0		3.00
4.00	15.00	PHARMACY	0	93,373	111,492	154,814		4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	0	111,703	49,986	192,500		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	738,726	327,142	16,252,289		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	130,749	36,347	93,037		7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	196,386		8.00
9.00	50.00	OPERATING ROOM	0	115,026	339,308	339,308		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	81,114		10.00
11.00	53.00	ANESTHESIOLOGY	0	441,394	0	0		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	144,447	99,303	2,854,774		12.00
13.00	58.00	MRI	0	0	0	5,259		13.00
14.00	60.00	LABORATORY	0	149,547	45,163	1,173,758		14.00
15.00	64.00	INTRAVENOUS THERAPY	0	0	0	62,889		15.00
16.00	65.00	RESPIRATORY THERAPY	0	12,344	10,926	56,448		16.00
17.00	66.00	PHYSICAL THERAPY	0	0	0	170,529		17.00
18.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0		18.00
19.00	68.00	SPEECH PATHOLOGY	0	0	0	40		19.00
20.00	69.00	ELECTROCARDIOLOGY	0	6,172	3,578	3,578		20.00
21.00	76.00	DIGESTIVE DISEASES	0	19,277	0	98,584		21.00
22.00	76.02	DIABETIC SERVICE	0	0	0	89,538		22.00
23.00	76.03	WOUND CARE	0	20,654	15,202	105,721		23.00
24.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	15,951	19,049	80,805		24.00
25.00	76.09	PAIN PROGRAM	0	58,950	47,490	570,954		25.00
26.00	76.97	CARDIAC REHABILITATION	0	0	0	169,827		26.00
27.00	90.01	OTHER CLINICS	0	0	0	62,328		27.00
28.00	91.00	EMERGENCY	0	1,003,737	364,876	14,883,297		28.00
29.00	92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		29.00
30.00	105.00	KIDNEY ACQUISITION	0	59,250	168,950	168,950		30.00
31.00	109.00	PANCREAS ACQUISITION	0	4,558	13,129	13,129		31.00
200.00			0	3,721,979	2,168,211	39,591,103		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	32,710,846	32,710,846			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	34,507,446		34,507,446		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	106,729,632	121,622	816	106,852,070	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	2,013,645	72,843	12,530	370,489	2,469,507
5.02 00570	ADMITTING	0	112,481	0	0	0
5.03 00540	OUTPATIENT REVENUES	338,936	41,796	82	107,173	915
5.04 00550	BUSINESS OFFICE	13,284,214	0	0	0	0
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	68,929,677	2,133,152	20,888,004	6,887,442	23,605
6.00 00600	MAINTENANCE & REPAIRS	20,580,097	5,672,939	1,046,383	1,957,770	301,270
7.00 00700	OPERATION OF PLANT	9,744,018	553,896	175,824	904,457	71,037
8.00 00800	LAUNDRY & LINEN SERVICE	2,528,819	73,148	0	78,137	25,990
9.00 00900	HOUSEKEEPING	9,080,119	241,962	16,802	2,168,974	145,833
10.00 01000	DIETARY	5,677,259	217,002	41,533	1,353,901	8,049
11.00 01100	CAFETERIA	2,644,663	112,990	20,464	676,790	4,022
13.00 01300	NURSING ADMINISTRATION	9,290,825	214,233	282,290	1,595,611	15,884
14.00 01400	CENTRAL SERVICES & SUPPLY	8,508,547	613,811	459,586	1,393,254	119,788
15.00 01500	PHARMACY	14,175,717	1,878,812	291,101	3,086,351	38,605
16.00 01600	MEDICAL RECORDS & LIBRARY	4,189,179	71,805	4,207	1,169,976	764
17.00 01700	SOCIAL SERVICE	5,371,612	0	0	0	0
18.00 01850	PARKING	1,093,025	1,079	509,824	0	0
20.00 02000	NURSING SCHOOL	-2,523,788	1,424,388	123,026	1,710,772	17,141
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	16,146,275	1,645,116	0	4,914,392	6,819
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	31,750,418	46,458	6,936	3,329,350	2,777
23.00 02300	PARAMEDICAL EDUC - CLS	28,214	8,571	0	17,003	370
23.01 02301	PARAMEDICAL EDUC X-RAY	98,573	23,636	0	44,941	0
23.02 02302	PARAMEDICAL EDUC DIETARY	62,326	16,022	0	23,350	61
23.03 02303	PARAMEDICAL PRGM-HI STOTECH	23,204	3,441	0	6,801	148
23.04 02304	PARAMEDICAL PRGM- PGY 1	473,411	0	0	156,061	0
23.05 02305	PARAMEDICAL PRGM- PASTORAL	222,940	16,796	3,232	73,498	132
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	79,154,719	6,172,190	456,566	21,442,859	350,880
31.00 03100	INTENSIVE CARE UNIT	20,899,763	823,097	317,173	5,410,522	132,388
31.01 02060	NEONATAL INTENSIVE CARE UNIT	9,040,603	562,121	190,549	2,740,661	36,907
41.00 04100	SUBPROVIDER - I RF	3,317,230	88,641	33,508	900,112	13,751
43.00 04300	NURSERY	3,855,222	25,367	0	1,081,735	3,417
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,896,398	2,007,254	1,349,840	5,659,671	157,163
51.00 05100	RECOVERY ROOM	3,340,652	109,651	13,433	1,096,052	417
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,687,101	266,596	125,711	810,377	19,013
53.00 05300	ANESTHESIOLOGY	3,518,739	31,535	278,999	295,612	2,112
54.00 05400	RADIOLOGY-DIAGNOSTIC	29,380,545	1,686,709	2,664,016	5,710,695	385,153
57.00 05700	CT SCAN	4,319,067	78,157	200,331	864,666	38,567
58.00 05800	MRI	5,213,979	311,914	901,211	949,053	5,699
59.00 05900	CARDIAC CATHETERIZATION	1,513,026	161,220	717,270	536,338	10,910
60.00 06000	LABORATORY	25,968,071	673,503	875,768	4,046,011	346,039
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	5,737,796	154,461	840	311,499	15,296
64.00 06400	INTRAVENOUS THERAPY	1,634,686	45,461	13,270	379,049	3,857
65.00 06500	RESPIRATORY THERAPY	7,662,177	162,767	219,727	2,244,596	2,181
66.00 06600	PHYSICAL THERAPY	9,965,835	537,243	407,127	2,753,506	7,858
67.00 06700	OCCUPATIONAL THERAPY	2,502,025	0	22,856	768,607	1,060
68.00 06800	SPEECH PATHOLOGY	1,346,935	15,249	920	420,459	948
69.00 06900	ELECTROCARDIOLOGY	5,189,131	213,378	626,435	1,432,768	6,781
70.00 07000	ELECTROENCEPHALOGRAPHY	813,606	4,988	29,373	226,521	2,857
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,294,393	0	0	0	6,070
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	49,026,764	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	48,118,983	0	7,908	4,153	0
74.00 07400	RENAL DIALYSIS	3,183,865	52,627	2,045	24,810	2,191
76.00 03950	DIGESTIVE DISEASES	3,285,161	179,726	577,825	818,047	34,584
76.01 03951	ENTEROSTOMAL	402,079	0	0	133,425	278
76.02 03952	DIABETIC SERVICE	1,563,339	92,062	2,402	507,918	1,247
76.03 03953	WOUND CARE	1,109,985	97,375	8,309	266,232	4,515
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,071,977	153,035	4,197	681,108	2,994
76.08 03956	SLEEP DISORDERS	1,700,679	24,593	47,132	512,762	8,812
76.09 03957	PAIN PROGRAM	1,194,249	67,407	32,265	345,770	1,125
76.97 07697	CARDIAC REHABILITATION	2,275,550	12,378	34,505	617,820	1,850
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OTHER CLINICS	276,776	50,530	57,250	73,424	112
90.02 09002	LUNG CLINIC	1,199,803	12,582	7,017	348,712	570

