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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140162	Period: From 10/01/2014 To 09/30/2015	Worksheet S Parts I-III Date/Time Prepared: 2/22/2016 2:31 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 2/22/2016 Time: 2:31 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPH MEDICAL CENTER (140162) for the cost reporting period beginning 10/01/2014 and ending 09/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	90,105	-82,101	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	Total	0	90,105	-82,101	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: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-2 Part I | Date/Time Prepared: 2/22/2016 2:30 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2200 E WASHINGTON	PO Box:			1.00
2.00	City: BLOOMINGTON	State: IL	Zip Code: 61701	County: MCLEAN	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. JOSEPH MEDICAL CENTER	140162	14060	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	ST. JOSEPH MEDICAL CENTER	145590	14060		01/01/1988	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2014	09/30/2015	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,261	924	0	0	458	63	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 2/22/2016 2:30 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
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)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 2/22/2016 2:30 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	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 64-67. (see instructions)	N	63.00

		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)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 2/22/2016 2:30 pm

		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	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		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 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.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 2/22/2016 2:30 pm

		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 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

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

			1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.		N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	536,790	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
	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.	N		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.			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.			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140162	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/22/2016 2:30 pm

		1.00	2.00	
	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

	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: PEORIA	State: IL	Zip Code: 61603	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140162	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/22/2016 2:30 pm

			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-2 Part II Date/Time Prepared: 2/22/2016 2:30 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)	N			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		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		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.	N		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.	N		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.	N	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	12/23/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-2 Part II Date/Time Prepared: 2/22/2016 2:30 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
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 relifed 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.	CAROLE	WAHL	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309) 655-2855	CAROLE.M.WAHL@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-2 Part II Date/Time Prepared: 2/22/2016 2:30 pm

		Part B Date			
		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)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	12/23/2015			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				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.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			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 REPORTING 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: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 2/22/2016 2:30 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	137	50,005	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)		137	50,005	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		137	50,005	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	12	4,380		0	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						26.25
27.00	Total (sum of lines 14-26)		149				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-3 Part I | Date/Time Prepared: 2/22/2016 2:30 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	6,617	1,475	23,353			1.00
2.00	HMO and other (see instructions)	2,888	2,059				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,617	1,475	23,353			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		109	1,675			13.00
14.00	Total (see instructions)	6,617	1,584	25,028	0.00	788.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	1,271	0	2,494	0.00	14.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	802.00	27.00
28.00	Observation Bed Days		126	2,111			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	63	232			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 2/22/2016 2:30 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	2,626	786	6,370	1.00
2.00	HMO and other (see instructions)			684	406		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,626	786	6,370	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					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						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-3 Part II Date/Time Prepared: 2/22/2016 2:30 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	58,998,091	-24,733	58,973,358	1,884,365.00	31.30	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		399,765	0	399,765	1,689.00	236.69	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		151,694	0	151,694	529.00	286.76	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	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 personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	653,725	-438	653,287	28,495.00	22.93	9.00
10.00	Excluded area salaries (see instructions)		17,624,608	13,035	17,637,643	341,682.00	51.62	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		829,684	0	829,684	13,595.00	61.03	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		58,351	0	58,351	266.00	219.36	13.00
14.00	Home office salaries & wage-related costs		12,454,079	0	12,454,079	229,309.00	54.31	14.00
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)		12,982,131	0	12,982,131			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,436,425	0	4,436,425			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		67,245	0	67,245			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		24,997	0	24,997			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	5,545,840	-18,502	5,527,338	147,000.00	37.60	27.00
28.00	Administrative & General under contract (see inst.)		42,772	0	42,772	2,000.00	21.39	28.00
29.00	Maintenance & Repairs	6.00	889,292	688	889,980	36,600.00	24.32	29.00
30.00	Operation of Plant	7.00	378,710	293	379,003	14,046.00	26.98	30.00
31.00	Laundry & Linen Service	8.00	24,355	19	24,374	2,019.00	12.07	31.00
32.00	Housekeeping	9.00	994,109	-952	993,157	78,785.00	12.61	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	848,951	-404,372	444,579	26,935.00	16.51	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	96,091	401,958	498,049	32,248.00	15.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	588,582	455	589,037	20,905.00	28.18	38.00
39.00	Central Services and Supply	14.00	186,990	145	187,135	11,879.00	15.75	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-3 Part II Date/Time Prepared: 2/22/2016 2:30 pm

		Worksheet A Line Number	Amount Reported	Reclassification 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	
41.00	Medical Records & Medical Records Library	16.00	1,040,611	-766	1,039,845	45,966.00	22.62	41.00
42.00	Social Service	17.00	94,961	-2,640	92,321	4,008.00	23.03	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-3 Part III Date/Time Prepared: 2/22/2016 2:30 pm

		Worksheet A Line Number	Amount Reported	Reclassification 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)		58,889,169	-24,733	58,864,436	1,885,836.00	31.21	1.00
2.00	Excluded area salaries (see instructions)		18,278,333	12,597	18,290,930	370,177.00	49.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)		40,610,836	-37,330	40,573,506	1,515,659.00	26.77	3.00
4.00	Subtotal other wages & related costs (see inst.)		13,342,114	0	13,342,114	243,170.00	54.87	4.00
5.00	Subtotal wage-related costs (see inst.)		13,049,376	0	13,049,376	0.00	32.16	5.00
6.00	Total (sum of lines 3 thru 5)		67,002,326	-37,330	66,964,996	1,758,829.00	38.07	6.00
7.00	Total overhead cost (see instructions)		10,731,264	-23,674	10,707,590	422,391.00	25.35	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-3 Part IV Date/Time Prepared: 2/22/2016 2:30 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	4,104,562	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	671,789	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)	8,268,452	8.00
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)	58,854	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	232,053	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	3,986,119	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	14,668	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	173,331	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,509,828	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: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-3 Part V Date/Time Prepared: 2/22/2016 2:30 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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	0	0	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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-7 | Date/Time Prepared: 2/22/2016 2:30 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	43	0	43	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	0	0	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	91	0	91	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	532	0	532	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	56	0	56	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	124	0	124	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	42	0	42	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	0	0	0	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	189	0	189	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	112	0	112	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	3	0	3	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-7 | Date/Time Prepared: 2/22/2016 2:30 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	53	0	53	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	26	0	26	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,271	0	1,271	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	14060	14060	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	653,725	45.51	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	1,436,559			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-10 | Date/Time Prepared: 2/22/2016 2:30 pm