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
90.04	09004 ST JUDE CLINIC	534,024	131,659	4,301	421,965	3,994	90.04
91.00	09100 EMERGENCY	17,554,258	745,959	133,568	5,662,652	56,788	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,718,739	302,325	87,371	759,985	5,765	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	56,433	0	5,590	21,012	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	3,006,011	31,861	1,353	201,225	395	105.00
109.00	10900 PANCREAS ACQUISITION	182,133	3,115	132	16,221	39	109.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	819,392,356	31,406,735	34,340,733	103,525,103	2,457,793	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,214	7,198	0	0	190.00
194.00	07950 SISTERS CONVENT	31,830	0	0	10,873	0	194.00
194.01	07951 BRADLEY HEALTH SVC	548,586	0	0	170,312	213	194.01
194.02	07952 COMMUNITY CLINIC	527,112	0	0	27,155	37	194.02
194.03	07953 FUND RAISING	8,030,568	3,481	2,929	0	54	194.03
194.04	07954 OUTREACH PHYSICIAN	247,698	573,868	17,794	78,937	182	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	4,494,012	27,647	102,638	1,050,356	3,582	194.07
194.08	07958 INDUSTRIAL REHAB	1,877,459	133,308	13,064	528,702	1,000	194.08
194.10	07960 IN-SCHOOL CLINIC	382,660	110,466	29	168,047	337	194.10
194.11	07961 REGIONAL ACTIVITIES	0	13,946	0	0	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	13,698,310	418,695	23,061	1,287,295	6,309	194.13
194.14	07964 MARKETING	15,485	1,486	0	5,290	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	849,246,076	32,710,846	34,507,446	106,852,070	2,469,507	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/28/2019 2:11 pm	
Cost Center Description			ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	112,481					5.02
5.03	00540	OUTPATIENT REVENUES	0	488,902				5.03
5.04	00550	BUSINESS OFFICE	0	0	13,284,214			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	98,861,880	98,861,880	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	29,558,459	3,894,268	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	11,449,232	1,508,413	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,706,094	356,522	8.00
9.00	00900	HOUSEKEEPING	0	0	0	11,653,690	1,535,350	9.00
10.00	01000	DIETARY	0	0	0	7,297,744	961,463	10.00
11.00	01100	CAFETERIA	0	0	0	3,458,929	455,707	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	11,398,843	1,501,775	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	11,094,986	1,461,742	14.00
15.00	01500	PHARMACY	0	0	0	19,470,586	2,565,211	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,435,931	716,173	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	5,371,612	707,699	17.00
18.00	01850	PARKING	0	0	0	1,603,928	211,314	18.00
20.00	02000	NURSING SCHOOL	0	0	0	751,539	99,014	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	22,712,602	2,992,340	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	35,135,939	4,629,090	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	54,158	7,135	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	167,150	22,022	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	101,759	13,407	23.02
23.03	02303	PARAMED ED PRGM-HI STOTECH	0	0	0	33,594	4,426	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	629,472	82,932	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	316,598	41,711	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,574	0	897,613	108,482,401	14,292,602	30.00
31.00	03100	INTENSIVE CARE UNIT	2,437	0	288,877	27,874,257	3,672,378	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	981	0	116,278	12,688,100	1,671,632	31.01
41.00	04100	SUBPROVIDER - IRF	295	0	34,988	4,388,525	578,179	41.00
43.00	04300	NURSERY	656	0	77,777	5,044,174	664,560	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,440	44,620	1,118,804	34,243,190	4,511,472	50.00
51.00	05100	RECOVERY ROOM	1,556	9,562	184,383	4,755,706	626,555	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	661	778	78,377	4,988,614	657,240	52.00
53.00	05300	ANESTHESIOLOGY	5,510	27,025	652,996	4,812,528	634,041	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,736	79,026	1,272,403	41,189,283	5,426,606	54.00
57.00	05700	CT SCAN	3,939	22,504	466,861	5,994,092	789,710	57.00
58.00	05800	MRI	2,113	14,370	250,450	7,648,789	1,007,713	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,797	12,421	331,528	3,285,510	432,859	59.00
60.00	06000	LABORATORY	12,994	68,585	1,540,018	33,530,989	4,417,641	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	447	697	52,941	6,273,977	826,584	63.00
64.00	06400	INTRAVENOUS THERAPY	100	1,092	11,827	2,089,342	275,267	64.00
65.00	06500	RESPIRATORY THERAPY	4,764	3,403	564,673	10,864,288	1,431,348	65.00
66.00	06600	PHYSICAL THERAPY	923	3,867	109,442	13,785,801	1,816,252	66.00
67.00	06700	OCCUPATIONAL THERAPY	393	785	46,592	3,342,318	440,344	67.00
68.00	06800	SPEECH PATHOLOGY	215	476	25,536	1,810,738	238,561	68.00
69.00	06900	ELECTROCARDIOLOGY	4,511	30,341	534,600	8,037,945	1,058,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	581	1,030	68,850	1,147,806	151,221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,432	26,026	880,794	31,214,715	4,112,476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,701	20,674	794,162	49,848,301	6,567,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,446	64,209	1,902,277	50,113,976	6,602,416	73.00
74.00	07400	RENAL DIALYSIS	427	315	50,620	3,316,900	436,995	74.00
76.00	03950	DIAGNOSTIC TESTS	1,750	10,475	207,359	5,114,927	673,881	76.00
76.01	03951	ENTEROSTOMAL	72	25	8,535	544,414	71,725	76.01
76.02	03952	DIABETIC SERVICE	69	714	8,203	2,175,954	286,678	76.02
76.03	03953	WOUND CARE	199	2,050	23,607	1,512,272	199,239	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	223	2,030	26,477	2,942,041	387,608	76.04
76.08	03956	SLEEP DISORDERS	460	4,738	54,476	2,353,652	310,089	76.08
76.09	03957	PAIN PROGRAM	449	4,629	53,164	1,699,058	223,847	76.09
76.97	07697	CARDIAC REHABILITATION	53	400	6,277	2,948,833	388,503	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	21	213	2,446	460,772	60,706	90.01
90.02	09002	LUNG CLINIC	26	271	3,134	1,572,115	207,123	90.02
90.04	09004	ST JUDE CLINIC	104	1,033	12,367	1,109,447	146,167	90.04
91.00	09100	EMERGENCY	3,527	24,699	417,994	24,599,445	3,240,928	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	775	5,794	91,826	3,972,580	523,379	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		ADMINISTRATIVE	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	83,035	10,940	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	117	25	13,908	3,254,895	428,826	105.00
109.00	10900 PANCREAS ACQUISITION	7	0	774	202,421	26,669	109.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	112,481	488,902	13,284,214	814,582,851	94,295,071	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	28,412	3,743	190.00
194.00	07950 SISTERS CONVENT	0	0	0	42,703	5,626	194.00
194.01	07951 BRADLEY HEALTH SVC	0	0	0	719,111	94,741	194.01
194.02	07952 COMMUNITY CLINIC	0	0	0	554,304	73,028	194.02
194.03	07953 FUND RAISING	0	0	0	8,037,032	1,058,863	194.03
194.04	07954 OUTREACH PHYSICIAN	0	0	0	918,479	121,008	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	0	0	0	5,678,235	748,096	194.07
194.08	07958 INDUSTRIAL REHAB	0	0	0	2,553,533	336,423	194.08
194.10	07960 IN-SCHOOL CLINIC	0	0	0	661,539	87,156	194.10
194.11	07961 REGIONAL ACTIVITIES	0	0	0	13,946	1,837	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	0	0	0	15,433,670	2,033,355	194.13
194.14	07964 MARKETING	0	0	0	22,261	2,933	194.14
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	112,481	488,902	13,284,214	849,246,076	98,861,880	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/28/2019 2:11 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	33,452,727					6.00
7.00	00700	OPERATION OF PLANT	754,574	13,712,219				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	99,650	41,789	3,204,055			8.00
9.00	00900	HOUSEKEEPING	329,625	138,231	60,365	13,717,261		9.00
10.00	01000	DIETARY	295,623	123,972	0	127,488	8,806,290	10.00
11.00	01100	CAFETERIA	153,927	64,550	0	66,381	0	11.00
13.00	01300	NURSING ADMINISTRATION	291,851	122,390	0	125,861	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	836,197	350,666	70,068	360,612	0	14.00
15.00	01500	PHARMACY	2,559,511	1,073,351	0	1,103,797	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	97,820	41,021	0	42,185	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	1,470	616	0	634	0	18.00
20.00	02000	NURSING SCHOOL	1,940,448	813,742	0	836,824	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,241,146	939,842	6,118	966,501	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	63,290	26,541	0	27,294	0	22.00
23.00	02300	PARAMEDICAL EDUC - CLS	11,676	4,897	0	5,035	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	32,200	13,503	0	13,886	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	21,827	9,153	0	9,413	0	23.02
23.03	02303	PARAMEDICAL PRGM-HI STOTECH	4,687	1,966	0	2,021	0	23.03
23.04	02304	PARAMEDICAL PRGM- PGY 1	0	0	0	0	0	23.04
23.05	02305	PARAMEDICAL PRGM- PASTORAL	22,881	9,595	0	9,868	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,408,395	3,526,127	1,588,708	3,626,149	7,144,127	30.00
31.00	03100	INTENSIVE CARE UNIT	1,121,308	470,229	220,677	483,567	844,027	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	765,779	321,135	121,086	330,244	439,144	31.01
41.00	04100	SUBPROVIDER - I RF	120,756	50,640	0	52,076	0	41.00
43.00	04300	NURSERY	34,557	14,492	63,526	14,903	378,992	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,734,488	1,146,729	264,343	1,179,256	0	50.00
51.00	05100	RECOVERY ROOM	149,378	62,643	0	64,420	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	363,184	152,304	50,513	156,624	0	52.00
53.00	05300	ANESTHESIOLOGY	42,961	18,016	0	18,527	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,297,808	963,603	193,586	990,936	0	54.00
57.00	05700	CT SCAN	106,473	44,650	79,013	45,917	0	57.00
58.00	05800	MRI	424,921	178,194	31,695	183,248	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	219,630	92,103	94,560	94,716	0	59.00
60.00	06000	LABORATORY	917,515	384,767	23,782	395,681	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	210,422	88,242	0	90,745	0	63.00
64.00	06400	INTRAVENOUS THERAPY	61,931	25,971	7,041	26,708	0	64.00
65.00	06500	RESPIRATORY THERAPY	221,738	92,987	7,292	95,625	0	65.00
66.00	06600	PHYSICAL THERAPY	731,887	306,922	10,246	315,628	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,773	8,711	5,251	8,958	0	68.00
69.00	06900	ELECTROCARDIOLOGY	290,686	121,901	14,641	125,359	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,795	2,850	10,652	2,930	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	71,694	30,065	19,099	30,918	0	74.00
76.00	03950	DIGESTIVE DISEASES	244,841	102,676	60,127	105,588	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	125,416	52,594	0	54,086	0	76.02
76.03	03953	WOUND CARE	132,654	55,630	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	208,481	87,428	0	89,908	0	76.04
76.08	03956	SLEEP DISORDERS	33,503	14,050	12,112	14,448	0	76.08
76.09	03957	PAIN PROGRAM	91,829	38,509	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	16,863	7,071	0	7,272	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	68,837	28,867	0	0	0	90.01
90.02	09002	LUNG CLINIC	17,140	7,188	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	179,359	75,216	6,290	77,349	0	90.04
91.00	09100	EMERGENCY	1,016,222	426,160	168,685	438,249	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	411,858	172,716	0	177,615	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	43,405	18,202	0	18,718	105.00
109.00	10900	PANCREAS ACQUISITION	4,243	1,779	0	1,830	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,676,133	12,967,192	3,189,476	13,015,998	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,899	12,119	0	12,463	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	194.02
194.03	07953	FUND RAISING	4,743	1,989	0	2,045	194.03
194.04	07954	OUTREACH PHYSICIAN	781,782	327,846	14,579	337,146	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	37,664	15,794	0	16,243	194.07
194.08	07958	INDUSTRIAL REHAB	181,606	76,158	0	78,318	194.08
194.10	07960	IN-SCHOOL CLINIC	150,488	63,108	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	18,998	7,967	0	8,193	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	570,389	239,197	0	245,982	194.13
194.14	07964	MARKETING	2,025	849	0	873	194.14
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	33,452,727	13,712,219	3,204,055	13,717,261	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/28/2019 2:11 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATION AND GENERAL						5.05
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	4,199,494					11.00
13.00	01300	NURSING ADMINISTRATION	74,353	13,515,073				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	113,944	0	14,288,215			14.00
15.00	01500	PHARMACY	105,253	0	0	26,877,709		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,594	0	49	0	6,400,773	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING SCHOOL	56,006	0	3,657	888	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	234,646	0	13	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	31,866	0	11,212	0	0	22.00
23.00	02300	PARAMEDICAL EDUC - CLS	966	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	1,931	0	8	312	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	966	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HI STOTECH	966	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	5,794	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	4,828	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,061,215	7,668,411	1,003,592	77,642	432,296	30.00
31.00	03100	INTENSIVE CARE UNIT	237,543	1,719,598	553,547	35,085	139,125	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	103,322	748,434	153,154	4,621	56,000	31.01
41.00	04100	SUBPROVIDER - IRF	45,384	331,374	27,277	555	16,850	41.00
43.00	04300	NURSERY	49,247	357,959	11,647	70	37,458	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	276,168	1,999,545	0	0	538,823	50.00
51.00	05100	RECOVERY ROOM	45,384	329,490	23,991	5,115	88,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,694	262,015	113,920	8,063	37,747	52.00
53.00	05300	ANESTHESIOLOGY	13,519	98,247	447,806	198,960	314,487	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	249,131	0	0	0	612,798	54.00
57.00	05700	CT SCAN	37,659	0	183,009	0	224,843	57.00
58.00	05800	MRI	39,591	0	161,714	0	120,619	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,209	0	0	0	159,666	59.00
60.00	06000	LABORATORY	243,337	0	170,991	0	741,683	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,416	0	2,384	491	25,497	63.00
64.00	06400	INTRAVENOUS THERAPY	16,416	0	33,265	1,569	5,696	64.00
65.00	06500	RESPIRATORY THERAPY	105,253	0	0	77,042	271,950	65.00
66.00	06600	PHYSICAL THERAPY	111,047	0	22,745	75	52,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,900	0	0	0	22,439	67.00
68.00	06800	SPEECH PATHOLOGY	15,450	0	964	0	12,298	68.00
69.00	06900	ELECTROCARDIOLOGY	67,594	0	529,091	51,994	257,467	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,587	0	6,791	0	33,159	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,408,835	7,121	424,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	382,473	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	966	0	0	25,944,461	919,159	73.00
74.00	07400	RENAL DIALYSIS	966	0	11,207	4,795	24,379	74.00
76.00	03950	DIAGNOSTIC TESTS	36,694	0	0	0	99,865	76.00
76.01	03951	ENTEROSTOMAL	5,794	0	913	1	4,110	76.01
76.02	03952	DIABETIC SERVICE	25,106	0	735	10	3,950	76.02
76.03	03953	WOUND CARE	10,622	0	58,795	636	11,369	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	32,831	0	32	0	12,752	76.04
76.08	03956	SLEEP DISORDERS	26,072	0	9,193	0	26,236	76.08
76.09	03957	PAIN PROGRAM	14,484	0	23,792	11	25,604	76.09
76.97	07697	CARDIAC REHABILITATION	21,244	0	1,299	288	3,023	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	3,862	0	2,488	0	1,178	90.01
90.02	09002	LUNG CLINIC	13,519	0	262	0	1,510	90.02
90.04	09004	ST JUDE CLINIC	19,312	0	29,355	0	5,956	90.04
91.00	09100	EMERGENCY	278,099	0	387,091	0	201,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	37,659	0	25,973	0	44,224	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	966	0	38	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	7,725	0	94	3,792	105.00
109.00	10900	PANCREAS ACQUISITION	966	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,071,066	13,515,073	13,420,929	26,423,597	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	966	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	4,828	0	1,302	2,587	194.01
194.02	07952	COMMUNITY CLINIC	966	0	0	183,191	194.02
194.03	07953	FUND RAISING	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	2,897	0	591	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	88,837	0	7,613	134	194.07
194.08	07958	INDUSTRIAL REHAB	20,278	0	3,802	15,289	194.08
194.10	07960	IN-SCHOOL CLINIC	6,759	0	61	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	1,931	0	853,130	252,911	194.13
194.14	07964	MARKETING	966	0	787	0	194.14
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,199,494	13,515,073	14,288,215	26,877,709	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
		PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		17.00		18.00	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
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00540 OUTPATIENT REVENUES						5.03
5.04 00550 BUSINESS OFFICE						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
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
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	6,079,311					17.00
18.00 01850 PARKING	0	1,817,962				18.00
20.00 02000 NURSING SCHOOL	0	26,526	4,528,644			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	111,136		30,204,344		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	15,093			39,940,325	22.00
23.00 02300 PARAMEDICALELUC - CLS	0	457				23.00
23.01 02301 PARAMEDICAL EDUC X-RAY	0	915				23.01
23.02 02302 PARAMEDICAL EDUC DIETARY	0	457				23.02
23.03 02303 PARAMED ED PRGM-HI STOTECH	0	457				23.03
23.04 02304 PARAMED ED PRGM- PGY 1	0	2,744				23.04
23.05 02305 PARAMED ED PRGM- PASTORAL	0	2,287				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,787,651	502,631	3,500,372	11,755,197	15,544,333	30.00
31.00 03100 INTENSIVE CARE UNIT	569,769	112,508	345,857	2,155,051	2,849,703	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	296,449	48,936	13,900	599,183	792,322	31.01
41.00 04100 SUBPROVIDER - I RF	266,271	21,495	0	13,464	17,804	41.00
43.00 04300 NURSERY	159,171	23,325	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	130,802	84,216	3,573,091	4,724,831	50.00
51.00 05100 RECOVERY ROOM	0	21,495	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	17,379	155,758	681,416	901,062	52.00
53.00 05300 ANESTHESIOLOGY	0	6,403	0	150,954	199,612	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	117,996	103,839	2,404,839	3,180,008	54.00
57.00 05700 CT SCAN	0	17,837	0	211,567	279,763	57.00
58.00 05800 MRI	0	18,751	0	270,250	357,362	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	10,519	0	1,291,409	1,707,678	59.00
60.00 06000 LABORATORY	0	115,252	12,162	106,170	140,392	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	7,775	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	7,775	38,429	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	49,851	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	52,595	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	14,635	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	7,318	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	32,014	0	93,429	123,545	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,488	0	199,213	263,427	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	457	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	457	0	0	0	74.00
76.00 03950 DIGESTIVE DISEASES	0	17,379	38,429	0	0	76.00
76.01 03951 ENTEROSTOMAL	0	2,744	0	0	0	76.01
76.02 03952 DIABETIC SERVICE	0	11,891	1,584	0	0	76.02
76.03 03953 WOUND CARE	0	5,031	24,018	0	0	76.03
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	15,550	18,805	0	0	76.04
76.08 03956 SLEEP DISORDERS	0	12,348	0	17,759	23,484	76.08
76.09 03957 PAIN PROGRAM	0	6,860	0	0	0	76.09
76.97 07697 CARDIAC REHABILITATION	0	10,062	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OTHER CLINICS	0	1,829	38,020	767,510	1,014,907	90.01
90.02 09002 LUNG CLINIC	0	6,403	0	0	0	90.02
90.04 09004 ST JUDE CLINIC	0	9,147	0	0	0	90.04
91.00 09100 EMERGENCY	0	131,716	106,241	4,407,005	5,827,546	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
		PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		17.00		18.00	20.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	17,837	47,014	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	457	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	3,659	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	457	0	0	0	109.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6,079,311	1,757,136	4,528,644	28,697,507	37,947,779	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 SISTERS CONVENT	0	457	0	0	0	194.00
194.01 07951 BRADLEY HEALTH SVC	0	2,287	0	0	0	194.01
194.02 07952 COMMUNITY CLINIC	0	457	0	0	0	194.02
194.03 07953 FUND RAISING	0	0	0	0	0	194.03
194.04 07954 OUTREACH PHYSICIAN	0	1,372	0	1,506,837	1,992,546	194.04
194.05 07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07 07957 RESEARCH, WELLNESS, WC	0	42,076	0	0	0	194.07
194.08 07958 INDUSTRIAL REHAB	0	9,604	0	0	0	194.08
194.10 07960 IN-SCHOOL CLINIC	0	3,201	0	0	0	194.10
194.11 07961 REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13 07963 CFH - ASC LLC	0	915	0	0	0	194.13
194.14 07964 MARKETING	0	457	0	0	0	194.14
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 through 201)	6,079,311	1,817,962	4,528,644	30,204,344	39,940,325	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description			PARAMEDICAL EDUC - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HI STOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
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
18.00	01850	PARKING						18.00
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	PARAMEDICAL EDUC - CLS	84,324					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY		251,927				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY			156,982			23.02
23.03	02303	PARAMED ED PRGM-HI STOTECH				48,117		23.03
23.04	02304	PARAMED ED PRGM- PGY 1					720,942	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	156,982	0	720,942	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
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	251,927	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	84,324	0	0	48,117	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
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	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	0	0	0	0	0	90.01
90.02	09002	LUNG CLINIC	0	0	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		PARAMEDICAL EDUC C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HI STOTECH	PARAMED ED PRGM- PGY 1	
		23.00	23.01	23.02	23.03	23.04	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,324	251,927	156,982	48,117	720,942 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	194.13
194.14	07964	MARKETING	0	0	0	0	194.14
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	84,324	251,927	156,982	48,117	720,942 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		PARAMED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.05	24.00	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	
5.01	00560	PURCHASING RECEIVING AND STORES				5.01	
5.02	00570	ADMITTING				5.02	
5.03	00540	OUTPATIENT REVENUES				5.03	
5.04	00550	BUSINESS OFFICE				5.04	
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL				5.05	
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	
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	
18.00	01850	PARKING				18.00	
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	PARAMEDICALEDUC - CLS				23.00	
23.01	02301	PARAMEDICAL EDUC X-RAY				23.01	
23.02	02302	PARAMEDICAL EDUC DIETARY				23.02	
23.03	02303	PARAMED PRGM-HI STOTECH				23.03	
23.04	02304	PARAMED PRGM- PGY 1				23.04	
23.05	02305	PARAMED PRGM- PASTORAL	407,768			23.05	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	194,279,773	-27,299,530	166,980,243	30.00
31.00	03100	INTENSIVE CARE UNIT	0	43,404,229	-5,004,754	38,399,475	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	19,153,441	-1,391,505	17,761,936	31.01
41.00	04100	SUBPROVIDER - IRF	0	5,930,650	-31,268	5,899,382	41.00
43.00	04300	NURSERY	0	6,854,081	0	6,854,081	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	55,406,954	-8,297,922	47,109,032	50.00
51.00	05100	RECOVERY ROOM	0	6,172,977	0	6,172,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,582,533	-1,582,478	7,000,055	52.00
53.00	05300	ANESTHESIOLOGY	0	6,956,061	-350,566	6,605,495	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,982,360	-5,584,847	52,397,513	54.00
57.00	05700	CT SCAN	0	8,014,533	-491,330	7,523,203	57.00
58.00	05800	MRI	0	10,442,847	-627,612	9,815,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,410,859	-2,999,087	4,411,772	59.00
60.00	06000	LABORATORY	407,768	41,740,571	-246,562	41,494,009	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,542,533	0	7,542,533	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,589,410	0	2,589,410	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,217,374	0	13,217,374	65.00
66.00	06600	PHYSICAL THERAPY	0	17,205,906	0	17,205,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,850,636	0	3,850,636	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,129,022	0	2,129,022	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,804,649	-216,974	10,587,675	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,841,919	-462,640	1,379,279	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,167,343	0	45,167,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	56,798,188	0	56,798,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,581,435	0	83,581,435	73.00
74.00	07400	RENAL DIALYSIS	0	3,947,475	0	3,947,475	74.00
76.00	03950	DIGESTIVE DISEASES	0	6,494,407	0	6,494,407	76.00
76.01	03951	ENTEROSTOMAL	0	629,701	0	629,701	76.01
76.02	03952	DIABETIC SERVICE	0	2,738,004	0	2,738,004	76.02
76.03	03953	WOUND CARE	0	2,010,266	0	2,010,266	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,795,436	0	3,795,436	76.04
76.08	03956	SLEEP DISORDERS	0	2,852,946	-41,243	2,811,703	76.08
76.09	03957	PAIN PROGRAM	0	2,123,994	0	2,123,994	76.09
76.97	07697	CARDIAC REHABILITATION	0	3,404,458	0	3,404,458	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OTHER CLINICS	0	2,448,976	-1,782,417	666,559	90.01
90.02	09002	LUNG CLINIC	0	1,825,260	0	1,825,260	90.02
90.04	09004	ST JUDE CLINIC	0	1,657,598	0	1,657,598	90.04
91.00	09100	EMERGENCY	0	41,228,696	-10,234,551	30,994,145	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.05	24.00	25.00	26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	5,430,855	0	5,430,855	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	95,436	0	95,436	95.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	3,786,014	0	3,786,014	105.00
109.00	10900 PANCREAS ACQUISITION	0	238,738	0	238,738	109.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	407,768	801,768,544	-66,645,286	735,123,258	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	85,636	0	85,636	190.00
194.00	07950 SISTERS CONVENT	0	49,752	0	49,752	194.00
194.01	07951 BRADLEY HEALTH SVC	0	824,856	0	824,856	194.01
194.02	07952 COMMUNITY CLINIC	0	811,946	0	811,946	194.02
194.03	07953 FUND RAISING	0	9,104,672	0	9,104,672	194.03
194.04	07954 OUTREACH PHYSICIAN	0	6,005,083	-3,499,383	2,505,700	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	0	6,634,692	0	6,634,692	194.07
194.08	07958 INDUSTRIAL REHAB	0	3,275,011	0	3,275,011	194.08
194.10	07960 IN-SCHOOL CLINIC	0	972,312	0	972,312	194.10
194.11	07961 REGIONAL ACTIVITIES	0	50,941	0	50,941	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	0	19,631,480	0	19,631,480	194.13
194.14	07964 MARKETING	0	31,151	0	31,151	194.14
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	407,768	849,246,076	-70,144,669	779,101,407	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 2:11 pm
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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	0	121,622	816	122,438	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	110,455	72,843	12,530	195,828	5.01
5.02 00570	ADMINISTRATIVE	0	112,481	0	112,481	5.02
5.03 00540	OUTPATIENT REVENUES	0	41,796	82	41,878	5.03
5.04 00550	BUSINESS OFFICE	0	0	0	0	5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	354,427	2,133,152	20,888,004	23,375,583	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	5,672,939	1,046,383	6,719,322	6.00
7.00 00700	OPERATION OF PLANT	26,536	553,896	175,824	756,256	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	73,148	0	73,148	8.00
9.00 00900	HOUSEKEEPING	0	241,962	16,802	258,764	9.00
10.00 01000	DIETARY	0	217,002	41,533	258,535	10.00
11.00 01100	CAFETERIA	0	112,990	20,464	133,454	11.00
13.00 01300	NURSING ADMINISTRATION	0	214,233	282,290	496,523	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	450,358	613,811	459,586	1,523,755	14.00
15.00 01500	PHARMACY	715,454	1,878,812	291,101	2,885,367	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	111,808	71,805	4,207	187,820	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	PARKING	40,785	1,079	509,824	551,688	18.00
20.00 02000	NURSING SCHOOL	0	1,424,388	123,026	1,547,414	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,220	1,645,116	0	1,650,336	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	49,251	46,458	6,936	102,645	22.00
23.00 02300	PARAMEDICAL EDUC - CLS	0	8,571	0	8,571	23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	0	23,636	0	23,636	23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	0	16,022	0	16,022	23.02
23.03 02303	PARAMEDICAL PRGM-HI STOTECH	0	3,441	0	3,441	23.03
23.04 02304	PARAMEDICAL PRGM- PGY 1	0	0	0	0	23.04
23.05 02305	PARAMEDICAL PRGM- PASTORAL	0	16,796	3,232	20,028	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	6,172,190	456,566	6,628,756	30.00
31.00 03100	INTENSIVE CARE UNIT	0	823,097	317,173	1,140,270	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	562,121	190,549	752,670	31.01
41.00 04100	SUBPROVIDER - I RF	0	88,641	33,508	122,149	41.00
43.00 04300	NURSERY	0	25,367	0	25,367	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,895,082	2,007,254	1,349,840	5,252,176	50.00
51.00 05100	RECOVERY ROOM	0	109,651	13,433	123,084	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	266,596	125,711	392,307	52.00
53.00 05300	ANESTHESIOLOGY	0	31,535	278,999	310,534	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,300,463	1,686,709	2,664,016	6,651,188	54.00
57.00 05700	CT SCAN	848,330	78,157	200,331	1,126,818	57.00
58.00 05800	MRI	1,584,034	311,914	901,211	2,797,159	58.00
59.00 05900	CARDIAC CATHETERIZATION	288,557	161,220	717,270	1,167,047	59.00
60.00 06000	LABORATORY	615,446	673,503	875,768	2,164,717	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	154,461	840	155,301	63.00
64.00 06400	INTRAVENOUS THERAPY	236,121	45,461	13,270	294,852	64.00
65.00 06500	RESPIRATORY THERAPY	126,728	162,767	219,727	509,222	65.00
66.00 06600	PHYSICAL THERAPY	575,218	537,243	407,127	1,519,588	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	22,856	22,856	67.00
68.00 06800	SPEECH PATHOLOGY	0	15,249	920	16,169	68.00
69.00 06900	ELECTROCARDIOLOGY	65,210	213,378	626,435	905,023	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	4,988	29,373	34,361	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	7,908	7,908	73.00
74.00 07400	RENAL DIALYSIS	0	52,627	2,045	54,672	74.00
76.00 03950	DIGESTIVE DISEASES	503,135	179,726	577,825	1,260,686	76.00
76.01 03951	ENTEROSTOMAL	0	0	0	0	76.01
76.02 03952	DIABETIC SERVICE	29,602	92,062	2,402	124,066	76.02
76.03 03953	WOUND CARE	8,900	97,375	8,309	114,584	76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	153,035	4,197	157,232	76.04
76.08 03956	SLEEP DISORDERS	14,323	24,593	47,132	86,048	76.08
76.09 03957	PAIN PROGRAM	294	67,407	32,265	99,966	76.09
76.97 07697	CARDIAC REHABILITATION	16,774	12,378	34,505	63,657	76.97
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OTHER CLINICS	0	50,530	57,250	107,780	90.01
90.02 09002	LUNG CLINIC	102,253	12,582	7,017	121,852	90.02
90.04 09004	ST JUDE CLINIC	0	131,659	4,301	135,960	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00			
		0	1.00	2.00	2A	4.00		
91.00	09100	EMERGENCY	10,824	745,959	133,568	890,351	6,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	302,325	87,371	389,696	870	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	5,590	5,590	24	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	31,861	1,353	33,214	230	105.00
109.00	10900	PANCREAS ACQUISITION	0	3,115	132	3,247	19	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,085,588	31,406,735	34,340,733	76,833,056	118,632	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,214	7,198	28,412	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	12	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	195	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	31	194.02
194.03	07953	FUND RAISING	0	3,481	2,929	6,410	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	573,868	17,794	591,662	90	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	257,036	27,647	102,638	387,321	1,202	194.07
194.08	07958	INDUSTRIAL REHAB	0	133,308	13,064	146,372	605	194.08
194.10	07960	IN-SCHOOL CLINIC	5,920	110,466	29	116,415	192	194.10
194.11	07961	REGIONAL ACTIVITIES	0	13,946	0	13,946	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	1,195,446	418,695	23,061	1,637,202	1,473	194.13
194.14	07964	MARKETING	0	1,486	0	1,486	6	194.14
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118 through 201)	12,543,990	32,710,846	34,507,446	79,762,282	122,438	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/28/2019 2:11 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00560	PURCHASING RECEIVING AND STORES	196,252					5.01
5.02	00570	ADMINITTING	0	112,481				5.02
5.03	00540	OUTPATIENT REVENUES	73	0	42,074			5.03
5.04	00550	BUSINESS OFFICE	0	0	0	0		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	1,876	0	0	0	23,385,343	5.05
6.00	00600	MAINTENANCE & REPAIRS	23,942	0	0	0	921,160	6.00
7.00	00700	OPERATION OF PLANT	5,645	0	0	0	356,804	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,065	0	0	0	84,333	8.00
9.00	00900	HOUSEKEEPING	11,589	0	0	0	363,176	9.00
10.00	01000	DIETARY	640	0	0	0	227,427	10.00
11.00	01100	CAFETERIA	320	0	0	0	107,794	11.00
13.00	01300	NURSING ADMINISTRATION	1,262	0	0	0	355,234	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,519	0	0	0	345,764	14.00
15.00	01500	PHARMACY	3,068	0	0	0	606,781	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	61	0	0	0	169,405	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	167,401	17.00
18.00	01850	PARKING	0	0	0	0	49,985	18.00
20.00	02000	NURSING SCHOOL	1,362	0	0	0	23,421	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	542	0	0	0	707,816	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	221	0	0	0	1,094,976	22.00
23.00	02300	PARAMEDICAL EDUC - CLS	29	0	0	0	1,688	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	0	5,209	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	5	0	0	0	3,171	23.02
23.03	02303	PARAMED ED PRGM-HI STOTECH	12	0	0	0	1,047	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	0	19,617	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	11	0	0	0	9,866	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,884	7,574	0	0	3,381,116	30.00
31.00	03100	INTENSIVE CARE UNIT	10,521	2,437	0	0	868,673	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,933	981	0	0	395,412	31.01
41.00	04100	SUBPROVIDER - IRF	1,093	295	0	0	136,764	41.00
43.00	04300	NURSERY	272	656	0	0	157,197	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,490	9,440	3,805	0	1,067,155	50.00
51.00	05100	RECOVERY ROOM	33	1,556	815	0	148,207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,511	661	66	0	155,465	52.00
53.00	05300	ANESTHESIOLOGY	168	5,510	2,304	0	149,978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,612	10,736	7,126	0	1,283,623	54.00
57.00	05700	CT SCAN	3,065	3,939	1,919	0	186,800	57.00
58.00	05800	MRI	453	2,113	1,225	0	238,367	58.00
59.00	05900	CARDIAC CATHETERIZATION	867	2,797	1,059	0	102,390	59.00
60.00	06000	LABORATORY	27,499	12,994	5,848	0	1,044,960	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,216	447	59	0	195,522	63.00
64.00	06400	INTRAVENOUS THERAPY	307	100	93	0	65,112	64.00
65.00	06500	RESPIRATORY THERAPY	173	4,764	290	0	338,575	65.00
66.00	06600	PHYSICAL THERAPY	624	923	330	0	429,621	66.00
67.00	06700	OCCUPATIONAL THERAPY	84	393	67	0	104,160	67.00
68.00	06800	SPEECH PATHOLOGY	75	215	41	0	56,430	68.00
69.00	06900	ELECTROCARDIOLOGY	539	4,511	2,587	0	250,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	227	581	88	0	35,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	482	7,432	2,219	0	972,775	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,701	1,763	0	1,553,472	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,446	5,475	0	1,561,752	73.00
74.00	07400	RENAL DIALYSIS	174	427	27	0	103,368	74.00
76.00	03950	DIGESTIVE DISEASES	2,748	1,750	893	0	159,402	76.00
76.01	03951	ENTEROSTOMAL	22	72	2	0	16,966	76.01
76.02	03952	DIABETIC SERVICE	99	69	61	0	67,811	76.02
76.03	03953	WOUND CARE	359	199	175	0	47,128	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	238	223	173	0	91,686	76.04
76.08	03956	SLEEP DISORDERS	700	460	404	0	73,349	76.08
76.09	03957	PAIN PROGRAM	89	449	395	0	52,949	76.09
76.97	07697	CARDIAC REHABILITATION	147	53	34	0	91,897	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	9	21	18	0	14,359	90.01
90.02	09002	LUNG CLINIC	45	26	23	0	48,993	90.02
90.04	09004	ST JUDE CLINIC	317	104	88	0	34,575	90.04
91.00	09100	EMERGENCY	4,513	3,527	2,106	0	766,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	458	775	494	0	123,801	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	2,588	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	31	117	2	101,436	105.00
109.00	10900	PANCREAS ACQUISITION	3	7	0	6,308	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	195,322	112,481	42,074	22,305,099	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	885	190.00
194.00	07950	SISTERS CONVENT	0	0	0	1,331	194.00
194.01	07951	BRADLEY HEALTH SVC	17	0	0	22,410	194.01
194.02	07952	COMMUNITY CLINIC	3	0	0	17,274	194.02
194.03	07953	FUND RAISING	4	0	0	250,466	194.03
194.04	07954	OUTREACH PHYSICIAN	14	0	0	28,623	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	285	0	0	176,957	194.07
194.08	07958	INDUSTRIAL REHAB	79	0	0	79,578	194.08
194.10	07960	IN-SCHOOL CLINIC	27	0	0	20,616	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	435	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	501	0	0	480,975	194.13
194.14	07964	MARKETING	0	0	0	694	194.14
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	196,252	112,481	42,074	23,385,343	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/28/2019 2:11 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	7,666,665					6.00
7.00	00700	OPERATION OF PLANT	172,933	1,292,673				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,838	3,940	186,413			8.00
9.00	00900	HOUSEKEEPING	75,543	13,031	3,512	728,098		9.00
10.00	01000	DIETARY	67,751	11,687	0	6,767	574,357	10.00
11.00	01100	CAFETERIA	35,277	6,085	0	3,523	0	11.00
13.00	01300	NURSING ADMINISTRATION	66,886	11,538	0	6,681	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	191,639	33,058	4,077	19,141	0	14.00
15.00	01500	PHARMACY	586,586	101,187	0	58,588	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,418	3,867	0	2,239	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	337	58	0	34	0	18.00
20.00	02000	NURSING SCHOOL	444,710	76,713	0	44,418	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	513,624	88,600	356	51,301	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,505	2,502	0	1,449	0	22.00
23.00	02300	PARAMEDICAL EDUC - CLS	2,676	462	0	267	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	7,380	1,273	0	737	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	5,002	863	0	500	0	23.02
23.03	02303	PARAMEDICAL PRGM-HI STOTECH	1,074	185	0	107	0	23.03
23.04	02304	PARAMEDICAL PRGM- PGY 1	0	0	0	0	0	23.04
23.05	02305	PARAMEDICAL PRGM- PASTORAL	5,244	905	0	524	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,927,029	332,414	92,432	192,470	465,948	30.00
31.00	03100	INTENSIVE CARE UNIT	256,980	44,329	12,839	25,667	55,049	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	175,500	30,274	7,045	17,529	28,642	31.01
41.00	04100	SUBPROVIDER - I RF	27,675	4,774	0	2,764	0	41.00
43.00	04300	NURSERY	7,920	1,366	3,696	791	24,718	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	626,688	108,104	15,379	62,594	0	50.00
51.00	05100	RECOVERY ROOM	34,234	5,905	0	3,419	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,234	14,358	2,939	8,313	0	52.00
53.00	05300	ANESTHESIOLOGY	9,846	1,698	0	983	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	526,610	90,840	11,263	52,598	0	54.00
57.00	05700	CT SCAN	24,401	4,209	4,597	2,437	0	57.00
58.00	05800	MRI	97,383	16,799	1,844	9,727	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,335	8,683	5,501	5,027	0	59.00
60.00	06000	LABORATORY	210,275	36,273	1,384	21,002	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	48,224	8,319	0	4,817	0	63.00
64.00	06400	INTRAVENOUS THERAPY	14,193	2,448	410	1,418	0	64.00
65.00	06500	RESPIRATORY THERAPY	50,818	8,766	424	5,076	0	65.00
66.00	06600	PHYSICAL THERAPY	167,733	28,934	596	16,753	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,761	821	305	476	0	68.00
69.00	06900	ELECTROCARDIOLOGY	66,619	11,492	852	6,654	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,557	269	620	156	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	16,431	2,834	1,111	1,641	0	74.00
76.00	03950	DIGESTIVE DISEASES	56,112	9,679	3,498	5,605	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	28,743	4,958	0	2,871	0	76.02
76.03	03953	WOUND CARE	30,402	5,244	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	47,779	8,242	0	4,772	0	76.04
76.08	03956	SLEEP DISORDERS	7,678	1,325	705	767	0	76.08
76.09	03957	PAIN PROGRAM	21,045	3,630	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	3,865	667	0	386	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	15,776	2,721	0	0	0	90.01
90.02	09002	LUNG CLINIC	3,928	678	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	41,105	7,091	366	4,106	0	90.04
91.00	09100	EMERGENCY	232,897	40,175	9,814	23,262	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	94,389	16,282	0	9,428	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	9,947	1,716	0	994	105.00
109.00	10900	PANCREAS ACQUISITION	972	168	0	97	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,259,507	1,222,439	185,565	690,876	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,623	1,142	0	662	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	194.02
194.03	07953	FUND RAISING	1,087	187	0	109	194.03
194.04	07954	OUTREACH PHYSICIAN	179,168	30,907	848	17,895	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	8,632	1,489	0	862	194.07
194.08	07958	INDUSTRIAL REHAB	41,620	7,180	0	4,157	194.08
194.10	07960	IN-SCHOOL CLINIC	34,489	5,949	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	4,354	751	0	435	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	130,721	22,549	0	13,056	194.13
194.14	07964	MARKETING	464	80	0	46	194.14
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,666,665	1,292,673	186,413	728,098	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/28/2019 2:11 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATION AND GENERAL						5.05
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	287,228					11.00
13.00	01300	NURSING ADMINISTRATION	5,085	945,035				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,793	0	2,136,341			14.00
15.00	01500	PHARMACY	7,199	0	0	4,252,309		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,623	0	7	0	391,779	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING SCHOOL	3,831	0	547	141	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	16,049	0	2	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,179	0	1,676	0	0	22.00
23.00	02300	PARAMEDICAL EDUC - CLS	66	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	132	0	1	49	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	66	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HI STOTECH	66	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	396	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	330	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,583	536,211	150,056	12,284	26,356	30.00
31.00	03100	INTENSIVE CARE UNIT	16,247	120,242	82,766	5,551	8,482	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,067	52,334	22,899	731	3,414	31.01
41.00	04100	SUBPROVIDER - IRF	3,104	23,171	4,078	88	1,027	41.00
43.00	04300	NURSERY	3,368	25,030	1,741	11	2,284	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,889	139,817	0	0	32,850	50.00
51.00	05100	RECOVERY ROOM	3,104	23,039	3,587	809	5,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,510	18,321	17,033	1,276	2,301	52.00
53.00	05300	ANESTHESIOLOGY	925	6,870	66,955	31,477	19,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,040	0	0	0	37,360	54.00
57.00	05700	CT SCAN	2,576	0	27,363	0	13,708	57.00
58.00	05800	MRI	2,708	0	24,179	0	7,354	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,519	0	0	0	9,734	59.00
60.00	06000	LABORATORY	16,643	0	25,566	0	45,218	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,123	0	356	78	1,554	63.00
64.00	06400	INTRAVENOUS THERAPY	1,123	0	4,974	248	347	64.00
65.00	06500	RESPIRATORY THERAPY	7,199	0	0	12,189	16,580	65.00
66.00	06600	PHYSICAL THERAPY	7,595	0	3,401	12	3,213	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,113	0	0	0	1,368	67.00
68.00	06800	SPEECH PATHOLOGY	1,057	0	144	0	750	68.00
69.00	06900	ELECTROCARDIOLOGY	4,623	0	79,109	8,226	15,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	793	0	1,015	0	2,022	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,406,788	1,127	25,862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66	0	0	4,104,657	57,584	73.00
74.00	07400	RENAL DIALYSIS	66	0	1,676	759	1,486	74.00
76.00	03950	DIGESTIVE DISEASES	2,510	0	0	0	6,089	76.00
76.01	03951	ENTEROSTOMAL	396	0	136	0	251	76.01
76.02	03952	DIABETIC SERVICE	1,717	0	110	2	241	76.02
76.03	03953	WOUND CARE	726	0	8,791	101	693	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,246	0	5	0	777	76.04
76.08	03956	SLEEP DISORDERS	1,783	0	1,374	0	1,600	76.08
76.09	03957	PAIN PROGRAM	991	0	3,557	2	1,561	76.09
76.97	07697	CARDIAC REHABILITATION	1,453	0	194	46	184	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	264	0	372	0	72	90.01
90.02	09002	LUNG CLINIC	925	0	39	0	92	90.02
90.04	09004	ST JUDE CLINIC	1,321	0	4,389	0	363	90.04
91.00	09100	EMERGENCY	19,021	0	57,877	0	12,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,576	0	3,883	0	2,696	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	66	0	6	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	528	0	14	600	105.00
109.00	10900	PANCREAS ACQUISITION	66	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	278,445	945,035	2,006,666	4,180,464	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	66	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	330	0	195	409	194.01
194.02	07952	COMMUNITY CLINIC	66	0	0	28,983	194.02
194.03	07953	FUND RAISING	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	198	0	88	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	6,076	0	1,138	21	194.07
194.08	07958	INDUSTRIAL REHAB	1,387	0	568	2,419	194.08
194.10	07960	IN-SCHOOL CLINIC	462	0	9	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	132	0	127,559	40,013	194.13
194.14	07964	MARKETING	66	0	118	0	194.14
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	287,228	945,035	2,136,341	4,252,309	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 2:11 pm
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
		PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		17.00		18.00	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
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00540	OUTPATIENT REVENUES					5.03
5.04 00550	BUSINESS OFFICE					5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
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	167,401				17.00
18.00 01850	PARKING	0	602,102			18.00
20.00 02000	NURSING SCHOOL	0	8,785	1,382,717		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	36,808		3,071,059	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,999			22.00
23.00 02300	PARAMEDICALEDUC - CLS	0	151			23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	0	303			23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	0	151			23.02
23.03 02303	PARAMED ED PRGM-HI STOTECH	0	151			23.03
23.04 02304	PARAMED ED PRGM- PGY 1	0	909			23.04
23.05 02305	PARAMED ED PRGM- PASTORAL	0	757			23.05
23.05 02305	PARAMED ED PRGM- PASTORAL	0	757			23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	131,834	166,475			30.00
31.00 03100	INTENSIVE CARE UNIT	15,689	37,262			31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	8,163	16,208			31.01
41.00 04100	SUBPROVIDER - I RF	7,332	7,119			41.00
43.00 04300	NURSERY	4,383	7,725			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	43,321			50.00
51.00 05100	RECOVERY ROOM	0	7,119			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	5,756			52.00
53.00 05300	ANESTHESIOLOGY	0	2,121			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	39,080			54.00
57.00 05700	CT SCAN	0	5,907			57.00
58.00 05800	MRI	0	6,210			58.00
59.00 05900	CARDIAC CATHETERIZATION	0	3,484			59.00
60.00 06000	LABORATORY	0	38,171			60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	2,575			63.00
64.00 06400	INTRAVENOUS THERAPY	0	2,575			64.00
65.00 06500	RESPIRATORY THERAPY	0	16,510			65.00
66.00 06600	PHYSICAL THERAPY	0	17,419			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	4,847			67.00
68.00 06800	SPEECH PATHOLOGY	0	2,424			68.00
69.00 06900	ELECTROCARDIOLOGY	0	10,603			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,818			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	151			73.00
74.00 07400	RENAL DIALYSIS	0	151			74.00
76.00 03950	DIGESTIVE DISEASES	0	5,756			76.00
76.01 03951	ENTEROSTOMAL	0	909			76.01
76.02 03952	DIABETIC SERVICE	0	3,938			76.02
76.03 03953	WOUND CARE	0	1,666			76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5,150			76.04
76.08 03956	SLEEP DISORDERS	0	4,090			76.08
76.09 03957	PAIN PROGRAM	0	2,272			76.09
76.97 07697	CARDIAC REHABILITATION	0	3,332			76.97
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OTHER CLINICS	0	606			90.01
90.02 09002	LUNG CLINIC	0	2,121			90.02
90.04 09004	ST JUDE CLINIC	0	3,029			90.04
91.00 09100	EMERGENCY	0	43,624			91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
		PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		17.00		18.00	20.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	5,907				92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	151				95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	1,212				105.00
109.00 10900 PANCREAS ACQUISITION	0	151				109.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	167,401	581,959	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
194.00 07950 SISTERS CONVENT	0	151				194.00
194.01 07951 BRADLEY HEALTH SVC	0	757				194.01
194.02 07952 COMMUNITY CLINIC	0	151				194.02
194.03 07953 FUND RAISING	0	0				194.03
194.04 07954 OUTREACH PHYSICIAN	0	454				194.04
194.05 07955 PHYSICIAN CONTRACT	0	0				194.05
194.07 07957 RESEARCH, WELLNESS, WC	0	13,935				194.07
194.08 07958 INDUSTRIAL REHAB	0	3,181				194.08
194.10 07960 IN-SCHOOL CLINIC	0	1,060				194.10
194.11 07961 REGIONAL ACTIVITIES	0	0				194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0				194.12
194.13 07963 CFH - ASC LLC	0	303				194.13
194.14 07964 MARKETING	0	151				194.14
200.00 Cross Foot Adjustments			1,382,717	3,071,059	1,228,963	200.00
201.00 Negative Cost Centers	0	0	770,583	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	167,401	602,102	2,153,300	3,071,059	1,228,963	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 2:11 pm		
Cost Center	Description	PARAMEDICAL EDUC - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HI STOTECH	PARAMED ED PRGM- PGY 1	
		23.00	23.01	23.02	23.03	23.04	
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
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
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
18.00	01850	PARKING					18.00
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	PARAMEDICAL EDUC - CLS	13,929				23.00
23.01	02301	PARAMEDICAL EDUC X-RAY		38,771			23.01
23.02	02302	PARAMEDICAL EDUC DIETARY			25,807		23.02
23.03	02303	PARAMED ED PRGM-HI STOTECH				6,091	23.03
23.04	02304	PARAMED ED PRGM- PGY 1					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL				21,101	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT					31.01
41.00	04100	SUBPROVIDER - I RF					41.00
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
57.00	05700	CT SCAN					57.00
58.00	05800	MRI					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00	06400	INTRAVENOUS THERAPY					64.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
76.00	03950	DIGESTIVE DISEASES					76.00
76.01	03951	ENTEROSTOMAL					76.01
76.02	03952	DIABETIC SERVICE					76.02
76.03	03953	WOUND CARE					76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					76.04
76.08	03956	SLEEP DISORDERS					76.08
76.09	03957	PAIN PROGRAM					76.09
76.97	07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OTHER CLINICS					90.01
90.02	09002	LUNG CLINIC					90.02
90.04	09004	ST JUDE CLINIC					90.04
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)					92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		PARAMEDICAL EDUC C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HI STOTECH	PARAMED ED PRGM- PGY 1	
		23.00	23.01	23.02	23.03	23.04	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
109.00	10900	PANCREAS ACQUISITION					109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
194.00	07950	SISTERS CONVENT					194.00
194.01	07951	BRADLEY HEALTH SVC					194.01
194.02	07952	COMMUNITY CLINIC					194.02
194.03	07953	FUND RAISING					194.03
194.04	07954	OUTREACH PHYSICIAN					194.04
194.05	07955	PHYSICIAN CONTRACT					194.05
194.07	07957	RESEARCH, WELLNESS, WC					194.07
194.08	07958	INDUSTRIAL REHAB					194.08
194.10	07960	IN-SCHOOL CLINIC					194.10
194.11	07961	REGIONAL ACTIVITIES					194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG					194.12
194.13	07963	CFH - ASC LLC					194.13
194.14	07964	MARKETING					194.14
200.00		Cross Foot Adjustments	13,929	38,771	25,807	6,091	21,101
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	13,929	38,771	25,807	6,091	21,101

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 2:11 pm
Cost Center Description			PARAMED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.05	24.00	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
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMINISTRATIVE				5.02
5.03	00540	OUTPATIENT REVENUES				5.03
5.04	00550	BUSINESS OFFICE				5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL				5.05
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
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
18.00	01850	PARKING				18.00
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	PARAMEDICAL EDUC - CLS				23.00
23.01	02301	PARAMEDICAL EDUC X-RAY				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY				23.02
23.03	02303	PARAMED PRGM-HI STOTECH				23.03
23.04	02304	PARAMED PRGM- PGY 1				23.04
23.05	02305	PARAMED PRGM- PASTORAL	37,749			23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		14,176,099	0	14,176,099
31.00	03100	INTENSIVE CARE UNIT		2,709,197	0	2,709,197
31.01	02060	NEONATAL INTENSIVE CARE UNIT		1,524,939	0	1,524,939
41.00	04100	SUBPROVIDER - I RF		342,463	0	342,463
43.00	04300	NURSERY		267,763	0	267,763
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		7,399,186	0	7,399,186
51.00	05100	RECOVERY ROOM		361,580	0	361,580
52.00	05200	DELIVERY ROOM & LABOR ROOM		706,979	0	706,979
53.00	05300	ANESTHESIOLOGY		608,880	0	608,880
54.00	05400	RADIOLOGY-DIAGNOSTIC		8,764,613	0	8,764,613
57.00	05700	CT SCAN		1,408,729	0	1,408,729
58.00	05800	MRI		3,206,607	0	3,206,607
59.00	05900	CARDIAC CATHETERIZATION		1,359,057	0	1,359,057
60.00	06000	LABORATORY		3,655,181	0	3,655,181
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		419,948	0	419,948
64.00	06400	INTRAVENOUS THERAPY		388,634	0	388,634
65.00	06500	RESPIRATORY THERAPY		973,155	0	973,155
66.00	06600	PHYSICAL THERAPY		2,199,894	0	2,199,894
67.00	06700	OCCUPATIONAL THERAPY		136,768	0	136,768
68.00	06800	SPEECH PATHOLOGY		84,149	0	84,149
69.00	06900	ELECTROCARDIOLOGY		1,368,670	0	1,368,670
70.00	07000	ELECTROENCEPHALOGRAPHY		79,536	0	79,536
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		2,416,685	0	2,416,685
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,585,254	0	1,585,254
73.00	07300	DRUGS CHARGED TO PATIENTS		5,754,044	0	5,754,044
74.00	07400	RENAL DIALYSIS		184,851	0	184,851
76.00	03950	DIGESTIVE DISEASES		1,515,664	0	1,515,664
76.01	03951	ENTEROSTOMAL		18,907	0	18,907
76.02	03952	DIABETIC SERVICE		235,267	0	235,267
76.03	03953	WOUND CARE		210,373	0	210,373
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		319,303	0	319,303
76.08	03956	SLEEP DISORDERS		180,870	0	180,870
76.09	03957	PAIN PROGRAM		187,302	0	187,302
76.97	07697	CARDIAC REHABILITATION		166,622	0	166,622
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OTHER CLINICS		142,082	0	142,082
90.02	09002	LUNG CLINIC		179,121	0	179,121
90.04	09004	ST JUDE CLINIC		233,297	0	233,297
91.00	09100	EMERGENCY		2,112,539	0	2,112,539