		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)	0.172265	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	13,959,781	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	78,796,410	6.00
7.00	Medicaid cost (line 1 times line 6)	13,573,864	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
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP 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	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,124,700	1,241,940	6,366,640	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	882,806	213,943	1,096,749	21.00
22.00	Partial payment by patients approved for charity care	115,988	121,658	237,646	22.00
23.00	Cost of charity care (line 21 minus line 22)	766,818	92,285	859,103	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	6,195,861	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	401,346	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	5,794,515	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	998,192	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,857,295	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	1,857,295	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A | Date/Time Prepared: 2/22/2016 2:30 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,146,884	4,146,884	-378,786	3,768,098	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,678,328	4,678,328	-38,561	4,639,767	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	16,213,955	16,213,955	1,797,033	18,010,988	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,545,840	22,482,772	28,028,612	-142,701	27,885,911	5.00
6.00	00600	MAINTENANCE & REPAIRS	889,292	838,096	1,727,388	688	1,728,076	6.00
7.00	00700	OPERATION OF PLANT	378,710	1,969,186	2,347,896	293	2,348,189	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,355	417,381	441,736	19	441,755	8.00
9.00	00900	HOUSEKEEPING	994,109	89,859	1,083,968	769	1,084,737	9.00
10.00	01000	DIETARY	848,951	419,225	1,268,176	-599,683	668,493	10.00
11.00	01100	CAFETERIA	96,091	17,805	113,896	600,414	714,310	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	588,582	129,019	717,601	455	718,056	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	186,990	122,841	309,831	145	309,976	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,040,611	181,577	1,222,188	805	1,222,993	16.00
17.00	01700	SOCIAL SERVICE	94,961	31,284	126,245	73	126,318	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	183,296	183,296	0	183,296	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,241,563	1,153,924	12,395,487	-1,649,022	10,746,465	30.00
43.00	04300	NURSERY	0	0	0	361,682	361,682	43.00
44.00	04400	SKILLED NURSING FACILITY	653,725	27,857	681,582	506	682,088	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,295,304	9,196,724	11,492,028	-7,471,269	4,020,759	50.00
51.00	05100	RECOVERY ROOM	368,421	7,727	376,148	285	376,433	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71	0	71	1,288,761	1,288,832	52.00
53.00	05300	ANESTHESIOLOGY	0	883,366	883,366	0	883,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,159,165	455,097	1,614,262	-1,222,268	391,994	54.00
54.10	03440	MAMMOGRAPHY	283,270	299,076	582,346	417,366	999,712	54.10
54.20	03630	ULTRA SOUND	427,099	128,424	555,523	220,823	776,346	54.20
54.30	05401	ECHOCARDIOLOGY	303,502	162,293	465,795	64,507	530,302	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,179	2,179	0	2,179	55.00
56.00	05600	RADIOISOTOPE	188,119	625,380	813,499	112,417	925,916	56.00
57.00	05700	CT SCAN	416,015	644,270	1,060,285	171,936	1,232,221	57.00
58.00	05800	MRI	186,406	810,478	996,884	144	997,028	58.00
59.00	05900	CARDIAC CATHETERIZATION	740,200	3,639,964	4,380,164	-3,046,500	1,333,664	59.00
60.00	06000	LABORATORY	2,034,099	2,157,675	4,191,774	1,515	4,193,289	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	157,651	17,802	175,453	122	175,575	64.00
65.00	06500	RESPIRATORY THERAPY	690,357	291,970	982,327	-140,752	841,575	65.00
66.00	06600	PHYSICAL THERAPY	2,548,944	615,916	3,164,860	1,972	3,166,832	66.00
67.00	06700	OCCUPATIONAL THERAPY	487,844	9,476	497,320	377	497,697	67.00
68.00	06800	SPEECH PATHOLOGY	350,756	205,245	556,001	271	556,272	68.00
69.00	06900	ELECTROCARDIOLOGY	203,842	19,579	223,421	158	223,579	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	593,050	163,151	756,201	459	756,660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	110,231	1,052,920	1,163,151	4,181,815	5,344,966	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,834,558	6,834,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,881,600	4,910,063	6,791,663	10,556	6,802,219	73.00
74.00	07400	RENAL DIALYSIS	0	273,069	273,069	0	273,069	74.00
76.00	03330	ENDOSCOPY	0	718,460	718,460	0	718,460	76.00
76.20	03951	PAIN CLINIC	293,301	188,246	481,547	-2,395	479,152	76.20
76.97	07697	CARDIAC REHABILITATION	171,894	13,945	185,839	-12,647	173,192	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	202,100	179,457	381,557	-1,628	379,929	90.00
91.00	09100	EMERGENCY	2,696,462	2,322,160	5,018,622	-112,788	4,905,834	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,373,483	83,097,401	124,470,884	1,251,924	125,722,808	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	246,645	210,852	457,497	9,876	467,373	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,058,537	30,438,466	46,497,003	-1,334,138	45,162,865	192.00
192.10	19201	CARDIOLOGY CLINIC	40,102	48,698	88,800	31	88,831	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	514,530	745,373	1,259,903	52,820	1,312,723	192.20
192.30	19203	MCLEAN CO EMS	164,271	48,312	212,583	127	212,710	192.30
192.40	19204	INDUSTRIAL MEDICINE	600,523	105,963	706,486	6,580	713,066	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0	12,780	12,780	192.60
200.00		TOTAL (SUM OF LINES 118-199)	58,998,091	114,695,065	173,693,156	0	173,693,156	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A | Date/Time Prepared: 2/22/2016 2:30 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	465,465	4,233,563		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	309,141	4,948,908		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-465,593	17,545,395		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,763,556	20,122,355		5.00
6.00	00600	MAINTENANCE & REPAIRS	-373	1,727,703		6.00
7.00	00700	OPERATION OF PLANT	-50,763	2,297,426		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	441,755		8.00
9.00	00900	HOUSEKEEPING	-1,180	1,083,557		9.00
10.00	01000	DIETARY	-995	667,498		10.00
11.00	01100	CAFETERIA	-456,255	258,055		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	-1,097	716,959		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	309,976		14.00
15.00	01500	PHARMACY	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-94,884	1,128,109		16.00
17.00	01700	SOCIAL SERVICE	0	126,318		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-183,296	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-144,810	10,601,655		30.00
43.00	04300	NURSERY	0	361,682		43.00
44.00	04400	SKILLED NURSING FACILITY	0	682,088		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	4,020,759		50.00
51.00	05100	RECOVERY ROOM	0	376,433		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,288,832		52.00
53.00	05300	ANESTHESIOLOGY	-597,830	285,536		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-45,452	346,542		54.00
54.10	03440	MAMMOGRAPHY	10,560	1,010,272		54.10
54.20	03630	ULTRA SOUND	0	776,346		54.20
54.30	05401	ECHOCARDIOLOGY	0	530,302		54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,179		55.00
56.00	05600	RADIOISOTOPE	-17,039	908,877		56.00
57.00	05700	CT SCAN	-94,464	1,137,757		57.00
58.00	05800	MRI	-121,224	875,804		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,333,664		59.00
60.00	06000	LABORATORY	-65,537	4,127,752		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	175,575		64.00
65.00	06500	RESPIRATORY THERAPY	0	841,575		65.00
66.00	06600	PHYSICAL THERAPY	-19,470	3,147,362		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	497,697		67.00
68.00	06800	SPEECH PATHOLOGY	-337	555,935		68.00
69.00	06900	ELECTROCARDIOLOGY	0	223,579		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-28,479	728,181		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,344,966		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,834,558		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,802,219		73.00
74.00	07400	RENAL DIALYSIS	0	273,069		74.00
76.00	03330	ENDOSCOPY	-125,069	593,391		76.00
76.20	03951	PAIN CLINIC	-3,006	476,146		76.20
76.97	07697	CARDIAC REHABILITATION	0	173,192		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	379,929		90.00
91.00	09100	EMERGENCY	-1,720,250	3,185,584		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,215,793	114,507,015		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	467,373		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	45,162,865		192.00
192.10	19201	CARDIOLOGY CLINIC	0	88,831		192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	1,312,723		192.20
192.30	19203	MCLEAN CO EMS	0	212,710		192.30
192.40	19204	INDUSTRIAL MEDICINE	0	713,066		192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	12,780		192.60
200.00		TOTAL (SUM OF LINES 118-199)	-11,215,793	162,477,363		200.00

RECLASSIFICATIONS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-6 | Date/Time Prepared: 2/22/2016 2:30 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - DEPRECIATION RECLASS				
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	9,685	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	496,117	2.00
3.00	FUND DEV, MKTING, COMM HEALTH ED	192.20	0	52,422	3.00
4.00	INDUSTRIAL MEDICINE	192.40	0	6,115	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	564,339	
	B - FIRE INSURANCE				
1.00	OTHER CAP REL COSTS	3.00	0	146,992	1.00
	0		0	146,992	
	C - CAFETERIA RECLASS				
1.00	CAFETERIA	11.00	401,884	198,456	1.00
	0		401,884	198,456	
	D - ALTERNATIVE BIRTHING CENTER RECLASS				
1.00	NURSERY	43.00	312,690	48,992	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,114,190	174,571	2.00
	0		1,426,880	223,563	
	F - CARDIAC REHAB RECLASS				
1.00	NONALLOWABLE CARDIAC REHAB	192.60	11,823	957	1.00
	0		11,823	957	
	G - IMPLANTABLE DEVICES RECLASS				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,834,558	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
	0		0	6,834,558	
	H - MED/SURG SUPPLY RECLASS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,182,625	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
	0		0	4,182,625	
	I - DRUGS CHARGED TO PATIENTS RECLASS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,100	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
	0		0	9,100	
	J - DISABILITY RECLASS				
1.00	HOUSEKEEPING	9.00	0	1,721	1.00
2.00	DIETARY	10.00	0	3,145	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,571	3.00
4.00	SOCIAL SERVICE	17.00	0	2,713	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	9,728	5.00
6.00	SKILLED NURSING FACILITY	44.00	0	944	6.00
7.00	OPERATING ROOM	50.00	73	0	7.00
8.00	ECHOCARDIOLOGY	54.30	0	5,486	8.00
9.00	LABORATORY	60.00	0	851	9.00
10.00	RESPIRATORY THERAPY	65.00	0	2,955	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	585	11.00
12.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,923	12.00
13.00	PAIN CLINIC	76.20	0	110	13.00
14.00	EMERGENCY	91.00	0	2,503	14.00
	0		73	35,235	
	K - OSFMG EMPLOYEE BENEFIT RECLASS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,830,255	1.00
	TOTALS		0	1,830,255	
	L - VACATION RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	4,291	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	688	0	2.00
3.00	OPERATION OF PLANT	7.00	293	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	19	0	4.00
5.00	HOUSEKEEPING	9.00	769	0	5.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	DIETARY	10.00	657	0	6.00
7.00	CAFETERIA	11.00	74	0	7.00
8.00	NURSING ADMINISTRATION	13.00	455	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	145	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	805	0	10.00
11.00	SOCIAL SERVICE	17.00	73	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	8,698	0	12.00
13.00	SKILLED NURSING FACILITY	44.00	506	0	13.00
14.00	OPERATING ROOM	50.00	1,776	0	14.00
15.00	RECOVERY ROOM	51.00	285	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	897	0	16.00
17.00	MAMMOGRAPHY	54.10	219	0	17.00
18.00	ULTRA SOUND	54.20	330	0	18.00
19.00	ECHOCARDIOLOGY	54.30	235	0	19.00
20.00	RADIOISOTOPE	56.00	146	0	20.00
21.00	CT SCAN	57.00	322	0	21.00
22.00	MRI	58.00	144	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	573	0	23.00
24.00	LABORATORY	60.00	1,574	0	24.00
25.00	INTRAVENOUS THERAPY	64.00	122	0	25.00
26.00	RESPIRATORY THERAPY	65.00	534	0	26.00
27.00	PHYSICAL THERAPY	66.00	1,972	0	27.00
28.00	OCCUPATIONAL THERAPY	67.00	377	0	28.00
29.00	SPEECH PATHOLOGY	68.00	271	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	158	0	30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	459	0	31.00
32.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	85	0	32.00
33.00	DRUGS CHARGED TO PATIENTS	73.00	1,456	0	33.00
34.00	PAIN CLINIC	76.20	227	0	34.00
35.00	CARDIAC REHABILITATION	76.97	133	0	35.00
36.00	CLINIC	90.00	156	0	36.00
37.00	EMERGENCY	91.00	2,086	0	37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	191	0	38.00
39.00	CARDIOLOGY CLINIC	192.10	31	0	39.00
40.00	FUND DEV, MKTING, COMM HEALTH ED	192.20	398	0	40.00
41.00	MCLEAN CO EMS	192.30	127	0	41.00
42.00	INDUSTRIAL MEDICINE	192.40	465	0	42.00
	0		33,222	0	
	M - TELEPHONE RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	22,793	1.00
	TOTALS		0	22,793	
	N - RADIOLOGY ADMIN RECLASS				
1.00	MAMMOGRAPHY	54.10	29,975	4,938	1.00
2.00	ULTRA SOUND	54.20	43,034	7,089	2.00
3.00	ECHOCARDIOLOGY	54.30	55,182	9,090	3.00
4.00	RADIOISOTOPE	56.00	96,392	15,879	4.00
5.00	CT SCAN	57.00	104,808	17,266	5.00
6.00	MAMMOGRAPHY	54.10	207,687	174,547	6.00
7.00	ULTRA SOUND	54.20	121,160	101,827	7.00
8.00	CT SCAN	57.00	110,865	93,175	8.00
	0		769,103	423,811	
500.00	Grand Total: Increases		2,642,985	14,472,684	500.00

RECLASSIFICATIONS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-6 | Date/Time Prepared: 2/22/2016 2:30 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - DEPRECIATION RECLASS					
1.00		0.00	0	0	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	CAP REL COSTS-BLDG & FIXT	1.00	0	479,293	9	5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	85,046	9	6.00
	TOTALS		0	564,339		
	B - FIRE INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	146,992	12	1.00
	0		0	146,992		
	C - CAFETERIA RECLASS					
1.00	DIETARY	10.00	401,884	198,456	0	1.00
	0		401,884	198,456		
	D - ALTERNATIVE BIRTHING CENTER RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	1,426,880	223,563	0	1.00
2.00		0.00	0	0	0	2.00
	0		1,426,880	223,563		
	F - CARDIAC REHAB RECLASS					
1.00	CARDIAC REHABILITATION	76.97	11,823	957	0	1.00
	0		11,823	957		
	G - IMPLANTABLE DEVICES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	7,277	0	1.00
2.00	OPERATING ROOM	50.00	0	5,608,472	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,217,658	0	3.00
4.00	RESPIRATORY THERAPY	65.00	0	256	0	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	895	0	5.00
	0		0	6,834,558		
	H - MED/SURG SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00	0	1,863,543	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30,251	0	2.00
3.00	ULTRA SOUND	54.20	0	52,617	0	3.00
4.00	CT SCAN	57.00	0	153,230	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	1,827,080	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	141,030	0	6.00
7.00	EMERGENCY	91.00	0	114,874	0	7.00
	0		0	4,182,625		
	I - DRUGS CHARGED TO PATIENTS RECLASS					
1.00	OPERATING ROOM	50.00	0	1,030	0	1.00
2.00	CT SCAN	57.00	0	1,270	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	2,335	0	3.00
4.00	LABORATORY	60.00	0	59	0	4.00
5.00	PAIN CLINIC	76.20	0	2,622	0	5.00
6.00	CLINIC	90.00	0	1,784	0	6.00
	0		0	9,100		
	J - DISABILITY RECLASS					
1.00	HOUSEKEEPING	9.00	1,721	0	0	1.00
2.00	DIETARY	10.00	3,145	0	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	1,571	0	0	3.00
4.00	SOCIAL SERVICE	17.00	2,713	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	9,728	0	0	5.00
6.00	SKILLED NURSING FACILITY	44.00	944	0	0	6.00
7.00	OPERATING ROOM	50.00	0	73	0	7.00
8.00	ECHOCARDIOLOGY	54.30	5,486	0	0	8.00
9.00	LABORATORY	60.00	851	0	0	9.00
10.00	RESPIRATORY THERAPY	65.00	2,955	0	0	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	585	0	0	11.00
12.00	DRUGS CHARGED TO PATIENTS	73.00	2,923	0	0	12.00
13.00	PAIN CLINIC	76.20	110	0	0	13.00
14.00	EMERGENCY	91.00	2,503	0	0	14.00
	0		35,235	73		
	K - OSFMG EMPLOYEE BENEFIT RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,830,255	0	1.00
	TOTALS		0	1,830,255		
	L - VACATION RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33,222	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

RECLASSIFICATIONS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-6 | Date/Time Prepared: 2/22/2016 2:30 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
	0		0	33,222			
	M - TELEPHONE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	22,793	0	0		1.00
	TOTALS		22,793	0			
	N - RADIOLOGY ADMIN RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	329,391	54,262	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	439,712	369,549	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
	0		769,103	423,811			
500.00	Grand Total: Decreases		2,667,718	14,447,951			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-7 Part I | Date/Time Prepared: 2/22/2016 2:30 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,635,357	0	0	0	0	1.00
2.00	Land Improvements	2,308,315	0	0	0	0	2.00
3.00	Buildings and Fixtures	124,270,252	1,091,499	0	1,091,499	0	3.00
4.00	Building Improvements	195,305	0	0	0	0	4.00
5.00	Fixed Equipment	53,692,472	4,271,155	0	4,271,155	191,278	5.00
6.00	Movable Equipment	102,891	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	182,204,592	5,362,654	0	5,362,654	191,278	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	182,204,592	5,362,654	0	5,362,654	191,278	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,635,357	0	1.00
2.00	Land Improvements	2,308,315	0	2.00
3.00	Buildings and Fixtures	125,361,751	0	3.00
4.00	Building Improvements	195,305	0	4.00
5.00	Fixed Equipment	57,772,349	0	5.00
6.00	Movable Equipment	102,891	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	187,375,968	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	187,375,968	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-7 Part II | Date/Time Prepared: 2/22/2016 2:30 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	4,146,884	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,678,328	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,825,212	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	4,146,884	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,678,328	2.00
3.00	Total (sum of lines 1-2)	0	8,825,212	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-7 Part III Date/Time Prepared: 2/22/2016 2:30 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: 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	125,557,056	0	125,557,056	0.683759	100,507	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	58,070,545	0	58,070,545	0.316241	46,485	2.00
3.00	Total (sum of lines 1-2)	183,627,601	0	183,627,601	1.000000	146,992	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: 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	100,507	4,133,056	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	46,485	4,902,423	0	2.00
3.00	Total (sum of lines 1-2)	0	0	146,992	9,035,479	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	0	100,507	0	0	4,233,563	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	46,485	0	0	4,948,908	2.00
3.00	Total (sum of lines 1-2)	0	146,992	0	0	9,182,471	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-8 | Date/Time Prepared: 2/22/2016 2:30 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	-62,312	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,425,908			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	-2,150,793			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-456,255	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-94,884	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-178,134	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** 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	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-8 | Date/Time Prepared: 2/22/2016 2:30 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	
35.00	PERSONNEL	B	-4,712	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	MEDICAL STAFF EXPENSE	B	-55,259	ADMINISTRATIVE & GENERAL	5.00	0	36.00
39.00	PLANT MAINTENANCE	B	-373	MAINTENANCE & REPAIRS	6.00	0	39.00
40.00	HOUSEKEEPING	B	-1,180	HOUSEKEEPING	9.00	0	40.00
41.00	DIETARY	B	-995	DIETARY	10.00	0	41.00
42.00			0		0.00	0	42.00
46.00	RADIOLOGY ADMIN	B	-1,140	RADIOLOGY-DIAGNOSTIC	54.00	0	46.00
47.00			0		0.00	0	47.00
48.00	LABORATORY	B	-15,537	LABORATORY	60.00	0	48.00
49.00	FORT JESSE PHYSICAL THERAPY	B	-19,470	PHYSICAL THERAPY	66.00	0	49.00
49.01			0		0.00	0	49.01
49.02	GENERAL ACCOUNTING	B	-1,496	ADMINISTRATIVE & GENERAL	5.00	0	49.02
49.03			0		0.00	0	49.03
49.04	VOLUNTEER SERVICES	B	-358	ADMINISTRATIVE & GENERAL	5.00	0	49.04
49.05	SPEECH - LANGUAGE PATHOLOGY	B	-337	SPEECH PATHOLOGY	68.00	0	49.05
49.07			0		0.00	0	49.07
49.09	PAIN CLINIC	B	-3,006	PAIN CLINIC	76.20	0	49.09
49.12	PRE-EMPLOYMENT PHYSICALS	A	-121,281	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.12
49.13	MEDICAID ASSESSMENT	B	-4,340,502	ADMINISTRATIVE & GENERAL	5.00	0	49.13
49.15	PROPERTY TAXES	A	-177,634	ADMINISTRATIVE & GENERAL	5.00	0	49.15
49.18	AHA, IHA & CHA DUES (LOBBYING)	A	-35,565	ADMINISTRATIVE & GENERAL	5.00	0	49.18
49.19	UNEMPLOYMENT COMP	A	-14,668	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.19
49.21	REVENUE CYCLE ADMINISTRATION	B	-570	ADMINISTRATIVE & GENERAL	5.00	0	49.21
49.23	ALTERNATE BIRTHING CENTER	B	-8,153	ADULTS & PEDIATRICS	30.00	0	49.23
49.24	ADMIN AND GEN PHYS EB OFFSET	A	-12,209	ADMINISTRATIVE & GENERAL	5.00	0	49.24
49.29	ADULTS AND PEDS PHYS EB OFFSET	A	-29,460	ADULTS & PEDIATRICS	30.00	0	49.29
49.30	EEG PHYS EB OFFSET	A	-3,445	ELECTROENCEPHALOGRAPHY	70.00	0	49.30
49.31			0		0.00	0	49.31
49.32	EMPLOYEE BENEFITS	B	-157	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,215,793				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: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-8-1 | Date/Time Prepared: 2/22/2016 2:30 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	465,465	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES	2,126,315	1,817,174	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	1,903,721	2,233,208	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	12,436,832	14,589,336	3.01
3.02	7.00	OPERATION OF PLANT	CORP OFFICE CHARGES	293,298	344,061	3.02
3.03	13.00	NURSING ADMINISTRATION	CORP OFFICE CHARGES	6,336	7,433	3.03
4.00	0.00			0	0	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	ET MAINT AGREE, EQUIP TEC	73,647	117,959	4.01
4.02	56.00	RADIOISOTOPE	ET MAINT AGREE, EQUIP TEC	28,319	45,358	4.02
4.03	57.00	CT SCAN	ET MAINT AGREE, EQUIP TEC	156,998	251,462	4.03
4.04	58.00	MRI	ET MAINT AGREE, EQUIP TEC	201,475	322,699	4.04
4.05	54.10	MAMMOGRAPHY	ET MAINT AGREE, EPUIP TEC	2,525	4,045	4.05
4.06	54.10	MAMMOGRAPHY	MOBILE MRI	124,810	112,730	4.06
4.07	60.00	LABORATORY	SYSTEMS LAB	1,713,470	1,713,470	4.07
4.08	30.00	ADULTS & PEDIATRICS	EICU	239,335	239,335	4.08
4.09	76.00	ENDOSCOPY	ENDOSCOPY	416,898	541,967	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,189,444	22,340,237	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		
	Symbol (1)	Name	Percentage of Ownership	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 SYSTEM	100.00	SEE ATTACHED	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: 140162	Period: From 10/01/2014 To 09/30/2015	Worksheet A-8-1 Date/Time Prepared: 2/22/2016 2:30 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	465,465	9		1.00
2.00	309,141	9		2.00
3.00	-329,487	0		3.00
3.01	-2,152,504	0		3.01
3.02	-50,763	0		3.02
3.03	-1,097	0		3.03
4.00	0	0		4.00
4.01	-44,312	0		4.01
4.02	-17,039	0		4.02
4.03	-94,464	0		4.03
4.04	-121,224	0		4.04
4.05	-1,520	0		4.05
4.06	12,080	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	-125,069	0		4.09
5.00	-2,150,793			5.00