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 2:11 pm		
Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.05	24.00	25.00	26.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		651,255	0	651,255	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		8,425	0	8,425	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		150,449	0	150,449	105.00
109.00	10900	PANCREAS ACQUISITION		11,061	0	11,061	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	68,405,398	0	68,405,398	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		37,724	0	37,724	190.00
194.00	07950	SISTERS CONVENT		1,560	0	1,560	194.00
194.01	07951	BRADLEY HEALTH SVC		24,313	0	24,313	194.01
194.02	07952	COMMUNITY CLINIC		46,508	0	46,508	194.02
194.03	07953	FUND RAISING		258,263	0	258,263	194.03
194.04	07954	OUTREACH PHYSICIAN		849,947	0	849,947	194.04
194.05	07955	PHYSICIAN CONTRACT		0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC		597,918	0	597,918	194.07
194.08	07958	INDUSTRIAL REHAB		287,146	0	287,146	194.08
194.10	07960	IN-SCHOOL CLINIC		179,219	0	179,219	194.10
194.11	07961	REGIONAL ACTIVITIES		19,921	0	19,921	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG		0	0	0	194.12
194.13	07963	CFH - ASC LLC		2,454,484	0	2,454,484	194.13
194.14	07964	MARKETING		3,111	0	3,111	194.14
200.00		Cross Foot Adjustments	37,749	5,826,187	0	5,826,187	200.00
201.00		Negative Cost Centers	0	770,583	0	770,583	201.00
202.00		TOTAL (sum lines 118 through 201)	37,749	79,762,282	0	79,762,282	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUISITION)	ADMITTING (TOTAL GROSS REVENUES)	
	BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
	1.00	2.00				4.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,606,735				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		33,745,642			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,974	798	312,803,150		4.00
5.01 00560	PURCHASING RECEIVING AND STORES	3,578	12,253	1,084,587	16,462,456	5.01
5.02 00570	ADMITTING	5,525	0	0	0	4,483,909,860
5.03 00540	OUTPATIENT REVENUES	2,053	80	313,742	6,103	0
5.04 00550	BUSINESS OFFICE	0	0	0	0	0
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	104,779	20,426,875	20,162,596	157,359	0
6.00 00600	MAINTENANCE & REPAIRS	278,651	1,023,282	5,731,261	2,008,360	0
7.00 00700	OPERATION OF PLANT	27,207	171,942	2,647,747	473,552	0
8.00 00800	LAUNDRY & LINEN SERVICE	3,593	0	228,741	173,260	0
9.00 00900	HOUSEKEEPING	11,885	16,431	6,349,547	972,165	0
10.00 01000	DIETARY	10,659	40,616	3,963,468	53,655	0
11.00 01100	CAFETERIA	5,550	20,012	1,981,263	26,811	0
13.00 01300	NURSING ADMINISTRATION	10,523	276,058	4,671,061	105,885	0
14.00 01400	CENTRAL SERVICES & SUPPLY	30,150	449,440	4,078,672	798,545	0
15.00 01500	PHARMACY	92,286	284,674	9,035,119	257,352	0
16.00 01600	MEDICAL RECORDS & LIBRARY	3,527	4,114	3,425,038	5,090	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01850	PARKING	53	498,569	0	0	0
20.00 02000	NURSING SCHOOL	69,965	120,310	5,008,187	114,268	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	80,807	0	14,386,604	45,457	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,282	6,783	9,746,482	18,514	0
23.00 02300	PARAMEDICAL EDUC - CLS	421	0	49,774	2,464	0
23.01 02301	PARAMEDICAL EDUC X-RAY	1,161	0	131,561	0	0
23.02 02302	PARAMEDICAL EDUC DIETARY	787	0	68,356	406	0
23.03 02303	PARAMEDICAL PRGM-HI STOTECH	169	0	19,909	986	0
23.04 02304	PARAMEDICAL PRGM- PGY 1	0	0	456,861	0	0
23.05 02305	PARAMEDICAL PRGM- PASTORAL	825	3,161	215,160	883	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	303,174	446,487	62,772,534	2,339,072	302,940,613
31.00 03100	INTENSIVE CARE UNIT	40,430	310,171	15,838,996	882,537	97,494,807
31.01 02060	NEONATAL INTENSIVE CARE UNIT	27,611	186,342	8,023,129	246,031	39,243,485
41.00 04100	SUBPROVIDER - I RF	4,354	32,768	2,635,026	91,671	11,808,180
43.00 04300	NURSERY	1,246	0	3,166,719	22,781	26,249,461
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	98,595	1,320,040	16,568,365	1,047,695	377,591,507
51.00 05100	RECOVERY ROOM	5,386	13,136	3,208,631	2,782	62,228,536
52.00 05200	DELIVERY ROOM & LABOR ROOM	13,095	122,936	2,372,333	126,747	26,451,842
53.00 05300	ANESTHESIOLOGY	1,549	272,840	865,387	14,079	220,383,293
54.00 05400	RADIOLOGY-DIAGNOSTIC	82,850	2,605,204	16,717,735	2,567,544	429,430,626
57.00 05700	CT SCAN	3,839	195,908	2,531,260	257,098	157,563,757
58.00 05800	MRI	15,321	881,315	2,778,300	37,994	84,525,939
59.00 05900	CARDIAC CATHETERIZATION	7,919	701,435	1,570,100	72,727	111,889,233
60.00 06000	LABORATORY	33,082	856,434	11,844,469	2,306,801	519,749,579
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	7,587	821	911,896	101,970	17,867,300
64.00 06400	INTRAVENOUS THERAPY	2,233	12,977	1,109,643	25,711	3,991,571
65.00 06500	RESPIRATORY THERAPY	7,995	214,876	6,570,927	14,540	190,574,920
66.00 06600	PHYSICAL THERAPY	26,389	398,139	8,060,733	52,383	36,936,085
67.00 06700	OCCUPATIONAL THERAPY	0	22,351	2,250,053	7,066	15,724,591
68.00 06800	SPEECH PATHOLOGY	749	900	1,230,871	6,317	8,618,157
69.00 06900	ELECTROCARDIOLOGY	10,481	612,605	4,194,346	45,202	180,425,226
70.00 07000	ELECTROENCEPHALOGRAPHY	245	28,725	663,127	19,047	23,236,728
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	40,464	297,264,345
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	268,026,230
73.00 07300	DRUGS CHARGED TO PATIENTS	0	7,733	12,157	0	642,553,552
74.00 07400	RENAL DIALYSIS	2,585	2,000	72,629	14,605	17,084,158
76.00 03950	DIGESTIVE DISORDERS	8,828	565,069	2,394,785	230,548	69,982,798
76.01 03951	ENTEROSTOMAL	0	0	390,593	1,851	2,880,402
76.02 03952	DIABETIC SERVICE	4,522	2,349	1,486,902	8,311	2,768,392
76.03 03953	WOUND CARE	4,783	8,126	779,380	30,096	7,967,362
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,517	4,104	1,993,905	19,957	8,935,951
76.08 03956	SLEEP DISORDERS	1,208	46,091	1,501,081	58,746	18,385,481
76.09 03957	PAIN PROGRAM	3,311	31,553	1,012,222	7,502	17,942,733
76.97 07697	CARDIAC REHABILITATION	608	33,743	1,808,634	12,331	2,118,422
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OTHER CLINICS	2,482	55,986	214,945	745	825,523
90.02 09002	LUNG CLINIC	618	6,862	1,020,835	3,797	1,057,854

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description	CAPITAL RELATED COSTS						
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUI SITION)	ADMITTING (TOTAL GROS REVENUES)		
	1.00	2.00	4.00	5.01	5.02		
90.04 09004 ST JUDE CLINIC	6,467	4,206	1,235,279	26,623	4,173,732	90.04	
91.00 09100 EMERGENCY	36,641	130,619	16,577,093	378,564	141,071,262	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	14,850	85,442	2,224,813	38,432	30,990,992	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	5,467	61,512	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	1,565	1,323	589,075	2,633	4,693,845	105.00	
109.00 10900 PANCREAS ACQUISITION	153	129	47,487	258	261,390	109.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,542,678	33,582,610	303,063,643	16,384,373	4,483,909,860	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	7,039	0	0	0	190.00	
194.00 07950 SISTERS CONVENT	0	0	31,830	0	0	194.00	
194.01 07951 BRADLEY HEALTH SVC	0	0	498,578	1,420	0	194.01	
194.02 07952 COMMUNITY CLINIC	0	0	79,496	244	0	194.02	
194.03 07953 FUND RAISING	171	2,864	0	357	0	194.03	
194.04 07954 OUTREACH PHYSICIAN	28,188	17,401	231,085	1,212	0	194.04	
194.05 07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05	
194.07 07957 RESEARCH, WELLNESS, WC	1,358	100,372	3,074,857	23,881	0	194.07	
194.08 07958 INDUSTRIAL REHAB	6,548	12,776	1,547,746	6,667	0	194.08	
194.10 07960 IN-SCHOOL CLINIC	5,426	28	491,947	2,245	0	194.10	
194.11 07961 REGIONAL ACTIVITIES	685	0	0	0	0	194.11	
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12	
194.13 07963 CFH - ASC LLC	20,566	22,552	3,768,483	42,057	0	194.13	
194.14 07964 MARKETING	73	0	15,485	0	0	194.14	
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)	32,710,846	34,507,446	106,852,070	2,469,507	112,481	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.358582	1.022575	0.341595	0.150008	0.000025	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			122,438	196,252	112,481	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000391	0.011921	0.000025	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
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
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00540	OUTPATIENT REVENUES	1,895,417,392				5.03
5.04	00550	BUSINESS OFFICE	0	4,483,909,860			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	-98,861,880	750,384,196	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	29,558,459	1,206,175
7.00	00700	OPERATION OF PLANT	0	0	0	11,449,232	27,207
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,706,094	3,593
9.00	00900	HOUSEKEEPING	0	0	0	11,653,690	11,885
10.00	01000	DIETARY	0	0	0	7,297,744	10,659
11.00	01100	CAFETERIA	0	0	0	3,458,929	5,550
13.00	01300	NURSING ADMINISTRATION	0	0	0	11,398,843	10,523
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	11,094,986	30,150
15.00	01500	PHARMACY	0	0	0	19,470,586	92,286
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,435,931	3,527
17.00	01700	SOCIAL SERVICE	0	0	0	5,371,612	0
18.00	01850	PARKING	0	0	0	1,603,928	53
20.00	02000	NURSING SCHOOL	0	0	0	751,539	69,965
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	22,712,602	80,807
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	35,135,939	2,282
23.00	02300	PARAMEDICAL EDUC - CLS	0	0	0	54,158	421
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	167,150	1,161
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	101,759	787
23.03	02303	PARAMEDICAL PRGM-HI STOTECH	0	0	0	33,594	169
23.04	02304	PARAMEDICAL PRGM- PGY 1	0	0	0	629,472	0
23.05	02305	PARAMEDICAL PRGM- PASTORAL	0	0	0	316,598	825
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	302,940,613	0	108,482,401	303,174
31.00	03100	INTENSIVE CARE UNIT	0	97,494,807	0	27,874,257	40,430
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	39,243,485	0	12,688,100	27,611
41.00	04100	SUBPROVIDER - IRF	0	11,808,180	0	4,388,525	4,354
43.00	04300	NURSERY	0	26,249,461	0	5,044,174	1,246
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	172,946,234	377,591,507	0	34,243,190	98,595
51.00	05100	RECOVERY ROOM	37,062,565	62,228,536	0	4,755,706	5,386
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,015,670	26,451,842	0	4,988,614	13,095
53.00	05300	ANESTHESIOLOGY	104,747,394	220,383,293	0	4,812,528	1,549
54.00	05400	RADIOLOGY-DIAGNOSTIC	306,759,294	429,430,626	0	41,189,283	82,850
57.00	05700	CT SCAN	87,224,713	157,563,757	0	5,994,092	3,839
58.00	05800	MRI	55,696,832	84,525,939	0	7,648,789	15,321
59.00	05900	CARDIAC CATHETERIZATION	48,143,194	111,889,233	0	3,285,510	7,919
60.00	06000	LABORATORY	265,831,470	519,749,579	0	33,530,989	33,082
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	2,699,746	17,867,300	0	6,273,977	7,587
64.00	06400	INTRAVENOUS THERAPY	4,232,914	3,991,571	0	2,089,342	2,233
65.00	06500	RESPIRATORY THERAPY	13,188,745	190,574,920	0	10,864,288	7,995
66.00	06600	PHYSICAL THERAPY	14,989,164	36,936,085	0	13,785,801	26,389
67.00	06700	OCCUPATIONAL THERAPY	3,042,808	15,724,591	0	3,342,318	0
68.00	06800	SPEECH PATHOLOGY	1,843,772	8,618,157	0	1,810,738	749
69.00	06900	ELECTROCARDIOLOGY	117,601,078	180,425,226	0	8,037,945	10,481
70.00	07000	ELECTROENCEPHALOGRAPHY	3,993,179	23,236,728	0	1,147,806	245
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	100,875,386	297,264,345	0	31,214,715	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,130,973	268,026,230	0	49,848,301	0
73.00	07300	DRUGS CHARGED TO PATIENTS	248,871,861	642,553,552	0	50,113,976	0
74.00	07400	RENAL DIALYSIS	1,221,394	17,084,158	0	3,316,900	2,585
76.00	03950	DIETITIAN SERVICES	40,599,292	69,982,798	0	5,114,927	8,828
76.01	03951	ENTEROSTOMAL	95,556	2,880,402	0	544,414	0
76.02	03952	DIABETIC SERVICE	2,768,246	2,768,392	0	2,175,954	4,522
76.03	03953	WOUND CARE	7,946,761	7,967,362	0	1,512,272	4,783
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,867,851	8,935,951	0	2,942,041	7,517
76.08	03956	SLEEP DISORDERS	18,365,554	18,385,481	0	2,353,652	1,208
76.09	03957	PAIN PROGRAM	17,940,245	17,942,733	0	1,699,058	3,311
76.97	07697	CARDIAC REHABILITATION	1,549,422	2,118,422	0	2,948,833	608
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OTHER CLINICS	825,523	825,523	0	460,772	2,482
90.02	09002	LUNG CLINIC	1,049,270	1,057,854	0	1,572,115	618
90.04	09004	ST JUDE CLINIC	4,002,791	4,173,732	0	1,109,447	6,467
91.00	09100	EMERGENCY	95,734,330	141,071,262	0	24,599,445	36,641
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	22,456,135	30,990,992	0	3,972,580	14,850	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	83,035	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	98,030	4,693,845	0	3,254,895	1,565	105.00
109.00	10900 PANCREAS ACQUISITION	0	261,390	0	202,421	153	109.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,895,417,392	4,483,909,860	-98,861,880	715,720,971	1,142,118	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	28,412	1,042	190.00
194.00	07950 SISTERS CONVENT	0	0	0	42,703	0	194.00
194.01	07951 BRADLEY HEALTH SVC	0	0	0	719,111	0	194.01
194.02	07952 COMMUNITY CLINIC	0	0	0	554,304	0	194.02
194.03	07953 FUND RAISING	0	0	0	8,037,032	171	194.03
194.04	07954 OUTREACH PHYSICIAN	0	0	0	918,479	28,188	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	0	0	0	5,678,235	1,358	194.07
194.08	07958 INDUSTRIAL REHAB	0	0	0	2,553,533	6,548	194.08
194.10	07960 IN-SCHOOL CLINIC	0	0	0	661,539	5,426	194.10
194.11	07961 REGIONAL ACTIVITIES	0	0	0	13,946	685	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	0	0	0	15,433,670	20,566	194.13
194.14	07964 MARKETING	0	0	0	22,261	73	194.14
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)	488,902	13,284,214		98,861,880	33,452,727	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000258	0.002963		0.131748	27.734555	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	42,074	0		23,385,343	7,666,665	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000022	0.000000		0.031164	6.356180	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800	1,178,968	3,593	4,109,317			8.00
9.00	00900		11,885	77,420	1,146,870		9.00
10.00	01000		10,659	0	10,659	908,855	10.00
11.00	01100		5,550	0	5,550	0	11.00
13.00	01300		10,523	0	10,523	0	13.00
14.00	01400		30,150	89,865	30,150	0	14.00
15.00	01500		92,286	0	92,286	0	15.00
16.00	01600		3,527	0	3,527	0	16.00
17.00	01700		0	0	0	0	17.00
18.00	01850		53	0	53	0	18.00
20.00	02000		69,965	0	69,965	0	20.00
21.00	02100		80,807	7,847	80,807	0	21.00
22.00	02200		2,282	0	2,282	0	22.00
23.00	02300		421	0	421	0	23.00
23.01	02301		1,161	0	1,161	0	23.01
23.02	02302		787	0	787	0	23.02
23.03	02303		169	0	169	0	23.03
23.04	02304		0	0	0	0	23.04
23.05	02305		825	0	825	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		303,174	2,037,579	303,174	737,311	1,099
31.00	03100		40,430	283,026	40,430	87,108	246
31.01	02060		27,611	155,297	27,611	45,322	107
41.00	04100		4,354	0	4,354	0	47
43.00	04300		1,246	81,474	1,246	39,114	51
ANCILLARY SERVICE COST CENTERS							
50.00	05000		98,595	339,029	98,595	0	286
51.00	05100		5,386	0	5,386	0	47
52.00	05200		13,095	64,785	13,095	0	38
53.00	05300		1,549	0	1,549	0	14
54.00	05400		82,850	248,281	82,850	0	258
57.00	05700		3,839	101,337	3,839	0	39
58.00	05800		15,321	40,650	15,321	0	41
59.00	05900		7,919	121,276	7,919	0	23
60.00	06000		33,082	30,501	33,082	0	252
63.00	06300		7,587	0	7,587	0	17
64.00	06400		2,233	9,030	2,233	0	17
65.00	06500		7,995	9,352	7,995	0	109
66.00	06600		26,389	13,141	26,389	0	115
67.00	06700		0	0	0	0	32
68.00	06800		749	6,734	749	0	16
69.00	06900		10,481	18,778	10,481	0	70
70.00	07000		245	13,661	245	0	12
71.00	07100		0	0	0	0	0
72.00	07200		0	0	0	0	0
73.00	07300		0	0	0	0	1
74.00	07400		2,585	24,495	2,585	0	1
76.00	03950		8,828	77,115	8,828	0	38
76.01	03951		0	0	0	0	6
76.02	03952		4,522	0	4,522	0	26
76.03	03953		4,783	0	0	0	11
76.04	03550		7,517	0	7,517	0	34
76.08	03956		1,208	15,534	1,208	0	27
76.09	03957		3,311	0	0	0	15
76.97	07697		608	0	608	0	22
OUTPATIENT SERVICE COST CENTERS							
90.01	09001		2,482	0	0	0	4
90.02	09002		618	0	0	0	14
90.04	09004		6,467	8,067	6,467	0	20
91.00	09100		36,641	216,345	36,641	0	288
92.00	09200						