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

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

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

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

6.00	HEALTHCARE SYST		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: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 2/22/2016 2:30 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	903,483	445,296	458,187	171,400	1,956	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	183,296	183,296	0	171,400	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	107,197	107,197	0	171,400	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	617,860	565,860	52,000	200,300	208	4.00
5.00	60.00	AGGREGATE-LABORATORY	50,000	50,000	0	219,500	0	5.00
6.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	25,034	25,034	0	171,400	0	6.00
7.00	91.00	AGGREGATE-EMERGENCY	1,720,250	1,720,250	0	171,400	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,607,120	3,096,933	510,187		2,164	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	161,182	8,059	0	0	0	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	20,030	1,002	0	0	0	4.00
5.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	5.00
6.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	6.00
7.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			181,212	9,061	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	161,182	297,005	742,301		1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	183,296		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	107,197		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	20,030	31,970	597,830		4.00
5.00	60.00	AGGREGATE-LABORATORY	0	0	0	50,000		5.00
6.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	25,034		6.00
7.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,720,250		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	181,212	328,975	3,425,908		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part I Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,233,563	4,233,563				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,948,908		4,948,908			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,545,395	0	0	17,545,395		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,122,355	345,573	2,442,690	1,635,794	24,546,412	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,727,703	594,314	43,432	265,520	2,630,969	6.00
7.00	00700	OPERATION OF PLANT	2,297,426	136,976	56,039	113,073	2,603,514	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	441,755	16,925	0	7,272	465,952	8.00
9.00	00900	HOUSEKEEPING	1,083,557	38,947	14,805	296,302	1,433,611	9.00
10.00	01000	DIETARY	667,498	46,894	4,539	132,637	851,568	10.00
11.00	01100	CAFETERIA	258,055	29,381	4,633	148,590	440,659	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	716,959	30,217	187,488	175,736	1,110,400	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	309,976	47,007	181,412	55,831	594,226	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,128,109	45,222	356	310,232	1,483,919	16.00
17.00	01700	SOCIAL SERVICE	126,318	0	0	27,543	153,861	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,601,655	811,921	379,367	2,895,863	14,688,806	30.00
43.00	04300	NURSERY	361,682	0	1,829	93,289	456,800	43.00
44.00	04400	SKILLED NURSING FACILITY	682,088	52,136	11,433	194,904	940,561	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,020,759	261,290	504,069	685,342	5,471,460	50.00
51.00	05100	RECOVERY ROOM	376,433	24,737	3,017	110,001	514,188	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,288,832	0	25,502	332,433	1,646,767	52.00
53.00	05300	ANESTHESIOLOGY	285,536	4,871	46,918	0	337,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	346,542	61,073	133,562	116,640	657,817	54.00
54.10	03440	MAMMOGRAPHY	1,010,272	32,642	2,195	155,482	1,200,591	54.10
54.20	03630	ULTRA SOUND	776,346	17,946	30,321	176,507	1,001,120	54.20
54.30	05401	ECHOCARDIOLOGY	530,302	18,524	28,969	105,445	683,240	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	2,179	0	0	0	2,179	55.00
56.00	05600	RADIOISOTOPE	908,877	15,738	0	84,926	1,009,541	56.00
57.00	05700	CT SCAN	1,137,757	33,509	31,600	188,556	1,391,422	57.00
58.00	05800	MRI	875,804	34,045	57,507	55,656	1,023,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,333,664	50,310	60,865	221,005	1,665,844	59.00
60.00	06000	LABORATORY	4,127,752	112,663	3,952	607,077	4,851,444	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	175,575	25,759	0	47,071	248,405	64.00
65.00	06500	RESPIRATORY THERAPY	841,575	19,567	60,241	205,242	1,126,625	65.00
66.00	06600	PHYSICAL THERAPY	3,147,362	51,713	51,599	761,050	4,011,724	66.00
67.00	06700	OCCUPATIONAL THERAPY	497,697	11,837	1,462	145,658	656,654	67.00
68.00	06800	SPEECH PATHOLOGY	555,935	7,616	39,365	104,727	707,643	68.00
69.00	06900	ELECTROCARDIOLOGY	223,579	30,980	29,785	60,862	345,206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	728,181	0	30,018	173,156	931,355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,344,966	17,544	0	32,912	5,395,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,834,558	0	0	0	6,834,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,802,219	21,703	47,539	560,926	7,432,387	73.00
74.00	07400	RENAL DIALYSIS	273,069	56,625	0	0	329,694	74.00
76.00	03330	ENDOSCOPY	593,391	52,611	0	0	646,002	76.00
76.20	03951	PAIN CLINIC	476,146	0	84,121	87,539	647,806	76.20
76.97	07697	CARDIAC REHABILITATION	173,192	45,036	76,040	47,796	342,064	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	379,929	0	0	60,342	440,271	90.00
91.00	09100	EMERGENCY	3,185,584	129,938	27,972	804,349	4,147,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	114,507,015	3,333,790	4,704,642	12,283,286	108,100,867	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	467,373	27,513	9,905	73,642	578,433	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,162,865	742,735	175,620	4,790,993	50,872,213	192.00
192.10	19201	CARDIOLOGY CLINIC	88,831	0	0	11,973	100,804	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	1,312,723	81,961	52,487	153,626	1,600,797	192.20
192.30	19203	MCLEAN CO EMS	212,710	0	0	49,047	261,757	192.30
192.40	19204	INDUSTRIAL MEDICINE	713,066	44,613	6,254	179,301	943,234	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	12,780	2,951	0	3,527	19,258	192.60
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	162,477,363	4,233,563	4,948,908	17,545,395	162,477,363	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part I | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,546,412					5.00
6.00	00600	MAINTENANCE & REPAIRS	468,213	3,099,182				6.00
7.00	00700	OPERATION OF PLANT	463,327	128,888	3,195,729			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	82,922	15,925	17,134	581,933		8.00
9.00	00900	HOUSEKEEPING	255,128	36,648	39,429	0	1,764,816	9.00
10.00	01000	DIETARY	151,547	44,125	47,474	409	26,689	10.00
11.00	01100	CAFETERIA	78,421	27,646	29,744	368	16,722	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	197,609	28,432	30,590	0	17,198	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	105,750	44,231	47,588	1,983	26,754	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	264,081	42,552	45,781	0	25,738	16.00
17.00	01700	SOCIAL SERVICE	27,381	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,614,049	763,976	821,960	331,694	462,101	30.00
43.00	04300	NURSERY	81,293	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	167,384	49,058	52,781	46,668	29,673	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	973,712	245,861	264,521	54,451	148,712	50.00
51.00	05100	RECOVERY ROOM	91,506	23,276	25,043	0	14,079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	293,062	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	60,031	4,583	4,931	0	2,772	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,066	57,467	61,828	5,240	34,759	54.00
54.10	03440	MAMMOGRAPHY	213,660	30,714	33,046	3,237	18,578	54.10
54.20	03630	ULTRA SOUND	178,161	16,887	18,168	308	10,214	54.20
54.30	05401	ECHOCARDIOLOGY	121,591	17,430	18,753	0	10,543	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	388	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	179,660	14,809	15,932	3,042	8,957	56.00
57.00	05700	CT SCAN	247,620	31,530	33,923	12,882	19,071	57.00
58.00	05800	MRI	182,057	32,035	34,466	6,641	19,377	58.00
59.00	05900	CARDIAC CATHETERIZATION	296,457	47,339	50,932	16,329	28,633	59.00
60.00	06000	LABORATORY	863,373	106,010	114,056	0	64,121	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	44,207	24,237	26,077	0	14,660	64.00
65.00	06500	RESPIRATORY THERAPY	200,496	18,411	19,808	0	11,136	65.00
66.00	06600	PHYSICAL THERAPY	713,934	48,659	52,353	777	29,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	116,859	11,138	11,983	0	6,737	67.00
68.00	06800	SPEECH PATHOLOGY	125,934	7,166	7,710	0	4,335	68.00
69.00	06900	ELECTROCARDIOLOGY	61,434	29,151	31,363	13,189	17,632	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	165,746	0	0	702	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	960,180	16,508	17,761	0	9,985	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,216,292	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,322,682	20,421	21,971	0	12,352	73.00
74.00	07400	RENAL DIALYSIS	58,673	53,282	57,326	0	32,228	74.00
76.00	03330	ENDOSCOPY	114,964	49,504	53,261	0	29,943	76.00
76.20	03951	PAIN CLINIC	115,285	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	60,874	42,377	45,593	0	25,632	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	78,352	0	0	0	0	90.00
91.00	09100	EMERGENCY	738,158	122,265	131,545	84,013	73,953	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,869,519	2,252,541	2,284,831	581,933	1,252,716	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	102,939	25,888	27,853	0	15,659	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,053,264	698,876	751,918	0	422,723	192.00
192.10	19201	CARDIOLOGY CLINIC	17,939	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	284,881	77,121	82,974	0	46,647	192.20
192.30	19203	MCLEAN CO EMS	46,583	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	167,860	41,979	45,165	0	25,391	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	3,427	2,777	2,988	0	1,680	192.60
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,546,412	3,099,182	3,195,729	581,933	1,764,816	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part I | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,121,812					10.00
11.00	01100	CAFETERIA	0	593,560				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	9,295	0	1,393,524		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,276	0	21,768	847,576	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,429	0	0	869	16.00
17.00	01700	SOCIAL SERVICE	0	1,783	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,014,004	173,083	0	714,165	69,291	30.00
43.00	04300	NURSERY	0	4,740	0	19,557	0	43.00
44.00	04400	SKILLED NURSING FACILITY	107,808	12,667	0	52,267	2,706	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	39,231	0	161,872	306,983	50.00
51.00	05100	RECOVERY ROOM	0	4,758	0	19,634	23	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,899	0	69,728	86	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	20,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,076	0	0	9,391	54.00
54.10	03440	MAMMOGRAPHY	0	6,237	0	0	0	54.10
54.20	03630	ULTRA SOUND	0	6,782	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	4,721	0	19,481	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,241	0	0	18	56.00
57.00	05700	CT SCAN	0	9,452	0	0	766	57.00
58.00	05800	MRI	0	2,181	0	0	10	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,517	0	39,267	63,491	59.00
60.00	06000	LABORATORY	0	39,638	0	0	19,984	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	3,677	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,252	0	50,552	5,773	65.00
66.00	06600	PHYSICAL THERAPY	0	34,270	0	0	733	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,309	0	0	10	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,500	0	0	46	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,382	0	13,953	586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,608	0	0	260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,123	0	0	210,218	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	20,512	0	0	98,298	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	782	76.00
76.20	03951	PAIN CLINIC	0	6,237	0	25,733	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	2,587	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,733	0	0	526	90.00
91.00	09100	EMERGENCY	0	44,969	0	185,547	28,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,121,812	527,488	0	1,393,524	842,978	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,823	0	0	69	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	43,666	0	0	4,529	192.00
192.10	19201	CARDIOLOGY CLINIC	0	638	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	8,768	0	0	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	7,983	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	194	0	0	0	192.60
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,121,812	593,560	0	1,393,524	847,576	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part I Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	
			15.00	16.00	17.00	22.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,883,369				16.00
17.00	01700	SOCIAL SERVICE	0	0	183,025			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	109,433	165,436	0	21,927,998	30.00
43.00	04300	NURSERY	0	4,779	0	0	567,169	43.00
44.00	04400	SKILLED NURSING FACILITY	0	4,989	17,589	0	1,484,151	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	132,910	0	0	7,799,713	50.00
51.00	05100	RECOVERY ROOM	0	9,124	0	0	701,631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,026,542	52.00
53.00	05300	ANESTHESIOLOGY	0	16,597	0	0	446,596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,628	0	0	999,272	54.00
54.10	03440	MAMMOGRAPHY	0	23,159	0	0	1,529,222	54.10
54.20	03630	ULTRA SOUND	0	28,272	0	0	1,259,912	54.20
54.30	05401	ECHOCARDIOLOGY	0	21,367	0	0	897,126	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	120	0	0	2,687	55.00
56.00	05600	RADIOISOTOPE	0	43,443	0	0	1,279,643	56.00
57.00	05700	CT SCAN	0	128,856	0	0	1,875,522	57.00
58.00	05800	MRI	0	50,812	0	0	1,350,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	125,540	0	0	2,343,349	59.00
60.00	06000	LABORATORY	0	287,129	0	0	6,345,755	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,524	0	0	364,787	64.00
65.00	06500	RESPIRATORY THERAPY	0	36,559	0	0	1,481,612	65.00
66.00	06600	PHYSICAL THERAPY	0	37,765	0	0	4,929,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,712	0	0	822,402	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,918	0	0	861,252	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,659	0	0	532,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,895	0	0	1,119,566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	148,722	0	0	6,761,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	128,175	0	0	8,179,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	328,688	0	0	9,257,311	73.00
74.00	07400	RENAL DIALYSIS	0	4,734	0	0	535,937	74.00
76.00	03330	ENDOSCOPY	0	9,526	0	0	903,982	76.00
76.20	03951	PAIN CLINIC	0	14,415	0	0	809,476	76.20
76.97	07697	CARDIAC REHABILITATION	0	2,000	0	0	521,127	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,242	0	0	526,124	90.00
91.00	09100	EMERGENCY	0	83,677	0	0	5,640,064	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,883,369	183,025	0	96,083,665	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	755,664	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	61,847,189	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	119,381	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	0	0	0	2,101,188	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	308,340	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	1,231,612	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0	0	30,324	192.60
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,883,369	183,025	0	162,477,363	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part I | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	21,927,998		30.00
43.00	04300	NURSERY	0	567,169		43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,484,151		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	7,799,713		50.00
51.00	05100	RECOVERY ROOM	0	701,631		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,026,542		52.00
53.00	05300	ANESTHESIOLOGY	0	446,596		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	999,272		54.00
54.10	03440	MAMMOGRAPHY	0	1,529,222		54.10
54.20	03630	ULTRA SOUND	0	1,259,912		54.20
54.30	05401	ECHOCARDIOLOGY	0	897,126		54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,687		55.00
56.00	05600	RADIOISOTOPE	0	1,279,643		56.00
57.00	05700	CT SCAN	0	1,875,522		57.00
58.00	05800	MRI	0	1,350,591		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,343,349		59.00
60.00	06000	LABORATORY	0	6,345,755		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	364,787		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,481,612		65.00
66.00	06600	PHYSICAL THERAPY	0	4,929,647		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	822,402		67.00
68.00	06800	SPEECH PATHOLOGY	0	861,252		68.00
69.00	06900	ELECTROCARDIOLOGY	0	532,555		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,119,566		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,761,919		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,179,025		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,257,311		73.00
74.00	07400	RENAL DIALYSIS	0	535,937		74.00
76.00	03330	ENDOSCOPY	0	903,982		76.00
76.20	03951	PAIN CLINIC	0	809,476		76.20
76.97	07697	CARDIAC REHABILITATION	0	521,127		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	526,124		90.00
91.00	09100	EMERGENCY	0	5,640,064		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	96,083,665		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	755,664		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	61,847,189		192.00
192.10	19201	CARDIOLOGY CLINIC	0	119,381		192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	2,101,188		192.20
192.30	19203	MCLEAN CO EMS	0	308,340		192.30
192.40	19204	INDUSTRIAL MEDICINE	0	1,231,612		192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	30,324		192.60
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	162,477,363		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part II Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		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	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	413,049	345,573	2,442,690	3,201,312	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	749	594,314	43,432	638,495	0	6.00
7.00	00700	OPERATION OF PLANT	0	136,976	56,039	193,015	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,925	0	16,925	0	8.00
9.00	00900	HOUSEKEEPING	0	38,947	14,805	53,752	0	9.00
10.00	01000	DIETARY	0	46,894	4,539	51,433	0	10.00
11.00	01100	CAFETERIA	0	29,381	4,633	34,014	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,945	30,217	187,488	222,650	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	47,007	181,412	228,419	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,668	45,222	356	50,246	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,876	811,921	379,367	1,201,164	0	30.00
43.00	04300	NURSERY	0	0	1,829	1,829	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	52,136	11,433	63,569	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,660	261,290	504,069	792,019	0	50.00
51.00	05100	RECOVERY ROOM	0	24,737	3,017	27,754	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	25,502	25,502	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,871	46,918	51,789	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,331	61,073	133,562	336,966	0	54.00
54.10	03440	MAMMOGRAPHY	155,024	32,642	2,195	189,861	0	54.10
54.20	03630	ULTRA SOUND	0	17,946	30,321	48,267	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	18,524	28,969	47,493	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	123,098	15,738	0	138,836	0	56.00
57.00	05700	CT SCAN	169,520	33,509	31,600	234,629	0	57.00
58.00	05800	MRI	258,500	34,045	57,507	350,052	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	297,522	50,310	60,865	408,697	0	59.00
60.00	06000	LABORATORY	3,948	112,663	3,952	120,563	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	25,759	0	25,759	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	19,567	60,241	79,808	0	65.00
66.00	06600	PHYSICAL THERAPY	2,637	51,713	51,599	105,949	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	407,265	11,837	1,462	420,564	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,616	39,365	46,981	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,890	30,980	29,785	109,655	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	30,018	30,018	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,903	17,544	0	96,447	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,345	0	0	105,345	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,703	47,539	69,242	0	73.00
74.00	07400	RENAL DIALYSIS	0	56,625	0	56,625	0	74.00
76.00	03330	ENDOSCOPY	0	52,611	0	52,611	0	76.00
76.20	03951	PAIN CLINIC	0	0	84,121	84,121	0	76.20
76.97	07697	CARDIAC REHABILITATION	62,397	45,036	76,040	183,473	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	124,461	0	0	124,461	0	90.00
91.00	09100	EMERGENCY	4,885	129,938	27,972	162,795	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,444,673	3,333,790	4,704,642	10,483,105	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,513	9,905	37,418	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,353,645	742,735	175,620	2,272,000	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	5,802	81,961	52,487	140,250	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	4,115	44,613	6,254	54,982	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	2,951	0	2,951	0	192.60
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,808,235	4,233,563	4,948,908	12,990,706	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part II | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,201,312					5.00
6.00	00600	MAINTENANCE & REPAIRS	61,065	699,560				6.00
7.00	00700	OPERATION OF PLANT	60,428	29,093	282,536			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,815	3,595	1,515	32,850		8.00
9.00	00900	HOUSEKEEPING	33,274	8,272	3,486	0	98,784	9.00
10.00	01000	DIETARY	19,765	9,960	4,197	23	1,494	10.00
11.00	01100	CAFETERIA	10,228	6,240	2,630	21	936	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	25,772	6,418	2,705	0	963	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,792	9,984	4,207	112	1,498	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,442	9,605	4,048	0	1,441	16.00
17.00	01700	SOCIAL SERVICE	3,571	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	340,927	172,446	72,670	18,724	25,865	30.00
43.00	04300	NURSERY	10,602	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	21,830	11,073	4,666	2,634	1,661	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	126,993	55,497	23,386	3,074	8,324	50.00
51.00	05100	RECOVERY ROOM	11,934	5,254	2,214	0	788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,221	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,829	1,035	436	0	155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,268	12,972	5,466	296	1,946	54.00
54.10	03440	MAMMOGRAPHY	27,866	6,933	2,922	183	1,040	54.10
54.20	03630	ULTRA SOUND	23,236	3,812	1,606	17	572	54.20
54.30	05401	ECHOCARDIOLOGY	15,858	3,934	1,658	0	590	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	51	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	23,431	3,343	1,409	172	501	56.00
57.00	05700	CT SCAN	32,295	7,117	2,999	727	1,067	57.00
58.00	05800	MRI	23,744	7,231	3,047	375	1,085	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,664	10,686	4,503	922	1,603	59.00
60.00	06000	LABORATORY	112,602	23,929	10,084	0	3,589	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	5,765	5,471	2,305	0	821	64.00
65.00	06500	RESPIRATORY THERAPY	26,149	4,156	1,751	0	623	65.00
66.00	06600	PHYSICAL THERAPY	93,112	10,984	4,629	44	1,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,241	2,514	1,059	0	377	67.00
68.00	06800	SPEECH PATHOLOGY	16,424	1,618	682	0	243	68.00
69.00	06900	ELECTROCARDIOLOGY	8,012	6,580	2,773	744	987	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,617	0	0	40	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	125,228	3,726	1,570	0	559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	158,630	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	172,506	4,610	1,942	0	691	73.00
74.00	07400	RENAL DIALYSIS	7,652	12,027	5,068	0	1,804	74.00
76.00	03330	ENDOSCOPY	14,994	11,174	4,709	0	1,676	76.00
76.20	03951	PAIN CLINIC	15,036	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	7,939	9,565	4,031	0	1,435	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,219	0	0	0	0	90.00
91.00	09100	EMERGENCY	96,271	27,598	11,630	4,742	4,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,939,298	508,452	202,003	32,850	70,120	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,425	5,844	2,463	0	876	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,180,681	157,753	66,477	0	23,662	192.00
192.10	19201	CARDIOLOGY CLINIC	2,340	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	37,154	17,408	7,336	0	2,611	192.20
192.30	19203	MCLEAN CO EMS	6,075	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	21,892	9,476	3,993	0	1,421	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	447	627	264	0	94	192.60
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,201,312	699,560	282,536	32,850	98,784	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part II | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	86,872					10.00
11.00	01100	CAFETERIA	0	54,069				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	847	0	259,355		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	481	0	4,051	262,544	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,861	0	0	269	16.00
17.00	01700	SOCIAL SERVICE	0	162	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,523	15,767	0	132,917	21,464	30.00
43.00	04300	NURSERY	0	432	0	3,640	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,349	1,154	0	9,728	838	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	3,574	0	30,127	95,092	50.00
51.00	05100	RECOVERY ROOM	0	433	0	3,654	7	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,539	0	12,977	27	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,306	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,100	0	0	2,909	54.00
54.10	03440	MAMMOGRAPHY	0	568	0	0	0	54.10
54.20	03630	ULTRA SOUND	0	618	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	430	0	3,626	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	386	0	0	6	56.00
57.00	05700	CT SCAN	0	861	0	0	237	57.00
58.00	05800	MRI	0	199	0	0	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	867	0	7,308	19,667	59.00
60.00	06000	LABORATORY	0	3,611	0	0	6,190	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,139	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,116	0	9,408	1,788	65.00
66.00	06600	PHYSICAL THERAPY	0	3,122	0	0	227	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	666	0	0	3	67.00
68.00	06800	SPEECH PATHOLOGY	0	410	0	0	14	68.00
69.00	06900	ELECTROCARDIOLOGY	0	308	0	2,597	181	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	146	0	0	80	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	284	0	0	65,117	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	1,868	0	0	30,449	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	242	76.00
76.20	03951	PAIN CLINIC	0	568	0	4,789	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	236	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	340	0	0	163	90.00
91.00	09100	EMERGENCY	0	4,096	0	34,533	8,702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	86,872	48,050	0	259,355	261,120	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	439	0	0	21	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,978	0	0	1,403	192.00
192.10	19201	CARDIOLOGY CLINIC	0	58	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	799	0	0	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	727	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	18	0	0	0	192.60
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	86,872	54,069	0	259,355	262,544	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part II Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	
			15.00	16.00	17.00	22.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	101,912				16.00
17.00	01700	SOCIAL SERVICE	0	0	3,733			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	5,924	3,374		2,089,765	30.00
43.00	04300	NURSERY	0	259	0		16,762	43.00
44.00	04400	SKILLED NURSING FACILITY	0	270	359		126,131	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	7,195	0		1,145,281	50.00
51.00	05100	RECOVERY ROOM	0	494	0		52,532	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		78,266	52.00
53.00	05300	ANESTHESIOLOGY	0	898	0		68,448	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,362	0		379,285	54.00
54.10	03440	MAMMOGRAPHY	0	1,254	0		230,627	54.10
54.20	03630	ULTRA SOUND	0	1,530	0		79,658	54.20
54.30	05401	ECHOCARDIOLOGY	0	1,157	0		74,746	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6	0		57	55.00
56.00	05600	RADIOISOTOPE	0	2,352	0		170,436	56.00
57.00	05700	CT SCAN	0	6,975	0		286,907	57.00
58.00	05800	MRI	0	2,751	0		388,487	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,796	0		499,713	59.00
60.00	06000	LABORATORY	0	15,543	0		296,111	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	191	0		41,451	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,979	0		126,778	65.00
66.00	06600	PHYSICAL THERAPY	0	2,044	0		221,758	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	634	0		441,058	67.00
68.00	06800	SPEECH PATHOLOGY	0	212	0		66,584	68.00
69.00	06900	ELECTROCARDIOLOGY	0	902	0		132,739	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,077	0		52,978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,051	0		300,982	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,938	0		270,913	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,753	0		299,061	73.00
74.00	07400	RENAL DIALYSIS	0	256	0		83,432	74.00
76.00	03330	ENDOSCOPY	0	516	0		85,922	76.00
76.20	03951	PAIN CLINIC	0	780	0		105,294	76.20
76.97	07697	CARDIAC REHABILITATION	0	108	0		206,787	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	175	0		135,358	90.00
91.00	09100	EMERGENCY	0	4,530	0		359,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	101,912	3,733	0	8,913,343	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		60,486	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		3,705,954	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0		2,398	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	0	0		205,558	192.20
192.30	19203	MCLEAN CO EMS	0	0	0		6,075	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0		92,491	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0		4,401	192.60
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	101,912	3,733	0	12,990,706	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B Part II | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	2,089,765		30.00
43.00	04300	NURSERY	0	16,762		43.00
44.00	04400	SKILLED NURSING FACILITY	0	126,131		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,145,281		50.00
51.00	05100	RECOVERY ROOM	0	52,532		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	78,266		52.00
53.00	05300	ANESTHESIOLOGY	0	68,448		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	379,285		54.00
54.10	03440	MAMMOGRAPHY	0	230,627		54.10
54.20	03630	ULTRA SOUND	0	79,658		54.20
54.30	05401	ECHOCARDIOLOGY	0	74,746		54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	57		55.00
56.00	05600	RADIOISOTOPE	0	170,436		56.00
57.00	05700	CT SCAN	0	286,907		57.00
58.00	05800	MRI	0	388,487		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	499,713		59.00
60.00	06000	LABORATORY	0	296,111		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	41,451		64.00
65.00	06500	RESPIRATORY THERAPY	0	126,778		65.00
66.00	06600	PHYSICAL THERAPY	0	221,758		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	441,058		67.00
68.00	06800	SPEECH PATHOLOGY	0	66,584		68.00
69.00	06900	ELECTROCARDIOLOGY	0	132,739		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,978		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	300,982		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	270,913		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	299,061		73.00
74.00	07400	RENAL DIALYSIS	0	83,432		74.00
76.00	03330	ENDOSCOPY	0	85,922		76.00
76.20	03951	PAIN CLINIC	0	105,294		76.20
76.97	07697	CARDIAC REHABILITATION	0	206,787		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	135,358		90.00
91.00	09100	EMERGENCY	0	359,036		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,913,343		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,486		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,705,954		192.00
192.10	19201	CARDIOLOGY CLINIC	0	2,398		192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	205,558		192.20
192.30	19203	MCLEAN CO EMS	0	6,075		192.30
192.40	19204	INDUSTRIAL MEDICINE	0	92,491		192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	4,401		192.60
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	12,990,706		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B-1 | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	410,232					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,839,084				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	58,809,200			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	33,486	2,388,487	5,482,912	-24,546,412	137,930,951	5.00
6.00	00600	MAINTENANCE & REPAIRS	57,589	42,468	889,980	0	2,630,969	6.00
7.00	00700	OPERATION OF PLANT	13,273	54,795	379,003	0	2,603,514	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	0	24,374	0	465,952	8.00
9.00	00900	HOUSEKEEPING	3,774	14,476	993,157	0	1,433,611	9.00
10.00	01000	DIETARY	4,544	4,438	444,579	0	851,568	10.00
11.00	01100	CAFETERIA	2,847	4,530	498,049	0	440,659	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,928	183,327	589,037	0	1,110,400	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,555	177,386	187,135	0	594,226	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,382	348	1,039,845	0	1,483,919	16.00
17.00	01700	SOCIAL SERVICE	0	0	92,320	0	153,861	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,675	370,948	9,706,456	0	14,688,806	30.00
43.00	04300	NURSERY	0	1,788	312,690	0	456,800	43.00
44.00	04400	SKILLED NURSING FACILITY	5,052	11,179	653,287	0	940,561	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,319	492,883	2,297,153	0	5,471,460	50.00
51.00	05100	RECOVERY ROOM	2,397	2,950	368,706	0	514,188	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,936	1,114,261	0	1,646,767	52.00
53.00	05300	ANESTHESIOLOGY	472	45,877	0	0	337,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,918	130,598	390,959	0	657,817	54.00
54.10	03440	MAMMOGRAPHY	3,163	2,146	521,151	0	1,200,591	54.10
54.20	03630	ULTRA SOUND	1,739	29,648	591,623	0	1,001,120	54.20
54.30	05401	ECHOCARDIOLOGY	1,795	28,326	353,433	0	683,240	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,179	55.00
56.00	05600	RADIOISOTOPE	1,525	0	284,657	0	1,009,541	56.00
57.00	05700	CT SCAN	3,247	30,899	632,010	0	1,391,422	57.00
58.00	05800	MRI	3,299	56,231	186,550	0	1,023,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,875	59,514	740,773	0	1,665,844	59.00
60.00	06000	LABORATORY	10,917	3,864	2,034,822	0	4,851,444	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,496	0	157,773	0	248,405	64.00
65.00	06500	RESPIRATORY THERAPY	1,896	58,904	687,936	0	1,126,625	65.00
66.00	06600	PHYSICAL THERAPY	5,011	50,454	2,550,916	0	4,011,724	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,147	1,430	488,221	0	656,654	67.00
68.00	06800	SPEECH PATHOLOGY	738	38,491	351,027	0	707,643	68.00
69.00	06900	ELECTROCARDIOLOGY	3,002	29,124	204,000	0	345,206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,352	580,390	0	931,355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	0	110,316	0	5,395,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,834,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,103	46,484	1,880,133	0	7,432,387	73.00
74.00	07400	RENAL DIALYSIS	5,487	0	0	0	329,694	74.00
76.00	03330	ENDOSCOPY	5,098	0	0	0	646,002	76.00
76.20	03951	PAIN CLINIC	0	82,254	293,418	0	647,806	76.20
76.97	07697	CARDIAC REHABILITATION	4,364	74,353	160,204	0	342,064	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	202,256	0	440,271	90.00
91.00	09100	EMERGENCY	12,591	27,351	2,696,045	0	4,147,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	323,044	4,600,239	41,171,557	-24,546,412	83,554,455	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,666	9,685	246,836	0	578,433	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,971	171,723	16,058,537	0	50,872,213	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	40,133	0	100,804	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	7,942	51,322	514,928	0	1,600,797	192.20
192.30	19203	MCLEAN CO EMS	0	0	164,398	0	261,757	192.30
192.40	19204	INDUSTRIAL MEDICINE	4,323	6,115	600,988	0	943,234	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	286	0	11,823	0	19,258	192.60
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B-1 | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	4,233,563	4,948,908	17,545,395		24,546,412	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.319924	1.022695	0.298344		0.177962	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		3,201,312	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.023210	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B-1 | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	319,157					6.00
7.00	00700	OPERATION OF PLANT	13,273	305,884				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	1,640	647,081			8.00
9.00	00900	HOUSEKEEPING	3,774	3,774	0	300,470		9.00
10.00	01000	DIETARY	4,544	4,544	455	4,544	127,709	10.00
11.00	01100	CAFETERIA	2,847	2,847	409	2,847	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,928	2,928	0	2,928	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,555	4,555	2,205	4,555	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,382	4,382	0	4,382	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,675	78,675	368,828	78,675	115,436	30.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,052	5,052	51,892	5,052	12,273	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,319	25,319	60,547	25,319	0	50.00
51.00	05100	RECOVERY ROOM	2,397	2,397	0	2,397	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	472	472	0	472	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,918	5,918	5,827	5,918	0	54.00
54.10	03440	MAMMOGRAPHY	3,163	3,163	3,599	3,163	0	54.10
54.20	03630	ULTRA SOUND	1,739	1,739	342	1,739	0	54.20
54.30	05401	ECHOCARDIOLOGY	1,795	1,795	0	1,795	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,525	1,525	3,383	1,525	0	56.00
57.00	05700	CT SCAN	3,247	3,247	14,324	3,247	0	57.00
58.00	05800	MRI	3,299	3,299	7,385	3,299	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,875	4,875	18,157	4,875	0	59.00
60.00	06000	LABORATORY	10,917	10,917	0	10,917	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,496	2,496	0	2,496	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,896	1,896	0	1,896	0	65.00
66.00	06600	PHYSICAL THERAPY	5,011	5,011	864	5,011	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,147	1,147	0	1,147	0	67.00
68.00	06800	SPEECH PATHOLOGY	738	738	0	738	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,002	3,002	14,665	3,002	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	781	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	1,700	0	1,700	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	2,103	2,103	0	2,103	0	73.00
74.00	07400	RENAL DIALYSIS	5,487	5,487	0	5,487	0	74.00
76.00	03330	ENDOSCOPY	5,098	5,098	0	5,098	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	4,364	4,364	0	4,364	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,591	12,591	93,418	12,591	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	231,969	218,696	647,081	213,282	127,709	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,666	2,666	0	2,666	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,971	71,971	0	71,971	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	7,942	7,942	0	7,942	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	4,323	4,323	0	4,323	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	286	286	0	286	0	192.60
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)	3,099,182	3,195,729	581,933	1,764,816	1,121,812	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.710525	10.447519	0.899320	5.873518	8.784126	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B-1 | Date/Time Prepared: 2/22/2016 2:30 pm