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	14,850	0	14,850	0	39	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	1	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,565	0	1,565	0	8	105.00
109.00	10900 PANCREAS ACQUISITION	153	0	153	0	1	109.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,114,911	4,090,619	1,088,239	908,855	4,216	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	0	1,042	0	0	190.00
194.00	07950 SISTERS CONVENT	0	0	0	0	1	194.00
194.01	07951 BRADLEY HEALTH SVC	0	0	0	0	5	194.01
194.02	07952 COMMUNITY CLINIC	0	0	0	0	1	194.02
194.03	07953 FUND RAISING	171	0	171	0	0	194.03
194.04	07954 OUTREACH PHYSICIAN	28,188	18,698	28,188	0	3	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	1,358	0	1,358	0	92	194.07
194.08	07958 INDUSTRIAL REHAB	6,548	0	6,548	0	21	194.08
194.10	07960 IN-SCHOOL CLINIC	5,426	0	0	0	7	194.10
194.11	07961 REGIONAL ACTIVITIES	685	0	685	0	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	20,566	0	20,566	0	2	194.13
194.14	07964 MARKETING	73	0	73	0	1	194.14
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)	13,712,219	3,204,055	13,717,261	8,806,290	4,199,494	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.630697	0.779705	11.960607	9.689433	965.622902	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,292,673	186,413	728,098	574,357	287,228	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.096445	0.045363	0.634857	0.631957	66.044608	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ USAGE)	PHARMACY (COSTED REQ USAGE)	MEDICAL RECORDS & LIBRARY (TOTAL GROSS REVENUES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00590						5.05
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						11.00
13.00	01300	193,688					13.00
14.00	01400		48,873,570				14.00
15.00	01500			50,801,842			15.00
16.00	01600		169		4,483,909,860		16.00
17.00	01700					187,148	17.00
18.00	01850						18.00
20.00	02000		12,509	1,679			20.00
21.00	02100		44				21.00
22.00	02200		38,350				22.00
23.00	02300						23.00
23.01	02301		26	590			23.01
23.02	02302						23.02
23.03	02303						23.03
23.04	02304						23.04
23.05	02305						23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	109,898	3,432,831	146,751	302,940,613	147,385	30.00
31.00	03100	24,644	1,893,434	66,315	97,494,807	17,540	31.00
31.01	02060	10,726	523,871	8,735	39,243,485	9,126	31.01
41.00	04100	4,749	93,302	1,049	11,808,180	8,197	41.00
43.00	04300	5,130	39,838	133	26,249,461	4,900	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,656	0	0	377,591,507	0	50.00
51.00	05100	4,722	82,063	9,667	62,228,536	0	51.00
52.00	05200	3,755	389,668	15,240	26,451,842	0	52.00
53.00	05300	1,408	1,531,741	376,057	220,383,293	0	53.00
54.00	05400	0	0	0	429,430,626	0	54.00
57.00	05700	0	625,991	0	157,563,757	0	57.00
58.00	05800	0	553,151	0	84,525,939	0	58.00
59.00	05900	0	0	0	111,889,233	0	59.00
60.00	06000	0	584,884	0	519,749,579	0	60.00
63.00	06300	0	8,154	928	17,867,300	0	63.00
64.00	06400	0	113,784	2,966	3,991,571	0	64.00
65.00	06500	0	0	145,617	190,574,920	0	65.00
66.00	06600	0	77,799	141	36,936,085	0	66.00
67.00	06700	0	0	0	15,724,591	0	67.00
68.00	06800	0	3,299	0	8,618,157	0	68.00
69.00	06900	0	1,809,781	98,274	180,425,226	0	69.00
70.00	07000	0	23,228	0	23,236,728	0	70.00
71.00	07100	0	32,183,431	13,459	297,264,345	0	71.00
72.00	07200	0	0	0	268,026,230	0	72.00
73.00	07300	0	0	49,037,901	642,553,552	0	73.00
74.00	07400	0	38,334	9,063	17,084,158	0	74.00
76.00	03950	0	0	0	69,982,798	0	76.00
76.01	03951	0	3,122	1	2,880,402	0	76.01
76.02	03952	0	2,514	19	2,768,392	0	76.02
76.03	03953	0	201,112	1,203	7,967,362	0	76.03
76.04	03550	0	108	0	8,935,951	0	76.04
76.08	03956	0	31,444	0	18,385,481	0	76.08
76.09	03957	0	81,381	21	17,942,733	0	76.09
76.97	07697	0	4,444	544	2,118,422	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	8,512	0	825,523	0	90.01
90.02	09002	0	896	0	1,057,854	0	90.02
90.04	09004	0	100,410	0	4,173,732	0	90.04
91.00	09100	0	1,324,064	0	141,071,262	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ USAGE)	PHARMACY (COSTED REQ USAGE)	MEDICAL RECORDS & LIBRARY (TOTAL GROSS REVENUES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	88,842	0	30,990,992	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	131	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	320	7,167	4,693,845	0	105.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	261,390	0	109.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	193,688	45,906,982	49,943,520	4,483,909,860	187,148	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951 BRADLEY HEALTH SVC	0	4,455	4,890	0	0	194.01
194.02	07952 COMMUNITY CLINIC	0	0	346,251	0	0	194.02
194.03	07953 FUND RAISING	0	0	0	0	0	194.03
194.04	07954 OUTREACH PHYSICIAN	0	2,020	0	0	0	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	0	26,039	254	0	0	194.07
194.08	07958 INDUSTRIAL REHAB	0	13,005	28,898	0	0	194.08
194.10	07960 IN-SCHOOL CLINIC	0	208	0	0	0	194.10
194.11	07961 REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	0	2,918,169	478,029	0	0	194.13
194.14	07964 MARKETING	0	2,692	0	0	0	194.14
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)	13,515,073	14,288,215	26,877,709	6,400,773	6,079,311	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	69.777544	0.292351	0.529070	0.001427	32.483975	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	945,035	2,136,341	4,252,309	391,779	167,401	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.879161	0.043712	0.083704	0.000087	0.894485	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUC - CLS (DIRECT ALLOCATION)	
	PARKING (FTE)		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	18.00		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
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00540	OUTPATIENT REVENUES					5.03
5.04 00550	BUSINESS OFFICE					5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
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
18.00 01850	PARKING	3,975				18.00
20.00 02000	NURSING SCHOOL	58	88,620			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	243		625,881		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	33			625,881	22.00
23.00 02300	PARAMEDICAL EDUC - CLS	1				23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	2				23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	1				23.02
23.03 02303	PARAMED PRGM-HI STOTECH	1				23.03
23.04 02304	PARAMED PRGM- PGY 1	6				23.04
23.05 02305	PARAMED PRGM- PASTORAL	5				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,099	68,498	243,586	243,586	0 30.00
31.00 03100	INTENSIVE CARE UNIT	246	6,768	44,656	44,656	0 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	107	272	12,416	12,416	0 31.01
41.00 04100	SUBPROVIDER - I RF	47	0	279	279	0 41.00
43.00 04300	NURSERY	51	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	286	1,648	74,040	74,040	0 50.00
51.00 05100	RECOVERY ROOM	47	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	38	3,048	14,120	14,120	0 52.00
53.00 05300	ANESTHESIOLOGY	14	0	3,128	3,128	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	258	2,032	49,832	49,832	0 54.00
57.00 05700	CT SCAN	39	0	4,384	4,384	0 57.00
58.00 05800	MRI	41	0	5,600	5,600	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	23	0	26,760	26,760	0 59.00
60.00 06000	LABORATORY	252	238	2,200	2,200	100 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	17	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	17	752	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	109	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	115	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	32	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	16	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	70	0	1,936	1,936	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	12	0	4,128	4,128	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1	0	0	0	0 74.00
76.00 03950	DIGESTIVE DISEASES	38	752	0	0	0 76.00
76.01 03951	ENTEROSTOMAL	6	0	0	0	0 76.01
76.02 03952	DIABETIC SERVICE	26	31	0	0	0 76.02
76.03 03953	WOUND CARE	11	470	0	0	0 76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34	368	0	0	0 76.04
76.08 03956	SLEEP DISORDERS	27	0	368	368	0 76.08
76.09 03957	PAIN PROGRAM	15	0	0	0	0 76.09
76.97 07697	CARDIAC REHABILITATION	22	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OTHER CLINICS	4	744	15,904	15,904	0 90.01
90.02 09002	LUNG CLINIC	14	0	0	0	0 90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description	OTHER GENERAL SERVICE		INTERNS & RESIDENTS			PARAMEDICAL EDUCATION - CLS (DIRECT ALLOCATION)	
	PARKING (FTE)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	23.00		
			21.00	22.00			
90.04 09004 ST JUDE CLINIC	20	0	0	0	0	90.04	
91.00 09100 EMERGENCY	288	2,079	91,320	91,320	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	39	920	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	1	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	8	0	0	0	0	105.00	
109.00 10900 PANCREAS ACQUISITION	1	0	0	0	0	109.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			594,657	594,657	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 SISTERS CONVENT	1	0	0	0	0	194.00	
194.01 07951 BRADLEY HEALTH SVC	5	0	0	0	0	194.01	
194.02 07952 COMMUNITY CLINIC	1	0	0	0	0	194.02	
194.03 07953 FUND RAISING	0	0	0	0	0	194.03	
194.04 07954 OUTREACH PHYSICIAN	3	0	31,224	31,224	0	194.04	
194.05 07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05	
194.07 07957 RESEARCH, WELLNESS, WC	92	0	0	0	0	194.07	
194.08 07958 INDUSTRIAL REHAB	21	0	0	0	0	194.08	
194.10 07960 IN-SCHOOL CLINIC	7	0	0	0	0	194.10	
194.11 07961 REGIONAL ACTIVITIES	0	0	0	0	0	194.11	
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12	
194.13 07963 CFH - ASC LLC	2	0	0	0	0	194.13	
194.14 07964 MARKETING	1	0	0	0	0	194.14	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	1,817,962	4,528,644	30,204,344	39,940,325	84,324	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)					203.00	
204.00	457.348931	51.101828	48.258925	63.814567	843.240000	204.00	
205.00	Cost to be allocated (per Wkst. B, Part II)					205.00	
206.00	602,102	2,153,300	3,071,059	1,228,963	13,929	206.00	
207.00	Unit cost multiplier (Wkst. B, Part II)					207.00	
208.00	151.472201	15.602765	4.906778	1.963573	139.290000	208.00	
209.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					209.00	
210.00		0			0	210.00	
211.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					211.00	
212.00		0.000000			0.000000	212.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		PARAMEDICAL EDUC X-RAY (DIRECT ALL OCATION)	PARAMEDICAL EDUC DIETARY (DIRECT ALL OCATION)	PARAMED ED PRGM-HI STOTECH (DIRECT ALL OCATION)	PARAMED ED PRGM- PGY 1 (DIRECT ALL OCATION)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)	
		23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00590						5.05
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						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301	100					23.01
23.02	02302		100				23.02
23.03	02303			100			23.03
23.04	02304				100		23.04
23.05	02305					100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	100	0	100	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02060	0	0	0	0	0	31.01
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	100	0	0	0	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	100	0	100	60.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03952	0	0	0	0	0	76.02
76.03	03953	0	0	0	0	0	76.03
76.04	03550	0	0	0	0	0	76.04
76.08	03956	0	0	0	0	0	76.08
76.09	03957	0	0	0	0	0	76.09
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	0	90.04
91.00	09100	0	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		PARAMEDICAL EDUC X-RAY (DIRECT ALLO- CATION)	PARAMEDICAL EDUC DIETARY (DIRECT ALLO- CATION)	PARAMED ED PRGM-HI STOTECH (DIRECT ALLO- CATION)	PARAMED ED PRGM- PGY 1 (DIRECT ALLO- CATION)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)	
		23.01	23.02	23.03	23.04	23.05	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951 BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952 COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953 FUND RAISING	0	0	0	0	0	194.03
194.04	07954 OUTREACH PHYSICIAN	0	0	0	0	0	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	0	0	0	0	0	194.07
194.08	07958 INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960 IN-SCHOOL CLINIC	0	0	0	0	0	194.10
194.11	07961 REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	0	0	0	0	0	194.13
194.14	07964 MARKETING	0	0	0	0	0	194.14
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)	251,927	156,982	48,117	720,942	407,768	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,519.270000	1,569.820000	481.170000	7,209.420000	4,077.680000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	38,771	25,807	6,091	21,101	37,749	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	387.710000	258.070000	60.910000	211.010000	377.490000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Diallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		166,980,243	327,142	167,307,385	30.00
31.00	03100	INTENSIVE CARE UNIT		38,399,475	36,347	38,435,822	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		17,761,936	0	17,761,936	31.01
41.00	04100	SUBPROVIDER - IRF		5,899,382	0	5,899,382	41.00
43.00	04300	NURSERY		6,854,081	0	6,854,081	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		47,109,032	339,308	47,448,340	50.00
51.00	05100	RECOVERY ROOM		6,172,977	0	6,172,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		7,000,055	0	7,000,055	52.00
53.00	05300	ANESTHESIOLOGY		6,605,495	0	6,605,495	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		52,397,513	99,303	52,496,816	54.00
57.00	05700	CT SCAN		7,523,203	0	7,523,203	57.00
58.00	05800	MRI		9,815,235	0	9,815,235	58.00
59.00	05900	CARDIAC CATHETERIZATION		4,411,772	0	4,411,772	59.00
60.00	06000	LABORATORY		41,494,009	45,163	41,539,172	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		7,542,533	0	7,542,533	63.00
64.00	06400	INTRAVENOUS THERAPY		2,589,410	0	2,589,410	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,217,374	10,926	13,228,300	65.00
66.00	06600	PHYSICAL THERAPY	0	17,205,906	0	17,205,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,850,636	0	3,850,636	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,129,022	0	2,129,022	68.00
69.00	06900	ELECTROCARDIOLOGY		10,587,675	3,578	10,591,253	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,379,279	0	1,379,279	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		45,167,343	0	45,167,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		56,798,188	0	56,798,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		83,581,435	0	83,581,435	73.00
74.00	07400	RENAL DIALYSIS		3,947,475	0	3,947,475	74.00
76.00	03950	DIAGNOSTIC SERVICES		6,494,407	0	6,494,407	76.00
76.01	03951	ENTEROSTOMAL		629,701	0	629,701	76.01
76.02	03952	DIABETIC SERVICE		2,738,004	0	2,738,004	76.02
76.03	03953	WOUND CARE		2,010,266	15,202	2,025,468	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		3,795,436	19,049	3,814,485	76.04
76.08	03956	SLEEP DISORDERS		2,811,703	0	2,811,703	76.08
76.09	03957	PAIN PROGRAM		2,123,994	47,490	2,171,484	76.09
76.97	07697	CARDIAC REHABILITATION		3,404,458	0	3,404,458	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OTHER CLINICS		666,559	0	666,559	90.01
90.02	09002	LUNG CLINIC		1,825,260	0	1,825,260	90.02
90.04	09004	ST JUDE CLINIC		1,657,598	0	1,657,598	90.04
91.00	09100	EMERGENCY		30,994,145	364,876	31,359,021	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		11,985,436	0	11,985,436	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		5,430,855	0	5,430,855	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		95,436	0	95,436	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		3,786,014		3,786,014	105.00
109.00	10900	PANCREAS ACQUISITION		238,738		238,738	109.00
200.00		Subtotal (see instructions)	0	747,108,694	1,308,384	748,417,078	200.00
201.00		Less Observation Beds		11,985,436		11,985,436	201.00
202.00		Total (see instructions)	0	735,123,258	1,308,384	736,431,642	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 2:11 pm		
			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	302,940,613		302,940,613				30.00
31.00	03100	INTENSIVE CARE UNIT	97,494,807		97,494,807				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	39,243,485		39,243,485				31.01
41.00	04100	SUBPROVIDER - IRF	11,808,180		11,808,180				41.00
43.00	04300	NURSERY	26,249,461		26,249,461				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	204,645,273	172,946,234	377,591,507	0.124762	0.000000		50.00
51.00	05100	RECOVERY ROOM	25,165,971	37,062,565	62,228,536	0.099198	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,436,172	3,015,670	26,451,842	0.264634	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	115,635,899	104,747,394	220,383,293	0.029973	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	122,671,332	306,759,294	429,430,626	0.122016	0.000000		54.00
57.00	05700	CT SCAN	70,339,044	87,224,713	157,563,757	0.047747	0.000000		57.00
58.00	05800	MRI	28,829,107	55,696,832	84,525,939	0.116121	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	63,746,039	48,143,194	111,889,233	0.039430	0.000000		59.00
60.00	06000	LABORATORY	253,918,109	265,831,470	519,749,579	0.079835	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,167,554	2,699,746	17,867,300	0.422142	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	298,657	3,692,914	3,991,571	0.648720	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	177,386,175	13,188,745	190,574,920	0.069355	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	21,946,921	14,989,164	36,936,085	0.465829	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	12,681,783	3,042,808	15,724,591	0.244880	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	6,774,385	1,843,772	8,618,157	0.247039	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	62,824,148	117,601,078	180,425,226	0.058682	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,243,549	3,993,179	23,236,728	0.059358	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	196,388,959	100,875,386	297,264,345	0.151943	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,895,257	80,130,973	268,026,230	0.211913	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	393,681,691	248,871,861	642,553,552	0.130077	0.000000		73.00
74.00	07400	RENAL DIALYSIS	15,862,764	1,221,394	17,084,158	0.231061	0.000000		74.00
76.00	03950	DIAGNOSTIC SERVICES	29,383,506	40,599,292	69,982,798	0.092800	0.000000		76.00
76.01	03951	ENTEROSTOMAL	2,784,846	95,556	2,880,402	0.218616	0.000000		76.01
76.02	03952	DIABETIC SERVICE	146	2,768,246	2,768,392	0.989023	0.000000		76.02
76.03	03953	WOUND CARE	20,601	7,946,761	7,967,362	0.252313	0.000000		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,068,100	7,867,851	8,935,951	0.424738	0.000000		76.04
76.08	03956	SLEEP DISORDERS	19,927	18,365,554	18,385,481	0.152931	0.000000		76.08
76.09	03957	PAIN PROGRAM	5,088	17,937,645	17,942,733	0.118376	0.000000		76.09
76.97	07697	CARDIAC REHABILITATION	569,000	1,549,422	2,118,422	1.607073	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OTHER CLINICS	0	825,523	825,523	0.807438	0.000000		90.01
90.02	09002	LUNG CLINIC	8,584	1,049,270	1,057,854	1.725437	0.000000		90.02
90.04	09004	ST JUDE CLINIC	170,941	4,002,791	4,173,732	0.397150	0.000000		90.04
91.00	09100	EMERGENCY	45,336,932	95,734,330	141,071,262	0.219706	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,534,857	22,456,135	30,990,992	0.175240	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	4,595,815	98,030	4,693,845				105.00
109.00	10900	PANCREAS ACQUISITION	261,390	0	261,390				109.00
200.00		Subtotal (see instructions)	2,589,035,068	1,894,874,792	4,483,909,860				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	2,589,035,068	1,894,874,792	4,483,909,860				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 2:11 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125661		50.00
51.00	05100	RECOVERY ROOM	0.099198		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264634		52.00
53.00	05300	ANESTHESIOLOGY	0.029973		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122247		54.00
57.00	05700	CT SCAN	0.047747		57.00
58.00	05800	MRI	0.116121		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.039430		59.00
60.00	06000	LABORATORY	0.079922		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.422142		63.00
64.00	06400	INTRAVENOUS THERAPY	0.648720		64.00
65.00	06500	RESPIRATORY THERAPY	0.069413		65.00
66.00	06600	PHYSICAL THERAPY	0.465829		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.244880		67.00
68.00	06800	SPEECH PATHOLOGY	0.247039		68.00
69.00	06900	ELECTROCARDIOLOGY	0.058702		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059358		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.151943		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211913		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130077		73.00
74.00	07400	RENAL DIALYSIS	0.231061		74.00
76.00	03950	DIGESTIVE DISEASES	0.092800		76.00
76.01	03951	ENTEROSTOMAL	0.218616		76.01
76.02	03952	DIABETIC SERVICE	0.989023		76.02
76.03	03953	WOUND CARE	0.254221		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.426870		76.04
76.08	03956	SLEEP DISORDERS	0.152931		76.08
76.09	03957	PAIN PROGRAM	0.121023		76.09
76.97	07697	CARDIAC REHABILITATION	1.607073		76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OTHER CLINICS	0.807438		90.01
90.02	09002	LUNG CLINIC	1.725437		90.02
90.04	09004	ST JUDE CLINIC	0.397150		90.04
91.00	09100	EMERGENCY	0.222292		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.175240		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	166,980,243		166,980,243	327,142	167,307,385	30.00
31.00	03100 INTENSIVE CARE UNIT	38,399,475		38,399,475	36,347	38,435,822	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	17,761,936		17,761,936	0	17,761,936	31.01
41.00	04100 SUBPROVIDER - IRF	5,899,382		5,899,382	0	5,899,382	41.00
43.00	04300 NURSERY	6,854,081		6,854,081	0	6,854,081	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	47,109,032		47,109,032	339,308	47,448,340	50.00
51.00	05100 RECOVERY ROOM	6,172,977		6,172,977	0	6,172,977	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,000,055		7,000,055	0	7,000,055	52.00
53.00	05300 ANESTHESIOLOGY	6,605,495		6,605,495	0	6,605,495	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	52,397,513		52,397,513	99,303	52,496,816	54.00
57.00	05700 CT SCAN	7,523,203		7,523,203	0	7,523,203	57.00
58.00	05800 MRI	9,815,235		9,815,235	0	9,815,235	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,411,772		4,411,772	0	4,411,772	59.00
60.00	06000 LABORATORY	41,494,009		41,494,009	45,163	41,539,172	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,542,533		7,542,533	0	7,542,533	63.00
64.00	06400 INTRAVENOUS THERAPY	2,589,410		2,589,410	0	2,589,410	64.00
65.00	06500 RESPIRATORY THERAPY	13,217,374	0	13,217,374	10,926	13,228,300	65.00
66.00	06600 PHYSICAL THERAPY	17,205,906	0	17,205,906	0	17,205,906	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,850,636	0	3,850,636	0	3,850,636	67.00
68.00	06800 SPEECH PATHOLOGY	2,129,022	0	2,129,022	0	2,129,022	68.00
69.00	06900 ELECTROCARDIOLOGY	10,587,675		10,587,675	3,578	10,591,253	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,379,279		1,379,279	0	1,379,279	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	45,167,343		45,167,343	0	45,167,343	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	56,798,188		56,798,188	0	56,798,188	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	83,581,435		83,581,435	0	83,581,435	73.00
74.00	07400 RENAL DIALYSIS	3,947,475		3,947,475	0	3,947,475	74.00
76.00	03950 DIGESTIVE DISEASES	6,494,407		6,494,407	0	6,494,407	76.00
76.01	03951 ENTEROSTOMAL	629,701		629,701	0	629,701	76.01
76.02	03952 DIABETIC SERVICE	2,738,004		2,738,004	0	2,738,004	76.02
76.03	03953 WOUND CARE	2,010,266		2,010,266	15,202	2,025,468	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,795,436		3,795,436	19,049	3,814,485	76.04
76.08	03956 SLEEP DISORDERS	2,811,703		2,811,703	0	2,811,703	76.08
76.09	03957 PAIN PROGRAM	2,123,994		2,123,994	47,490	2,171,484	76.09
76.97	07697 CARDIAC REHABILITATION	3,404,458		3,404,458	0	3,404,458	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OTHER CLINICS	666,559		666,559	0	666,559	90.01
90.02	09002 LUNG CLINIC	1,825,260		1,825,260	0	1,825,260	90.02
90.04	09004 ST JUDE CLINIC	1,657,598		1,657,598	0	1,657,598	90.04
91.00	09100 EMERGENCY	30,994,145		30,994,145	364,876	31,359,021	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	11,985,436		11,985,436	0	11,985,436	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	5,430,855		5,430,855	0	5,430,855	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	95,436		95,436	0	95,436	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	3,786,014		3,786,014		3,786,014	105.00
109.00	10900 PANCREAS ACQUISITION	238,738		238,738		238,738	109.00
200.00	Subtotal (see instructions)	747,108,694	0	747,108,694	1,308,384	748,417,078	200.00
201.00	Less Observation Beds	11,985,436		11,985,436		11,985,436	201.00
202.00	Total (see instructions)	735,123,258	0	735,123,258	1,308,384	736,431,642	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 2:11 pm		
			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	302,940,613		302,940,613				30.00
31.00	03100	INTENSIVE CARE UNIT	97,494,807		97,494,807				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	39,243,485		39,243,485				31.01
41.00	04100	SUBPROVIDER - IRF	11,808,180		11,808,180				41.00
43.00	04300	NURSERY	26,249,461		26,249,461				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	204,645,273	172,946,234	377,591,507	0.124762	0.000000		50.00
51.00	05100	RECOVERY ROOM	25,165,971	37,062,565	62,228,536	0.099198	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,436,172	3,015,670	26,451,842	0.264634	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	115,635,899	104,747,394	220,383,293	0.029973	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	122,671,332	306,759,294	429,430,626	0.122016	0.000000		54.00
57.00	05700	CT SCAN	70,339,044	87,224,713	157,563,757	0.047747	0.000000		57.00
58.00	05800	MRI	28,829,107	55,696,832	84,525,939	0.116121	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	63,746,039	48,143,194	111,889,233	0.039430	0.000000		59.00
60.00	06000	LABORATORY	253,918,109	265,831,470	519,749,579	0.079835	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,167,554	2,699,746	17,867,300	0.422142	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	298,657	3,692,914	3,991,571	0.648720	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	177,386,175	13,188,745	190,574,920	0.069355	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	21,946,921	14,989,164	36,936,085	0.465829	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	12,681,783	3,042,808	15,724,591	0.244880	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	6,774,385	1,843,772	8,618,157	0.247039	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	62,824,148	117,601,078	180,425,226	0.058682	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,243,549	3,993,179	23,236,728	0.059358	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	196,388,959	100,875,386	297,264,345	0.151943	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,895,257	80,130,973	268,026,230	0.211913	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	393,681,691	248,871,861	642,553,552	0.130077	0.000000		73.00
74.00	07400	RENAL DIALYSIS	15,862,764	1,221,394	17,084,158	0.231061	0.000000		74.00
76.00	03950	DIAGNOSTIC SERVICES	29,383,506	40,599,292	69,982,798	0.092800	0.000000		76.00
76.01	03951	ENTEROSTOMAL	2,784,846	95,556	2,880,402	0.218616	0.000000		76.01
76.02	03952	DIABETIC SERVICE	146	2,768,246	2,768,392	0.989023	0.000000		76.02
76.03	03953	WOUND CARE	20,601	7,946,761	7,967,362	0.252313	0.000000		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,068,100	7,867,851	8,935,951	0.424738	0.000000		76.04
76.08	03956	SLEEP DISORDERS	19,927	18,365,554	18,385,481	0.152931	0.000000		76.08
76.09	03957	PAIN PROGRAM	5,088	17,937,645	17,942,733	0.118376	0.000000		76.09
76.97	07697	CARDIAC REHABILITATION	569,000	1,549,422	2,118,422	1.607073	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OTHER CLINICS	0	825,523	825,523	0.807438	0.000000		90.01
90.02	09002	LUNG CLINIC	8,584	1,049,270	1,057,854	1.725437	0.000000		90.02
90.04	09004	ST JUDE CLINIC	170,941	4,002,791	4,173,732	0.397150	0.000000		90.04
91.00	09100	EMERGENCY	45,336,932	95,734,330	141,071,262	0.219706	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,534,857	22,456,135	30,990,992	0.175240	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	4,595,815	98,030	4,693,845				105.00
109.00	10900	PANCREAS ACQUISITION	261,390	0	261,390				109.00
200.00		Subtotal (see instructions)	2,589,035,068	1,894,874,792	4,483,909,860				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	2,589,035,068	1,894,874,792	4,483,909,860				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 2:11 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
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
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	DIGESTIVE DISEASES	0.000000		76.00
76.01	03951	ENTEROSTOMAL	0.000000		76.01
76.02	03952	DIABETIC SERVICE	0.000000		76.02
76.03	03953	WOUND CARE	0.000000		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.04
76.08	03956	SLEEP DISORDERS	0.000000		76.08
76.09	03957	PAIN PROGRAM	0.000000		76.09
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OTHER CLINICS	0.000000		90.01
90.02	09002	LUNG CLINIC	0.000000		90.02
90.04	09004	ST JUDE CLINIC	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/28/2019 2:11 pm