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	699,560	282,536	32,850	98,784	86,872	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.191899	0.923670	0.050766	0.328765	0.680234	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B-1 | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INV ISSUES)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	64,241					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,006	0	36,553			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	571	0	571	3,537,324		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,211	0	0	3,628	0	16.00
17.00	01700	SOCIAL SERVICE	193	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,733	0	18,733	289,185	0	30.00
43.00	04300	NURSERY	513	0	513	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,371	0	1,371	11,293	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,246	0	4,246	1,281,177	0	50.00
51.00	05100	RECOVERY ROOM	515	0	515	97	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,829	0	1,829	358	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	84,958	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,307	0	0	39,195	0	54.00
54.10	03440	MAMMOGRAPHY	675	0	0	0	0	54.10
54.20	03630	ULTRA SOUND	734	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	511	0	511	0	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	459	0	0	76	0	56.00
57.00	05700	CT SCAN	1,023	0	0	3,197	0	57.00
58.00	05800	MRI	236	0	0	43	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,030	0	1,030	264,976	0	59.00
60.00	06000	LABORATORY	4,290	0	0	83,401	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	15,344	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,326	0	1,326	24,095	0	65.00
66.00	06600	PHYSICAL THERAPY	3,709	0	0	3,059	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	791	0	0	40	0	67.00
68.00	06800	SPEECH PATHOLOGY	487	0	0	191	0	68.00
69.00	06900	ELECTROCARDIOLOGY	366	0	366	2,445	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	174	0	0	1,084	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	338	0	0	877,339	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	2,220	0	0	410,245	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	3,265	0	76.00
76.20	03951	PAIN CLINIC	675	0	675	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	280	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	404	0	0	2,195	0	90.00
91.00	09100	EMERGENCY	4,867	0	4,867	117,250	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,090	0	36,553	3,518,136	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	522	0	0	286	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,726	0	0	18,902	0	192.00
192.10	19201	CARDIOLOGY CLINIC	69	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	949	0	0	0	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	864	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	21	0	0	0	0	192.60
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)	593,560	0	1,393,524	847,576	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.239582	0.000000	38.123382	0.239609	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B-1 | Date/Time Prepared: 2/22/2016 2:30 pm

	Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INV ISSUES)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	54,069	0	259,355	262,544	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.841659	0.000000	7.095314	0.074221	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B-1 | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00	22.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	542,213,654				16.00
17.00	01700	SOCIAL SERVICE	0	127,709			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	31,509,508	115,436	0		30.00
43.00	04300	NURSERY	1,375,901	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	1,436,559	12,273	0		44.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	38,269,440	0	0		50.00
51.00	05100	RECOVERY ROOM	2,627,133	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	4,778,747	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,561,994	0	0		54.00
54.10	03440	MAMMOGRAPHY	6,668,158	0	0		54.10
54.20	03630	ULTRA SOUND	8,140,382	0	0		54.20
54.30	05401	ECHOCARDIOLOGY	6,152,389	0	0		54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	34,416	0	0		55.00
56.00	05600	RADIOISOTOPE	12,508,700	0	0		56.00
57.00	05700	CT SCAN	37,102,331	0	0		57.00
58.00	05800	MRI	14,630,596	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	36,147,537	0	0		59.00
60.00	06000	LABORATORY	82,674,692	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	1,014,750	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	10,526,626	0	0		65.00
66.00	06600	PHYSICAL THERAPY	10,873,828	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,372,379	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	1,128,089	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,796,776	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,728,608	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,822,296	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,906,208	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,566,470	0	0		73.00
74.00	07400	RENAL DIALYSIS	1,362,972	0	0		74.00
76.00	03330	ENDOSCOPY	2,742,863	0	0		76.00
76.20	03951	PAIN CLINIC	4,150,491	0	0		76.20
76.97	07697	CARDIAC REHABILITATION	575,984	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	933,393	0	0		90.00
91.00	09100	EMERGENCY	24,093,438	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	542,213,654	127,709	0		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0		192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	0	0		192.20
192.30	19203	MCLEAN CO EMS	0	0	0		192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0		192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0		192.60
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet B-1 | Date/Time Prepared: 2/22/2016 2:30 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00	22.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	1,883,369	183,025	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003473	1.433141	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	101,912	3,733	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000188	0.029231	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet C Part I Date/Time Prepared: 2/22/2016 2:30 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,927,998		21,927,998	0	21,927,998	30.00
43.00	04300	NURSERY	567,169		567,169	0	567,169	43.00
44.00	04400	SKILLED NURSING FACILITY	1,484,151		1,484,151	0	1,484,151	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,799,713		7,799,713	0	7,799,713	50.00
51.00	05100	RECOVERY ROOM	701,631		701,631	0	701,631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,026,542		2,026,542	0	2,026,542	52.00
53.00	05300	ANESTHESIOLOGY	446,596		446,596	31,970	478,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	999,272		999,272	0	999,272	54.00
54.10	03440	MAMMOGRAPHY	1,529,222		1,529,222	0	1,529,222	54.10
54.20	03630	ULTRA SOUND	1,259,912		1,259,912	0	1,259,912	54.20
54.30	05401	ECHOCARDIOLOGY	897,126		897,126	0	897,126	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	2,687		2,687	0	2,687	55.00
56.00	05600	RADIOISOTOPE	1,279,643		1,279,643	0	1,279,643	56.00
57.00	05700	CT SCAN	1,875,522		1,875,522	0	1,875,522	57.00
58.00	05800	MRI	1,350,591		1,350,591	0	1,350,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,343,349		2,343,349	0	2,343,349	59.00
60.00	06000	LABORATORY	6,345,755		6,345,755	0	6,345,755	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	364,787		364,787	0	364,787	64.00
65.00	06500	RESPIRATORY THERAPY	1,481,612	0	1,481,612	0	1,481,612	65.00
66.00	06600	PHYSICAL THERAPY	4,929,647	0	4,929,647	0	4,929,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	822,402	0	822,402	0	822,402	67.00
68.00	06800	SPEECH PATHOLOGY	861,252	0	861,252	0	861,252	68.00
69.00	06900	ELECTROCARDIOLOGY	532,555		532,555	0	532,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,119,566		1,119,566	0	1,119,566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,761,919		6,761,919	0	6,761,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,179,025		8,179,025	0	8,179,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,257,311		9,257,311	0	9,257,311	73.00
74.00	07400	RENAL DIALYSIS	535,937		535,937	0	535,937	74.00
76.00	03330	ENDOSCOPY	903,982		903,982	0	903,982	76.00
76.20	03951	PAIN CLINIC	809,476		809,476	0	809,476	76.20
76.97	07697	CARDIAC REHABILITATION	521,127		521,127	0	521,127	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	526,124		526,124	0	526,124	90.00
91.00	09100	EMERGENCY	5,640,064		5,640,064	0	5,640,064	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,817,867		1,817,867		1,817,867	92.00
200.00		Subtotal (see instructions)	97,901,532	0	97,901,532	31,970	97,933,502	200.00
201.00		Less Observation Beds	1,817,867		1,817,867		1,817,867	201.00
202.00		Total (see instructions)	96,083,665	0	96,083,665	31,970	96,115,635	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet C Part I Date/Time Prepared: 2/22/2016 2:30 pm