		Title V		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Dissallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	166,980,243		166,980,243	327,142	167,307,385	30.00
31.00	03100 INTENSIVE CARE UNIT	38,399,475		38,399,475	36,347	38,435,822	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	17,761,936		17,761,936	0	17,761,936	31.01
41.00	04100 SUBPROVIDER - IRF	5,899,382		5,899,382	0	5,899,382	41.00
43.00	04300 NURSERY	6,854,081		6,854,081	0	6,854,081	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	47,109,032		47,109,032	339,308	47,448,340	50.00
51.00	05100 RECOVERY ROOM	6,172,977		6,172,977	0	6,172,977	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,000,055		7,000,055	0	7,000,055	52.00
53.00	05300 ANESTHESIOLOGY	6,605,495		6,605,495	0	6,605,495	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	52,397,513		52,397,513	99,303	52,496,816	54.00
57.00	05700 CT SCAN	7,523,203		7,523,203	0	7,523,203	57.00
58.00	05800 MRI	9,815,235		9,815,235	0	9,815,235	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,411,772		4,411,772	0	4,411,772	59.00
60.00	06000 LABORATORY	41,494,009		41,494,009	45,163	41,539,172	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,542,533		7,542,533	0	7,542,533	63.00
64.00	06400 INTRAVENOUS THERAPY	2,589,410		2,589,410	0	2,589,410	64.00
65.00	06500 RESPIRATORY THERAPY	13,217,374	0	13,217,374	10,926	13,228,300	65.00
66.00	06600 PHYSICAL THERAPY	17,205,906	0	17,205,906	0	17,205,906	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,850,636	0	3,850,636	0	3,850,636	67.00
68.00	06800 SPEECH PATHOLOGY	2,129,022	0	2,129,022	0	2,129,022	68.00
69.00	06900 ELECTROCARDIOLOGY	10,587,675		10,587,675	3,578	10,591,253	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,379,279		1,379,279	0	1,379,279	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	45,167,343		45,167,343	0	45,167,343	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	56,798,188		56,798,188	0	56,798,188	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	83,581,435		83,581,435	0	83,581,435	73.00
74.00	07400 RENAL DIALYSIS	3,947,475		3,947,475	0	3,947,475	74.00
76.00	03950 DIGESTIVE DISEASES	6,494,407		6,494,407	0	6,494,407	76.00
76.01	03951 ENTEROSTOMAL	629,701		629,701	0	629,701	76.01
76.02	03952 DIABETIC SERVICE	2,738,004		2,738,004	0	2,738,004	76.02
76.03	03953 WOUND CARE	2,010,266		2,010,266	15,202	2,025,468	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,795,436		3,795,436	19,049	3,814,485	76.04
76.08	03956 SLEEP DISORDERS	2,811,703		2,811,703	0	2,811,703	76.08
76.09	03957 PAIN PROGRAM	2,123,994		2,123,994	47,490	2,171,484	76.09
76.97	07697 CARDIAC REHABILITATION	3,404,458		3,404,458	0	3,404,458	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OTHER CLINICS	666,559		666,559	0	666,559	90.01
90.02	09002 LUNG CLINIC	1,825,260		1,825,260	0	1,825,260	90.02
90.04	09004 ST JUDE CLINIC	1,657,598		1,657,598	0	1,657,598	90.04
91.00	09100 EMERGENCY	30,994,145		30,994,145	364,876	31,359,021	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	11,985,436		11,985,436	0	11,985,436	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	5,430,855		5,430,855	0	5,430,855	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	95,436		95,436	0	95,436	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	3,786,014		3,786,014		3,786,014	105.00
109.00	10900 PANCREAS ACQUISITION	238,738		238,738		238,738	109.00
200.00	Subtotal (see instructions)	747,108,694	0	747,108,694	1,308,384	748,417,078	200.00
201.00	Less Observation Beds	11,985,436		11,985,436		11,985,436	201.00
202.00	Total (see instructions)	735,123,258	0	735,123,258	1,308,384	736,431,642	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 2:11 pm		
			Title V			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	302,940,613		302,940,613				30.00
31.00	03100	INTENSIVE CARE UNIT	97,494,807		97,494,807				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	39,243,485		39,243,485				31.01
41.00	04100	SUBPROVIDER - IRF	11,808,180		11,808,180				41.00
43.00	04300	NURSERY	26,249,461		26,249,461				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	204,645,273	172,946,234	377,591,507	0.124762	0.000000		50.00
51.00	05100	RECOVERY ROOM	25,165,971	37,062,565	62,228,536	0.099198	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,436,172	3,015,670	26,451,842	0.264634	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	115,635,899	104,747,394	220,383,293	0.029973	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	122,671,332	306,759,294	429,430,626	0.122016	0.000000		54.00
57.00	05700	CT SCAN	70,339,044	87,224,713	157,563,757	0.047747	0.000000		57.00
58.00	05800	MRI	28,829,107	55,696,832	84,525,939	0.116121	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	63,746,039	48,143,194	111,889,233	0.039430	0.000000		59.00
60.00	06000	LABORATORY	253,918,109	265,831,470	519,749,579	0.079835	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,167,554	2,699,746	17,867,300	0.422142	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	298,657	3,692,914	3,991,571	0.648720	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	177,386,175	13,188,745	190,574,920	0.069355	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	21,946,921	14,989,164	36,936,085	0.465829	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	12,681,783	3,042,808	15,724,591	0.244880	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	6,774,385	1,843,772	8,618,157	0.247039	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	62,824,148	117,601,078	180,425,226	0.058682	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,243,549	3,993,179	23,236,728	0.059358	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	196,388,959	100,875,386	297,264,345	0.151943	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,895,257	80,130,973	268,026,230	0.211913	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	393,681,691	248,871,861	642,553,552	0.130077	0.000000		73.00
74.00	07400	RENAL DIALYSIS	15,862,764	1,221,394	17,084,158	0.231061	0.000000		74.00
76.00	03950	DIAGNOSTIC SERVICES	29,383,506	40,599,292	69,982,798	0.092800	0.000000		76.00
76.01	03951	ENTEROSTOMAL	2,784,846	95,556	2,880,402	0.218616	0.000000		76.01
76.02	03952	DIABETIC SERVICE	146	2,768,246	2,768,392	0.989023	0.000000		76.02
76.03	03953	WOUND CARE	20,601	7,946,761	7,967,362	0.252313	0.000000		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,068,100	7,867,851	8,935,951	0.424738	0.000000		76.04
76.08	03956	SLEEP DISORDERS	19,927	18,365,554	18,385,481	0.152931	0.000000		76.08
76.09	03957	PAIN PROGRAM	5,088	17,937,645	17,942,733	0.118376	0.000000		76.09
76.97	07697	CARDIAC REHABILITATION	569,000	1,549,422	2,118,422	1.607073	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OTHER CLINICS	0	825,523	825,523	0.807438	0.000000		90.01
90.02	09002	LUNG CLINIC	8,584	1,049,270	1,057,854	1.725437	0.000000		90.02
90.04	09004	ST JUDE CLINIC	170,941	4,002,791	4,173,732	0.397150	0.000000		90.04
91.00	09100	EMERGENCY	45,336,932	95,734,330	141,071,262	0.219706	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,534,857	22,456,135	30,990,992	0.175240	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	4,595,815	98,030	4,693,845				105.00
109.00	10900	PANCREAS ACQUISITION	261,390	0	261,390				109.00
200.00		Subtotal (see instructions)	2,589,035,068	1,894,874,792	4,483,909,860				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	2,589,035,068	1,894,874,792	4,483,909,860				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 2:11 pm
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
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
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	DIGESTIVE DISEASES	0.000000		76.00
76.01	03951	ENTEROSTOMAL	0.000000		76.01
76.02	03952	DIABETIC SERVICE	0.000000		76.02
76.03	03953	WOUND CARE	0.000000		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.04
76.08	03956	SLEEP DISORDERS	0.000000		76.08
76.09	03957	PAIN PROGRAM	0.000000		76.09
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OTHER CLINICS	0.000000		90.01
90.02	09002	LUNG CLINIC	0.000000		90.02
90.04	09004	ST JUDE CLINIC	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part I Date/Time Prepared: 2/28/2019 2:11 pm
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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)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,176,099	0	14,176,099	158,758	89.29	30.00
31.00	INTENSIVE CARE UNIT	2,709,197		2,709,197	17,540	154.46	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,524,939		1,524,939	9,126	167.10	31.01
41.00	SUBPROVIDER - IRF	342,463	0	342,463	8,197	41.78	41.00
43.00	NURSERY	267,763		267,763	4,900	54.65	43.00
200.00	Total (lines 30 through 199)	19,020,461		19,020,461	198,521		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	49,251	4,397,622				
31.00	INTENSIVE CARE UNIT	6,716	1,037,353				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	3,523	147,191				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	59,490	5,582,166				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part II Date/Time Prepared: 2/28/2019 2:11 pm	
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	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,399,186	377,591,507	0.019596	65,399,301	1,281,565	50.00
51.00	05100	RECOVERY ROOM	361,580	62,228,536	0.005811	8,572,527	49,815	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	706,979	26,451,842	0.026727	137,066	3,663	52.00
53.00	05300	ANESTHESIOLOGY	608,880	220,383,293	0.002763	35,728,502	98,718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,764,613	429,430,626	0.020410	44,219,247	902,515	54.00
57.00	05700	CT SCAN	1,408,729	157,563,757	0.008941	26,771,955	239,368	57.00
58.00	05800	MRI	3,206,607	84,525,939	0.037936	10,491,598	398,009	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,359,057	111,889,233	0.012146	29,487,777	358,159	59.00
60.00	06000	LABORATORY	3,655,181	519,749,579	0.007033	84,885,928	597,003	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	419,948	17,867,300	0.023504	4,563,885	107,270	63.00
64.00	06400	INTRAVENOUS THERAPY	388,634	3,991,571	0.097364	291,710	28,402	64.00
65.00	06500	RESPIRATORY THERAPY	973,155	190,574,920	0.005106	44,674,473	228,108	65.00
66.00	06600	PHYSICAL THERAPY	2,199,894	36,936,085	0.059559	7,484,938	445,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	136,768	15,724,591	0.008698	2,676,885	23,284	67.00
68.00	06800	SPEECH PATHOLOGY	84,149	8,618,157	0.009764	1,591,940	15,544	68.00
69.00	06900	ELECTROCARDIOLOGY	1,368,670	180,425,226	0.007586	27,088,514	205,493	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,536	23,236,728	0.003423	6,116,584	20,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,416,685	297,264,345	0.008130	73,093,278	594,248	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,585,254	268,026,230	0.005915	79,522,993	470,379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,754,044	642,553,552	0.008955	108,882,421	975,042	73.00
74.00	07400	RENAL DIALYSIS	184,851	17,084,158	0.010820	8,912,143	96,429	74.00
76.00	03950	DIGESTIVE DISEASES	1,515,664	69,982,798	0.021658	12,706,972	275,208	76.00
76.01	03951	ENTEROSTOMAL	18,907	2,880,402	0.006564	1,279,002	8,395	76.01
76.02	03952	DIABETIC SERVICE	235,267	2,768,392	0.084983	0	0	76.02
76.03	03953	WOUND CARE	210,373	7,967,362	0.026404	19,283	509	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	319,303	8,935,951	0.035732	277,788	9,926	76.04
76.08	03956	SLEEP DISORDERS	180,870	18,385,481	0.009838	0	0	76.08
76.09	03957	PAIN PROGRAM	187,302	17,942,733	0.010439	4,913	51	76.09
76.97	07697	CARDIAC REHABILITATION	166,622	2,118,422	0.078654	205,124	16,134	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	142,082	825,523	0.172111	0	0	90.01
90.02	09002	LUNG CLINIC	179,121	1,057,854	0.169325	0	0	90.02
90.04	09004	ST JUDE CLINIC	233,297	4,173,732	0.055896	547	31	90.04
91.00	09100	EMERGENCY	2,112,539	141,071,262	0.014975	15,260,166	228,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,015,538	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	651,255	30,990,992	0.021014	3,013,563	63,327	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	50,230,540	4,001,218,079		703,361,023	7,741,848	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part III Date/Time Prepared: 2/28/2019 2:11 pm	
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	3,500,372	0	877,924	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	345,857	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	13,900	0	0	0	31.01	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	3,860,129	0	877,924	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	4,378,296	158,758	27.58	49,251	30.00	
31.00	03100	INTENSIVE CARE UNIT		345,857	17,540	19.72	6,716	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT		13,900	9,126	1.52	0	31.01	
41.00	04100	SUBPROVIDER - IRF	0	0	8,197	0.00	3,523	41.00	
43.00	04300	NURSERY		0	4,900	0.00	0	43.00	
200.00		Total (lines 30 through 199)		4,738,053	198,521		59,490	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	1,358,343						30.00
31.00	03100	INTENSIVE CARE UNIT	132,440						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	1,490,783						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 2:11 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	84,216	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	155,758	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	103,839	0	251,927	54.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MRI	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	12,162	0	540,209	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	38,429	0	0	64.00	
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	
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 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00 03950 DIGESTIVE DISEASES	0	0	38,429	0	0	76.00	
76.01 03951 ENTEROSTOMAL	0	0	0	0	0	76.01	
76.02 03952 DIABETIC SERVICE	0	0	1,584	0	0	76.02	
76.03 03953 WOUND CARE	0	0	24,018	0	0	76.03	
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	18,805	0	0	76.04	
76.08 03956 SLEEP DISORDERS	0	0	0	0	0	76.08	
76.09 03957 PAIN PROGRAM	0	0	0	0	0	76.09	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 OTHER CLINICS	0	0	38,020	0	0	90.01	
90.02 09002 LUNG CLINIC	0	0	0	0	0	90.02	
90.04 09004 ST JUDE CLINIC	0	0	0	0	0	90.04	
91.00 09100 EMERGENCY	0	0	106,241	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	250,759	0	62,888	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	47,014	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00 Total (Lines 50 through 199)	0	0	919,274	0	855,024	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 2:11 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	84,216	84,216	377,591,507	0.000223	50.00
51.00	05100	RECOVERY ROOM	0	0	0	62,228,536	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	155,758	155,758	26,451,842	0.005888	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	220,383,293	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	355,766	355,766	429,430,626	0.000828	54.00
57.00	05700	CT SCAN	0	0	0	157,563,757	0.000000	57.00
58.00	05800	MRI	0	0	0	84,525,939	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	111,889,233	0.000000	59.00
60.00	06000	LABORATORY	0	552,371	552,371	519,749,579	0.001063	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	17,867,300	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	38,429	38,429	3,991,571	0.009628	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	190,574,920	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	36,936,085	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,724,591	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,618,157	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	180,425,226	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	23,236,728	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	297,264,345	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	268,026,230	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	642,553,552	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	17,084,158	0.000000	74.00
76.00	03950	DIGESTIVE DISEASES	0	38,429	38,429	69,982,798	0.000549	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	2,880,402	0.000000	76.01
76.02	03952	DIABETIC SERVICE	0	1,584	1,584	2,768,392	0.000572	76.02
76.03	03953	WOUND CARE	0	24,018	24,018	7,967,362	0.003015	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	18,805	18,805	8,935,951	0.002104	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	18,385,481	0.000000	76.08
76.09	03957	PAIN PROGRAM	0	0	0	17,942,733	0.000000	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,118,422	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	0	38,020	38,020	825,523	0.046056	90.01
90.02	09002	LUNG CLINIC	0	0	0	1,057,854	0.000000	90.02
90.04	09004	ST JUDE CLINIC	0	0	0	4,173,732	0.000000	90.04
91.00	09100	EMERGENCY	0	106,241	106,241	141,071,262	0.000753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	313,647	313,647	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	47,014	47,014	30,990,992	0.001517	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,774,298	1,774,298	4,001,218,079		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 2:11 pm
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Cost Center Description	Title XVIII					Outpatient Program Charges on/after Geo Recl assi fi cation
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000223	65,399,301	14,584	28,485,388		0 50.00
51.00 05100 RECOVERY ROOM	0.000000	8,572,527	0	5,374,156		0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.005888	137,066	807	11,680		0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	35,728,502	0	18,167,752		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000828	44,219,247	36,614	85,079,462		0 54.00
57.00 05700 CT SCAN	0.000000	26,771,955	0	22,644,128		0 57.00
58.00 05800 MRI	0.000000	10,491,598	0	12,627,891		0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	29,487,777	0	20,978,330		0 59.00
60.00 06000 LABORATORY	0.001063	84,885,928	90,234	25,999,460		0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	4,563,885	0	568,591		0 63.00
64.00 06400 INTRAVENOUS THERAPY	0.009628	291,710	2,809	1,626,663		0 64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	44,674,473	0	4,443,327		0 65.00
66.00 06600 PHYSICAL THERAPY	0.000000	7,484,938	0	139,962		0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	2,676,885	0	21,683		0 67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	1,591,940	0	4,360		0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	27,088,514	0	43,472,117		0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	6,116,584	0	205,941		0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	73,093,278	0	26,477,739		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	79,522,993	0	27,486,255		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	108,882,421	0	77,356,815		0 73.00
74.00 07400 RENAL DIALYSIS	0.000000	8,912,143	0	469,200		0 74.00
76.00 03950 DIGESTIVE DISEASES	0.000549	12,706,972	6,976	11,787,050		0 76.00
76.01 03951 ENTEROSTOMAL	0.000000	1,279,002	0	90,304		0 76.01
76.02 03952 DIABETIC SERVICE	0.000572	0	0	70,963		0 76.02
76.03 03953 WOUND CARE	0.003015	19,283	58	3,328,306		0 76.03
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.002104	277,788	584	1,273,551		0 76.04
76.08 03956 SLEEP DISORDERS	0.000000	0	0	3,403,172		0 76.08
76.09 03957 PAIN PROGRAM	0.000000	4,913	0	6,045,549		0 76.09
76.97 07697 CARDIAC REHABILITATION	0.000000	205,124	0	642,501		0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OTHER CLINICS	0.046056	0	0	256,947		0 90.01
90.02 09002 LUNG CLINIC	0.000000	0	0	330,179		0 90.02
90.04 09004 ST JUDE CLINIC	0.000000	547	0	5,748		0 90.04
91.00 09100 EMERGENCY	0.000753	15,260,166	11,491	12,261,794		0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.001517	3,013,563	4,572	2,386,598		0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		703,361,023	168,729	443,523,562	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 2:11 pm
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	Title XVIII	Hospital	PPS
		13.00	13.01			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,352	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	69	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	70,446	0			54.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	27,637	0			60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	15,662	0			64.00
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	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03950 DIGESTIVE DISEASES	6,471	0			76.00
76.01	03951 ENTEROSTOMAL	0	0			76.01
76.02	03952 DIABETIC SERVICE	41	0			76.02
76.03	03953 WOUND CARE	10,035	0			76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,680	0			76.04
76.08	03956 SLEEP DISORDERS	0	0			76.08
76.09	03957 PAIN PROGRAM	0	0			76.09
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OTHER CLINICS	11,834	0			90.01
90.02	09002 LUNG CLINIC	0	0			90.02
90.04	09004 ST JUDE CLINIC	0	0			90.04
91.00	09100 EMERGENCY	9,233	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	3,620	0			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	164,080	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/28/2019 2:11 pm
		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	0.124762	28,485,388	0	0	3,553,894
51.00 05100 RECOVERY ROOM	0.099198	5,374,156	0	0	533,106
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.264634	11,680	0	0	3,091
53.00 05300 ANESTHESIOLOGY	0.029973	18,167,752	0	0	544,542
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.122016	85,079,462	0	0	10,381,056
57.00 05700 CT SCAN	0.047747	22,644,128	0	0	1,081,189
58.00 05800 MRI	0.116121	12,627,891	0	0	1,466,363
59.00 05900 CARDIAC CATHETERIZATION	0.039430	20,978,330	0	0	827,176
60.00 06000 LABORATORY	0.079835	25,999,460	0	0	2,075,667
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.422142	568,591	0	0	240,026
64.00 06400 INTRAVENOUS THERAPY	0.648720	1,626,663	0	0	1,055,249
65.00 06500 RESPIRATORY THERAPY	0.069355	4,443,327	0	0	308,167
66.00 06600 PHYSICAL THERAPY	0.465829	139,962	0	0	65,198
67.00 06700 OCCUPATIONAL THERAPY	0.244880	21,683	0	0	5,310
68.00 06800 SPEECH PATHOLOGY	0.247039	4,360	0	0	1,077
69.00 06900 ELECTROCARDIOLOGY	0.058682	43,472,117	0	0	2,551,031
70.00 07000 ELECTROENCEPHALOGRAPHY	0.059358	205,941	0	0	12,224
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.151943	26,477,739	0	0	4,023,107
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.211913	27,486,255	0	0	5,824,695
73.00 07300 DRUGS CHARGED TO PATIENTS	0.130077	77,356,815	314	681,343	10,062,342
74.00 07400 RENAL DIALYSIS	0.231061	469,200	0	0	108,414
76.00 03950 DIGESTIVE DISEASES	0.092800	11,787,050	0	0	1,093,838
76.01 03951 ENTEROSTOMAL	0.218616	90,304	0	0	19,742
76.02 03952 DIABETIC SERVICE	0.989023	70,963	0	0	70,184
76.03 03953 WOUND CARE	0.252313	3,328,306	0	0	839,775
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.424738	1,273,551	0	0	540,926
76.08 03956 SLEEP DISORDERS	0.152931	3,403,172	0	0	520,450
76.09 03957 PAIN PROGRAM	0.118376	6,045,549	0	0	715,648
76.97 07697 CARDIAC REHABILITATION	1.607073	642,501	0	0	1,032,546
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 OTHER CLINICS	0.807438	256,947	0	0	207,469
90.02 09002 LUNG CLINIC	1.725437	330,179	0	0	569,703
90.04 09004 ST JUDE CLINIC	0.397150	5,748	0	0	2,283
91.00 09100 EMERGENCY	0.219706	12,261,794	0	0	2,693,990
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.175240	2,386,598	0	0	418,227
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000		0		
200.00	Subtotal (see instructions)	443,523,562	314	681,343	53,447,705
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 - line 201)	443,523,562	314	681,343	53,447,705

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/28/2019 2:11 pm
	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	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
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	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	41	88,627		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 DIGESTIVE DISEASES	0	0		76.00
76.01 03951 ENTEROSTOMAL	0	0		76.01
76.02 03952 DIABETIC SERVICE	0	0		76.02
76.03 03953 WOUND CARE	0	0		76.03
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.04
76.08 03956 SLEEP DISORDERS	0	0		76.08
76.09 03957 PAIN PROGRAM	0	0		76.09
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OTHER CLINICS	0	0		90.01
90.02 09002 LUNG CLINIC	0	0		90.02
90.04 09004 ST JUDE CLINIC	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	41	88,627		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	41	88,627		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part II Date/Time Prepared: 2/28/2019 2:11 pm	
			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	7,399,186	377,591,507	0.019596	44,237	867	50.00
51.00	05100	RECOVERY ROOM	361,580	62,228,536	0.005811	18,449	107	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	706,979	26,451,842	0.026727	0	0	52.00
53.00	05300	ANESTHESIOLOGY	608,880	220,383,293	0.002763	27,732	77	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,764,613	429,430,626	0.020410	157,873	3,222	54.00
57.00	05700	CT SCAN	1,408,729	157,563,757	0.008941	116,796	1,044	57.00
58.00	05800	MRI	3,206,607	84,525,939	0.037936	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,359,057	111,889,233	0.012146	1,496	18	59.00
60.00	06000	LABORATORY	3,655,181	519,749,579	0.007033	1,077,954	7,581	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	419,948	17,867,300	0.023504	26,933	633	63.00
64.00	06400	INTRAVENOUS THERAPY	388,634	3,991,571	0.097364	4,876	475	64.00
65.00	06500	RESPIRATORY THERAPY	973,155	190,574,920	0.005106	528,387	2,698	65.00
66.00	06600	PHYSICAL THERAPY	2,199,894	36,936,085	0.059559	5,022,846	299,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	136,768	15,724,591	0.008698	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	84,149	8,618,157	0.009764	736,617	7,192	68.00
69.00	06900	ELECTROCARDIOLOGY	1,368,670	180,425,226	0.007586	30,563	232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,536	23,236,728	0.003423	13,487	46	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,416,685	297,264,345	0.008130	471,239	3,831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,585,254	268,026,230	0.005915	93,939	556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,754,044	642,553,552	0.008955	2,408,190	21,565	73.00
74.00	07400	RENAL DIALYSIS	184,851	17,084,158	0.010820	310,832	3,363	74.00
76.00	03950	DIAGNOSTIC SERVICES	1,515,664	69,982,798	0.021658	46,055	997	76.00
76.01	03951	ENTEROSTOMAL	18,907	2,880,402	0.006564	76,151	500	76.01
76.02	03952	DIABETIC SERVICE	235,267	2,768,392	0.084983	0	0	76.02
76.03	03953	WOUND CARE	210,373	7,967,362	0.026404	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	319,303	8,935,951	0.035732	69,522	2,484	76.04
76.08	03956	SLEEP DISORDERS	180,870	18,385,481	0.009838	0	0	76.08
76.09	03957	PAIN PROGRAM	187,302	17,942,733	0.010439	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	166,622	2,118,422	0.078654	608	48	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OTHER CLINICS	142,082	825,523	0.172111	0	0	90.01
90.02	09002	LUNG CLINIC	179,121	1,057,854	0.169325	0	0	90.02
90.04	09004	ST JUDE CLINIC	233,297	4,173,732	0.055896	0	0	90.04
91.00	09100	EMERGENCY	2,112,539	141,071,262	0.014975	377,946	5,660	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	651,255	30,990,992	0.021014	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	49,215,002	4,001,218,079		11,662,728	362,352	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 2:11 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	84,216	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	155,758	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	103,839	0	251,927	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	12,162	0	540,209	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	38,429	0	0	64.00
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
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 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 DIGESTIVE DISEASES	0	0	38,429	0	0	76.00
76.01	03951 ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952 DIABETIC SERVICE	0	0	1,584	0	0	76.02
76.03	03953 WOUND CARE	0	0	24,018	0	0	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	18,805	0	0	76.04
76.08	03956 SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957 PAIN PROGRAM	0	0	0	0	0	76.09
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OTHER CLINICS	0	0	38,020	0	0	90.01
90.02	09002 LUNG CLINIC	0	0	0	0	0	90.02
90.04	09004 ST JUDE CLINIC	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	106,241	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	47,014	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	668,515	0	792,136	95.00
200.00	Total (lines 50 through 199)	0	0	668,515	0	792,136	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 2:11 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	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)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	84,216	84,216	377,591,507	0.000223	50.00
51.00 05100 RECOVERY ROOM	0	0	0	62,228,536	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	155,758	155,758	26,451,842	0.005888	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	220,383,293	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	355,766	355,766	429,430,626	0.000828	54.00
57.00 05700 CT SCAN	0	0	0	157,563,757	0.000000	57.00
58.00 05800 MRI	0	0	0	84,525,939	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	111,889,233	0.000000	59.00
60.00 06000 LABORATORY	0	552,371	552,371	519,749,579	0.001063	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	17,867,300	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	38,429	38,429	3,991,571	0.009628	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	190,574,920	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	36,936,085	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	15,724,591	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	8,618,157	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	180,425,226	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	23,236,728	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	297,264,345	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	268,026,230	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	642,553,552	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	17,084,158	0.000000	74.00
76.00 03950 DIGESTIVE DISEASES	0	38,429	38,429	69,982,798	0.000549	76.00
76.01 03951 ENTEROSTOMAL	0	0	0	2,880,402	0.000000	76.01
76.02 03952 DIABETIC SERVICE	0	1,584	1,584	2,768,392	0.000572	76.02
76.03 03953 WOUND CARE	0	24,018	24,018	7,967,362	0.003015	76.03
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	18,805	18,805	8,935,951	0.002104	76.04
76.08 03956 SLEEP DISORDERS	0	0	0	18,385,481	0.000000	76.08
76.09 03957 PAIN PROGRAM	0	0	0	17,942,733	0.000000	76.09
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,118,422	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OTHER CLINICS	0	38,020	38,020	825,523	0.046056	90.01
90.02 09002 LUNG CLINIC	0	0	0	1,057,854	0.000000	90.02
90.04 09004 ST JUDE CLINIC	0	0	0	4,173,732	0.000000	90.04
91.00 09100 EMERGENCY	0	106,241	106,241	141,071,262	0.000753	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	47,014	47,014	30,990,992	0.001517	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	1,460,651	1,460,651	4,001,218,079		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 2:11 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000223	44,237	10	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	18,449	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.005888	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	27,732	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000828	157,873	131	0	0	54.00
57.00 05700 CT SCAN	0.000000	116,796	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	1,496	0	0	0	59.00
60.00 06000 LABORATORY	0.001063	1,077,954	1,146	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	26,933	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.009628	4,876	47	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	528,387	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	5,022,846	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	736,617	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	30,563	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	13,487	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	471,239	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	93,939	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	2,408,190	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	310,832	0	0	0	74.00
76.00 03950 DIGESTIVE DISEASES	0.000549	46,055	25	0	0	76.00
76.01 03951 ENTEROSTOMAL	0.000000	76,151	0	0	0	76.01
76.02 03952 DIABETIC SERVICE	0.000572	0	0	0	0	76.02
76.03 03953 WOUND CARE	0.003015	0	0	0	0	76.03
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.002104	69,522	146	0	0	76.04
76.08 03956 SLEEP DISORDERS	0.000000	0	0	0	0	76.08
76.09 03957 PAIN PROGRAM	0.000000	0	0	0	0	76.09
76.97 07697 CARDIAC REHABILITATION	0.000000	608	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OTHER CLINICS	0.046056	0	0	0	0	90.01
90.02 09002 LUNG CLINIC	0.000000	0	0	0	0	90.02
90.04 09004 ST JUDE CLINIC	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.000753	377,946	285	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.001517	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		11,662,728	1,790	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 2:11 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Recl assi fi cati on	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Recl assi fi cati on	
		13.00	13.01	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
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	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 DIGESTIVE DISEASES	0	0	76.00
76.01	03951 ENTEROSTOMAL	0	0	76.01
76.02	03952 DIABETIC SERVICE	0	0	76.02
76.03	03953 WOUND CARE	0	0	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.04
76.08	03956 SLEEP DISORDERS	0	0	76.08
76.09	03957 PAIN PROGRAM	0	0	76.09
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OTHER CLINICS	0	0	90.01
90.02	09002 LUNG CLINIC	0	0	90.02
90.04	09004 ST JUDE CLINIC	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/28/2019 2:11 pm
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)		158,758	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		158,758	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.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		147,385	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)		49,251	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)		167,307,385	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)		167,307,385	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	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)		167,307,385	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)		1,053.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		51,903,166	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)		51,903,166	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		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	38,435,822	17,540	2,191.32	6,716	14,716,905	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	17,761,936	9,126	1,946.30	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						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)					87,743,810	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					154,363,881	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)					6,925,758	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,910,577	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					14,836,335	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					139,527,546	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)					11,373	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,053.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,985,436	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/28/2019 2:11 pm	
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	14,176,099	167,307,385	0.084731	11,985,436	1,015,538	90.00
91.00	Nursing School cost	3,500,372	167,307,385	0.020922	11,985,436	250,759	91.00
92.00	Allied health cost	877,924	167,307,385	0.005247	11,985,436	62,888	92.00
93.00	All other Medical Education	0	167,307,385	0.000000	11,985,436	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/28/2019 2:11 pm
		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)		8,197	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,197	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.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,197	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)		3,523	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)		5,899,382	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)		5,899,382	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	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)		5,899,382	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)		719.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,535,503	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)		2,535,503	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1	
				Component CCN: 14-T067	Date/Time Prepared: 2/28/2019 2:11 pm		
				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		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,307,042		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,842,545		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)					147,191		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					364,142		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					511,333		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,331,212		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 14-0067 Component CCN: 14-T067		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/28/2019 2:11 pm	
		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	342,463	5,899,382	0.058051	0	0	90.00
91.00	Nursing School cost	0	5,899,382	0.000000	0	0	91.00
92.00	Allied health cost	0	5,899,382	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,899,382	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/28/2019 2:11 pm	
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		97,752,459	30.00
31.00	03100	INTENSIVE CARE UNIT		27,978,223	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125661	65,399,301	50.00
51.00	05100	RECOVERY ROOM	0.099198	8,572,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264634	137,066	52.00
53.00	05300	ANESTHESIOLOGY	0.029973	35,728,502	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122247	44,219,247	54.00
57.00	05700	CT SCAN	0.047747	26,771,955	57.00
58.00	05800	MRI	0.116121	10,491,598	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.039430	29,487,777	59.00
60.00	06000	LABORATORY	0.079922	84,885,928	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.422142	4,563,885	63.00
64.00	06400	INTRAVENOUS THERAPY	0.648720	291,710	64.00
65.00	06500	RESPIRATORY THERAPY	0.069413	44,674,473	65.00
66.00	06600	PHYSICAL THERAPY	0.465829	7,484,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.244880	2,676,885	67.00
68.00	06800	SPEECH PATHOLOGY	0.247039	1,591,940	68.00
69.00	06900	ELECTROCARDIOLOGY	0.058702	27,088,514	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059358	6,116,584	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.151943	73,093,278	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211913	79,522,993	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130077	108,882,421	73.00
74.00	07400	RENAL DIALYSIS	0.231061	8,912,143	74.00
76.00	03950	DIGESTIVE DISEASES	0.092800	12,706,972	76.00
76.01	03951	ENTEROSTOMAL	0.218616	1,279,002	76.01
76.02	03952	DIABETIC SERVICE	0.989023	0	76.02
76.03	03953	WOUND CARE	0.254221	19,283	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.426870	277,788	76.04
76.08	03956	SLEEP DISORDERS	0.152931	0	76.08
76.09	03957	PAIN PROGRAM	0.121023	4,913	76.09
76.97	07697	CARDIAC REHABILITATION	1.607073	205,124	76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OTHER CLINICS	0.807438	0	90.01
90.02	09002	LUNG CLINIC	1.725437	0	90.02
90.04	09004	ST JUDE CLINIC	0.397150	547	90.04
91.00	09100	EMERGENCY	0.222292	15,260,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.175240	3,013,563	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		703,361,023	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)		703,361,023	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/28/2019 2:11 pm	
		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
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
41.00	04100	SUBPROVIDER - IRF		5,127,892	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125661	44,237	5,559 50.00
51.00	05100	RECOVERY ROOM	0.099198	18,449	1,830 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264634	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.029973	27,732	831 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122247	157,873	19,300 54.00
57.00	05700	CT SCAN	0.047747	116,796	5,577 57.00
58.00	05800	MRI	0.116121	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.039430	1,496	59 59.00
60.00	06000	LABORATORY	0.079922	1,077,954	86,152 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.422142	26,933	11,370 63.00
64.00	06400	INTRAVENOUS THERAPY	0.648720	4,876	3,163 64.00
65.00	06500	RESPIRATORY THERAPY	0.069413	528,387	36,677 65.00
66.00	06600	PHYSICAL THERAPY	0.465829	5,022,846	2,339,787 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.244880	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.247039	736,617	181,973 68.00
69.00	06900	ELECTROCARDIOLOGY	0.058702	30,563	1,794 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059358	13,487	801 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.151943	471,239	71,601 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211913	93,939	19,907 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130077	2,408,190	313,250 73.00
74.00	07400	RENAL DIALYSIS	0.231061	310,832	71,821 74.00
76.00	03950	DIGESTIVE DISEASES	0.092800	46,055	4,274 76.00
76.01	03951	ENTEROSTOMAL	0.218616	76,151	16,648 76.01
76.02	03952	DIABETIC SERVICE	0.989023	0	0 76.02
76.03	03953	WOUND CARE	0.254221	0	0 76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.426870	69,522	29,677 76.04
76.08	03956	SLEEP DISORDERS	0.152931	0	0 76.08
76.09	03957	PAIN PROGRAM	0.121023	0	0 76.09
76.97	07697	CARDIAC REHABILITATION	1.607073	608	977 76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OTHER CLINICS	0.807438	0	0 90.01
90.02	09002	LUNG CLINIC	1.725437	0	0 90.02
90.04	09004	ST JUDE CLINIC	0.397150	0	0 90.04
91.00	09100	EMERGENCY	0.222292	377,946	84,014 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.175240	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		11,662,728	3,307,042 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		11,662,728	202.00

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

Provider CCN: 14-0067

Period: From 10/01/2017 To 09/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/28/2019 2:11 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
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	37,604	1,053.85	28	29,508	1.00
2.00	INTENSIVE CARE UNIT	43.00	125,243	2,191.32	31	67,931	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,946.30	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	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 through 6)		162,847		59	97,439	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.124762	765,553	95,512	8.00
9.00	RECOVERY ROOM		51.00	0.099198	35,872	3,558	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.264634	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.029973	299,531	8,978	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.122016	790,318	96,431	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.047747	70,750	3,378	15.00
16.00	MRI		58.00	0.116121	2,159	251	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.039430	106,605	4,203	17.00
18.00	LABORATORY		60.00	0.079835	1,077,273	86,004	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 CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.422142	14,655	6,186	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.648720	3,657	2,372	22.00
23.00	RESPIRATORY THERAPY		65.00	0.069355	137,509	9,537	23.00
24.00	PHYSICAL THERAPY		66.00	0.465829	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.244880	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.247039	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.058682	548,497	32,187	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.059358	5,032	299	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.151943	382,723	58,152	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.211913	3,064	649	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.130077	365,396	47,530	31.00
32.00	RENAL DIALYSIS		74.00	0.231061	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DIGESTIVE DISEASES		76.00	0.092800	0	0	34.00
34.01	ENTEROSTOMAL		76.01	0.218616	0	0	34.01
34.02	DIABETIC SERVICE		76.02	0.989023	0	0	34.02
34.03	WOUND CARE		76.03	0.252313	177	45	34.03
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.04	0.424738	0	0	34.04
34.08	SLEEP DISORDERS		76.08	0.152931	0	0	34.08
34.09	PAIN PROGRAM		76.09	0.118376	0	0	34.09
34.97	CARDIAC REHABILITATION		76.97	1.607073	0	0	34.97
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
37.01	OTHER CLINICS		90.01	0.807438	0	0	37.01
37.02	LUNG CLINIC		90.02	1.725437	0	0	37.02
37.04	ST JUDE CLINIC		90.04	0.397150	0	0	37.04
38.00	EMERGENCY		91.00	0.219706	11,458	2,517	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.000000	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.175240	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				4,620,229	457,789	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: 14-0067

Period: From 10/01/2017 To 09/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/28/2019 2:11 pm

		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	28			0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	31			0 43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0			0 43.01
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)			59			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	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
51.01	OTHER CLINICS	23.01	0	0.000000			0 51.01
51.02	LUNG CLINIC	23.02	0	0.000000			0 51.02
51.04	ST JUDE CLINIC	23.04	0	0.000000			0 51.04
52.00	EMERGENCY	24.00	11,458	0.000000			0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000			0 53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000			0 53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000			0 54.00
55.00	TOTAL (sum of lines 49 through 52)		11,458				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	555,228		4,783,076			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)	3,786,014		3,786,014			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)	4,341,242		8,569,090			61.00
62.00	Total Usable Organs (see instructions)		92				62.00
63.00	Medicare Usable Organs (see instructions)		79				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.858696				64.00
65.00	Medicare Cost/Charges (see instructions)	3,727,807		7,358,243			65.00
66.00	Revenue for Organs Sold	145,452		0			66.00
67.00	Subtotal (line 65 minus line 66)	3,582,355		7,358,243			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,582,355	0	7,358,243	0		69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		7	37			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	56			73.00
74.00	Total (sum of lines 70 through 73)		7	93			74.00
75.00	Organs Transplanted		7	37		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	48		145,452	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	8		0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		7	93		0	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.

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

Provider CCN: 14-0067

Period: From 10/01/2017 To 09/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/28/2019 2:11 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		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	0	1,053.85	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	20,539	2,191.32	5	10,957	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,946.30	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	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 through 6)		20,539		5	10,957	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	0.124762	66,290	8,270	8.00	
9.00	RECOVERY ROOM	51.00	0.099198	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.264634	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.029973	19,765	592	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.122016	10,049	1,226	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.047747	4,456	213	15.00	
16.00	MRI	58.00	0.116121	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.039430	7,064	279	17.00	
18.00	LABORATORY	60.00	0.079835	60,937	4,865	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 CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.422142	853	360	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.648720	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.069355	16,841	1,168	23.00	
24.00	PHYSICAL THERAPY	66.00	0.465829	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.244880	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.247039	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.058682	10,566	620	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.059358	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.151943	32,236	4,898	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.211913	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130077	29,225	3,802	31.00	
32.00	RENAL DIALYSIS	74.00	0.231061	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.092800	0	0	34.00	
34.01	ENTEROSTOMAL	76.01	0.218616	0	0	34.01	
34.02	DIABETIC SERVICE	76.02	0.989023	0	0	34.02	
34.03	WOUND CARE	76.03	0.252313	0	0	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.424738	0	0	34.04	
34.08	SLEEP DISORDERS	76.08	0.152931	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.118376	0	0	34.09	
34.97	CARDIAC REHABILITATION	76.97	1.607073	0	0	34.97	
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	
37.01	OTHER CLINICS	90.01	0.807438	0	0	37.01	
37.02	LUNG CLINIC	90.02	1.725437	0	0	37.02	
37.04	ST JUDE CLINIC	90.04	0.397150	0	0	37.04	
38.00	EMERGENCY	91.00	0.219706	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.000000	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.175240	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			258,282	26,293	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: 14-0067

Period: From 10/01/2017 To 09/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/28/2019 2:11 pm

		Pancreas		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 Costs (col. 1 x col. 2)		
		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	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			5	0	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 Costs (col. 1 x col. 2)		
		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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	OTHER CLINICS	23.01	0	0.000000	0	0	51.01
51.02	LUNG CLINIC	23.02	0	0.000000	0	0	51.02
51.04	ST JUDE CLINIC	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		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	37,250		278,821			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)	238,738		-55,938			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)	275,988		222,883			61.00
62.00	Total Usable Organs (see instructions)		9				62.00
63.00	Medicare Usable Organs (see instructions)		8				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.888889				64.00
65.00	Medicare Cost/Charges (see instructions)	245,323		198,118			65.00
66.00	Revenue for Organs Sold	20,018		0			66.00
67.00	Subtotal (line 65 minus line 66)	225,305		198,118			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	225,305	0	198,118	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3			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	10			73.00
74.00	Total (sum of lines 70 through 73)		0	13			74.00
75.00	Organs Transplanted		0	3	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	6	20,018		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			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Discarded Organs		0	4			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	13			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: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/28/2019 2:11 pm	
		Title XVIII	Hospital	PPS	
		Before GEO Reclass	1.00	On/After GEO Reclass	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		111,613,066	0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)		5,058,412	0	2.00
2.01	Outlier reconciliation amount		0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	0	2.02
3.00	Managed Care Simulated Payments		40,120,720	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		591.10		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)		126.89		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.51		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 § 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).		4.62		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 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 § 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)		132.02		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		193.48		10.00
11.00	FTE count for residents in dental and podiatric programs.		2.97		11.00
12.00	Current year allowable FTE (see instructions)		134.99		12.00
13.00	Total allowable FTE count for the prior year.		134.07		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.		107.54		14.00
15.00	Sum of lines 12 through 14 divided by 3.		125.53		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		125.53		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.212367		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.226240		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.212367		21.00
22.00	IME payment adjustment (see instructions)		12,222,189	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		4,393,419	0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		25.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		61.46		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)		25.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.042294		26.00
27.00	IME payments adjustment factor. (see instructions)		0.011166		27.00
28.00	IME add-on adjustment amount (see instructions)		1,246,271	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		447,988	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		13,468,460	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		4,841,407	0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.99		30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.65		31.00
32.00	Sum of lines 30 and 31		35.64		32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.62	18.62	33.00
34.00	Disproportionate share adjustment (see instructions)		5,195,588	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/28/2019 2:11 pm	
		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	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.001290416	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	8,731,849	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	8,731,849	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,731,849		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 GEO Recl ass	On/After GEO Recl ass	
			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)		135,335,526	8,731,849	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	0	48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			148,908,782	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			10,336,082	50.00
51.00	Exception on 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).			5,026,104	52.00
53.00	Nursing and Allied Health Managed Care payment			1,573,911	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			3,807,660	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).			1,490,783	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			168,729	58.00
59.00	Total (sum of amounts on lines 49 through 58)			171,312,051	59.00
60.00	Primary payer payments			13,364	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			171,298,687	61.00
62.00	Deductibles billed to program beneficiaries			9,977,712	62.00
63.00	Coinurance billed to program beneficiaries			485,054	63.00
64.00	Allowable bad debts (see instructions)			2,198,309	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,428,901	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,942,841	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			162,264,822	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 Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			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)			-408,459	70.93
70.94	HRR adjustment amount (see instructions)			-1,194,263	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/28/2019 2:11 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
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	1.00	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)		160,662,100	71.00
71.01	Sequestration adjustment (see instructions)		3,213,242	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		155,973,244	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, 71.02, 72, and 73)		1,475,614	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,674,253	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (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
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/28/2019 2:11 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		88,668	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		53,283,625	2.00
3.00	OPPS payments		54,864,708	3.00
4.00	Outlier payment (see instructions)		280,132	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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		164,080	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		88,668	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		681,657	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)		681,657	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)		681,657	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		592,989	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 (see instructions)		88,668	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, 4.01, 8 and 9)		55,308,920	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		9,536,592	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)		45,860,996	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,640,648	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)		47,501,644	30.00
31.00	Primary payer payments		2,451	31.00
32.00	Subtotal (line 30 minus line 31)		47,499,193	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)		1,664,148	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,081,696	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,466,953	36.00
37.00	Subtotal (see instructions)		48,580,889	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
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
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)		48,580,889	40.00
40.01	Sequestration adjustment (see instructions)		971,618	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		47,347,672	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		261,599	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		209,754	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: 14-0067		Period: From 10/01/2017 To 09/30/2018		Worksheet E-1 Part I Date/Time Prepared: 2/28/2019 2:11 pm	
		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		155,596,644		47,189,672	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		0		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	04/11/2018	376,600	04/11/2018	158,000	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)		376,600		158,000	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)		155,973,244		47,347,672	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		1,475,614		261,599	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		157,448,858		47,609,271	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: 14-0067 Component CCN: 14-T067	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part I Date/Time Prepared: 2/28/2019 2:11 pm	
		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				0
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		6,072,769		0
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
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		6,072,769		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		33,686		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		6,106,455		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/28/2019 2:11 pm
		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			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part III Date/Time Prepared: 2/28/2019 2:11 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,434,891 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0301 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			364,681 3.00
4.00	Outlier Payments			462,700 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)			2.62 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)			0.10 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)			0.10 9.00
10.00	Average Daily Census (see instructions)			22.457534 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.004526 11.00
12.00	Teaching Adjustment (see instructions)			24,598 12.00
13.00	Total PPS Payment (see instructions)			6,286,870 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)			6,286,870 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,286,870 19.00
20.00	Deductibles			33,212 20.00
21.00	Subtotal (line 19 minus line 20)			6,253,658 21.00
22.00	Coinsurance			24,371 22.00
23.00	Subtotal (line 21 minus line 22)			6,229,287 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,229,287 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)			1,790 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	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,231,077 32.00
32.01	Sequestration adjustment (see instructions)			124,622 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,072,769 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, 32.02, 33, and 34)			33,686 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			462,700 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: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/28/2019 2:11 pm	
		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.			114.45	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			0.00	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))			6.62	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)			121.07	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			193.75	6.00
7.00	Enter the lesser of line 5 or line 6			121.07	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.	91.40	97.08	188.48	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.	57.11	60.66	117.77	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.97		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	57.11	63.63		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.37	62.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	61.06	59.48		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.85	61.79		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	58.85	61.79		17.00
18.00	Per resident amount	112,603.42	106,751.55		18.00
19.00	Approved amount for resident costs	6,626,711	6,596,178	13,222,889	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)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			72.68	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			24.32	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			99,784.60	23.00
24.00	Multiply line 22 time line 23			2,426,761	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			15,649,650	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	59,490	21,697		26.00
27.00	Total Inpatient Days (see instructions)	183,383	183,383		27.00
28.00	Ratio of inpatient days to total inpatient days	0.324403	0.118315		28.00
29.00	Program direct GME amount	5,076,793	1,851,588		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		261,629		30.00
31.00	Net Program direct GME amount			6,666,752	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/28/2019 2:11 pm
		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)		17,084,158	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)		160,206,426	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		3,807,660	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		13,364	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		164,000,722	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		53,536,373	42.00
43.00	Primary payer payments (see instructions)		2,451	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		53,533,922	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		217,534,644	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.753906	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.246094	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		6,666,752	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		5,026,104	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,640,648	50.00

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

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet G
Date/Time Prepared:
2/28/2019 2:11 pm

		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	11,690,173	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	951,945,781	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-711,732,374	0	0	0	6.00
7.00	Inventory	17,476,867	0	0	0	7.00
8.00	Prepaid expenses	1,127,231	0	0	0	8.00
9.00	Other current assets	6,051,349	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	276,559,027	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,695,569	0	0	0	12.00
13.00	Land improvements	9,579,625	0	0	0	13.00
14.00	Accumulated depreciation	-7,649,110	0	0	0	14.00
15.00	Buildings	705,178,194	0	0	0	15.00
16.00	Accumulated depreciation	-312,002,482	0	0	0	16.00
17.00	Leasehold improvements	2,112,160	0	0	0	17.00
18.00	Accumulated depreciation	-2,028,756	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	272,763,862	0	0	0	23.00
24.00	Accumulated depreciation	-202,154,843	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	3,172,106	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	479,666,325	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,409,641,163	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	7,947,729	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,417,588,892	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,173,814,244	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	33,913,984	0	0	0	37.00
38.00	Salaries, wages, and fees payable	831,729	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	374,398	0	0	0	40.00
41.00	Deferred income	3,038,218	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	19,125	0	0	0	43.00
44.00	Other current liabilities	93,804,307	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	131,981,761	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	899,854	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,862,623	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,762,477	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	135,744,238	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,038,070,006	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,038,070,006	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,173,814,244	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-1

Date/Time Prepared:
2/28/2019 2:11 pm

		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		1,831,646,451		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		293,142,688			2.00
3.00	Total (sum of line 1 and line 2)		2,124,789,139		0	3.00
4.00	CHANGE IN TRNA	3,286,094		0		4.00
5.00	CHANGE IN PRNA	7,751,406		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)		11,037,500		0	10.00
11.00	Subtotal (line 3 plus line 10)		2,135,826,639		0	11.00
12.00	EQUITY TRANSFER AND OTHER	97,756,633		0		12.00
13.00		0		0		13.00
14.00		0		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)		97,756,633		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,038,070,006		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 TRNA		0			4.00
5.00	CHANGE IN PRNA		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	EQUITY TRANSFER AND OTHER		0			12.00
13.00			0			13.00
14.00			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: 14-0067

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2019 2:11 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	329,190,074		329,190,074	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	11,808,180		11,808,180	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)	340,998,254		340,998,254	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	97,494,807		97,494,807	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	39,243,485		39,243,485	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				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)	136,738,292		136,738,292	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	477,736,546		477,736,546	17.00
18.00	Ancillary services	2,056,547,814	1,791,293,541	3,847,841,355	18.00
19.00	Outpatient services	49,140,077	98,334,721	147,474,798	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	15,679,862	123,236,127	138,915,989	27.00
27.01	TRANSPLANTS	4,857,205	98,030	4,955,235	27.01
27.02	CLINICS	179,525	5,877,584	6,057,109	27.02
27.03	OTHER (SPECIFY)	0	0	0	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,604,141,029	2,018,840,003	4,622,981,032	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		975,564,112		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			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)		0		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)		975,564,112		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet G-3 Date/Time Prepared: 2/28/2019 2:11 pm
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			4,622,981,032 1.00
2.00	Less contractual allowances and discounts on patients' accounts			3,468,484,655 2.00
3.00	Net patient revenues (line 1 minus line 2)			1,154,496,377 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			975,564,112 4.00
5.00	Net income from service to patients (line 3 minus line 4)			178,932,265 5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc			10,816,380 6.00
7.00	Income from investments			69,313,882 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			113,026 12.00
13.00	Revenue from laundry and linen service			0 13.00
14.00	Revenue from meals sold to employees and guests			95,122 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			2,527,628 16.00
17.00	Revenue from sale of drugs to other than patients			201,240 17.00
18.00	Revenue from sale of medical records and abstracts			8,386,339 18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0 19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0 20.00
21.00	Rental of vending machines			153,389 21.00
22.00	Rental of hospital space			1,311,245 22.00
23.00	Governmental appropriations			0 23.00
24.00	RESEARCH			1,037,528 24.00
24.01	OTHER REVENUES			5,083,930 24.01
24.02	COMM HEALTH ED			73,896 24.02
24.03	RISK AND VALUE BASED RESERVES			1,386,994 24.03
24.04	FINANCE CHARGE			2,951,318 24.04
24.05	BLUE CROSS QUALITY			11,250,000 24.05
25.00	Total other income (sum of lines 6-24)			114,701,917 25.00
26.00	Total (line 5 plus line 25)			293,634,182 26.00
27.00	FEDERAL AND STATE TAXES			491,494 27.00
27.01	OTHER EXPENSES (SPECIFY)			0 27.01
27.02	OTHER EXPENSES (SPECIFY)			0 27.02
27.03	OTHER EXPENSES (SPECIFY)			0 27.03
28.00	Total other expenses (sum of line 27 and subscripts)			491,494 28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			293,142,688 29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0067	Period: From 10/01/2017 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/28/2019 2:11 pm	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		9,042,214	0	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		457,463		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)		479.96		3.00
4.00	Number of interns & residents (see instructions)		150.53		4.00
5.00	Indirect medical education percentage (see instructions)		9.25		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)		836,405		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00		8.00
9.00	Sum of lines 7 and 8		0.00		9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00		10.00
11.00	Disproportionate share adjustment (see instructions)		0		11.00
12.00	Total prospective capital payments (see instructions)		10,336,082		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