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		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	31,509,508		31,509,508			30.00
43.00	04300	NURSERY	1,375,901		1,375,901			43.00
44.00	04400	SKILLED NURSING FACILITY	1,436,559		1,436,559			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,943,396	16,354,423	38,297,819	0.203659	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,338,474	1,288,659	2,627,133	0.267071	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,238,785	664,037	4,902,822	0.413342	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,658,300	2,120,447	4,778,747	0.093455	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,563,684	9,019,511	12,583,195	0.079413	0.000000	54.00
54.10	03440	MAMMOGRAPHY	0	6,668,158	6,668,158	0.229332	0.000000	54.10
54.20	03630	ULTRA SOUND	1,211,740	6,928,642	8,140,382	0.154773	0.000000	54.20
54.30	05401	ECHOCARDIOLOGY	2,078,836	4,073,553	6,152,389	0.145818	0.000000	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	34,416	0	34,416	0.078074	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,649,435	10,859,265	12,508,700	0.102300	0.000000	56.00
57.00	05700	CT SCAN	9,242,108	31,466,757	40,708,865	0.046072	0.000000	57.00
58.00	05800	MRI	2,556,269	12,449,875	15,006,144	0.090003	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,107,720	19,209,871	37,317,591	0.062795	0.000000	59.00
60.00	06000	LABORATORY	24,856,668	57,902,908	82,759,576	0.076677	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	10,441	1,004,309	1,014,750	0.359485	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,224,059	2,302,567	10,526,626	0.140749	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,947,546	7,926,282	10,873,828	0.453350	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,795,346	1,577,033	3,372,379	0.243864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	289,022	839,067	1,128,089	0.763461	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,078,398	3,718,378	4,796,776	0.111024	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	325,616	5,402,992	5,728,608	0.195434	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,358,814	13,472,106	42,830,920	0.157875	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,694,812	10,211,396	36,906,208	0.221617	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,136,281	25,036,976	89,173,257	0.103813	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,246,566	116,406	1,362,972	0.393212	0.000000	74.00
76.00	03330	ENDOSCOPY	2,385,618	357,245	2,742,863	0.329576	0.000000	76.00
76.20	03951	PAIN CLINIC	0	4,179,444	4,179,444	0.193680	0.000000	76.20
76.97	07697	CARDIAC REHABILITATION	111,121	464,863	575,984	0.904760	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,002,429	1,002,429	0.524849	0.000000	90.00
91.00	09100	EMERGENCY	4,775,361	19,318,077	24,093,438	0.234091	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,008,680	8,642,422	10,651,102	0.170674	0.000000	92.00
200.00		Subtotal (see instructions)	273,189,480	284,578,098	557,767,578			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	273,189,480	284,578,098	557,767,578			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet C Part I Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.203659	50.00
51.00	05100	RECOVERY ROOM	0.267071	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.413342	52.00
53.00	05300	ANESTHESIOLOGY	0.100145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079413	54.00
54.10	03440	MAMMOGRAPHY	0.229332	54.10
54.20	03630	ULTRA SOUND	0.154773	54.20
54.30	05401	ECHOCARDIOLOGY	0.145818	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0.078074	55.00
56.00	05600	RADIOISOTOPE	0.102300	56.00
57.00	05700	CT SCAN	0.046072	57.00
58.00	05800	MRI	0.090003	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062795	59.00
60.00	06000	LABORATORY	0.076677	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0.359485	64.00
65.00	06500	RESPIRATORY THERAPY	0.140749	65.00
66.00	06600	PHYSICAL THERAPY	0.453350	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243864	67.00
68.00	06800	SPEECH PATHOLOGY	0.763461	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195434	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.157875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.103813	73.00
74.00	07400	RENAL DIALYSIS	0.393212	74.00
76.00	03330	ENDOSCOPY	0.329576	76.00
76.20	03951	PAIN CLINIC	0.193680	76.20
76.97	07697	CARDIAC REHABILITATION	0.904760	76.97
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.524849	90.00
91.00	09100	EMERGENCY	0.234091	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.170674	92.00
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: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet C Part I Date/Time Prepared: 2/22/2016 2:30 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,927,998		21,927,998	0	21,927,998	30.00
43.00	04300	NURSERY	567,169		567,169	0	567,169	43.00
44.00	04400	SKILLED NURSING FACILITY	1,484,151		1,484,151	0	1,484,151	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,799,713		7,799,713	0	7,799,713	50.00
51.00	05100	RECOVERY ROOM	701,631		701,631	0	701,631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,026,542		2,026,542	0	2,026,542	52.00
53.00	05300	ANESTHESIOLOGY	446,596		446,596	31,970	478,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	999,272		999,272	0	999,272	54.00
54.10	03440	MAMMOGRAPHY	1,529,222		1,529,222	0	1,529,222	54.10
54.20	03630	ULTRA SOUND	1,259,912		1,259,912	0	1,259,912	54.20
54.30	05401	ECHOCARDIOLOGY	897,126		897,126	0	897,126	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	2,687		2,687	0	2,687	55.00
56.00	05600	RADIOISOTOPE	1,279,643		1,279,643	0	1,279,643	56.00
57.00	05700	CT SCAN	1,875,522		1,875,522	0	1,875,522	57.00
58.00	05800	MRI	1,350,591		1,350,591	0	1,350,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,343,349		2,343,349	0	2,343,349	59.00
60.00	06000	LABORATORY	6,345,755		6,345,755	0	6,345,755	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	364,787		364,787	0	364,787	64.00
65.00	06500	RESPIRATORY THERAPY	1,481,612	0	1,481,612	0	1,481,612	65.00
66.00	06600	PHYSICAL THERAPY	4,929,647	0	4,929,647	0	4,929,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	822,402	0	822,402	0	822,402	67.00
68.00	06800	SPEECH PATHOLOGY	861,252	0	861,252	0	861,252	68.00
69.00	06900	ELECTROCARDIOLOGY	532,555		532,555	0	532,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,119,566		1,119,566	0	1,119,566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,761,919		6,761,919	0	6,761,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,179,025		8,179,025	0	8,179,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,257,311		9,257,311	0	9,257,311	73.00
74.00	07400	RENAL DIALYSIS	535,937		535,937	0	535,937	74.00
76.00	03330	ENDOSCOPY	903,982		903,982	0	903,982	76.00
76.20	03951	PAIN CLINIC	809,476		809,476	0	809,476	76.20
76.97	07697	CARDIAC REHABILITATION	521,127		521,127	0	521,127	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	526,124		526,124	0	526,124	90.00
91.00	09100	EMERGENCY	5,640,064		5,640,064	0	5,640,064	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,817,867		1,817,867		1,817,867	92.00
200.00		Subtotal (see instructions)	97,901,532	0	97,901,532	31,970	97,933,502	200.00
201.00		Less Observation Beds	1,817,867		1,817,867		1,817,867	201.00
202.00		Total (see instructions)	96,083,665	0	96,083,665	31,970	96,115,635	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet C Part I Date/Time Prepared: 2/22/2016 2:30 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,509,508		31,509,508			30.00
43.00	04300	NURSERY	1,375,901		1,375,901			43.00
44.00	04400	SKILLED NURSING FACILITY	1,436,559		1,436,559			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,943,396	16,354,423	38,297,819	0.203659	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,338,474	1,288,659	2,627,133	0.267071	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,238,785	664,037	4,902,822	0.413342	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,658,300	2,120,447	4,778,747	0.093455	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,563,684	9,019,511	12,583,195	0.079413	0.000000	54.00
54.10	03440	MAMMOGRAPHY	0	6,668,158	6,668,158	0.229332	0.000000	54.10
54.20	03630	ULTRA SOUND	1,211,740	6,928,642	8,140,382	0.154773	0.000000	54.20
54.30	05401	ECHOCARDIOLOGY	2,078,836	4,073,553	6,152,389	0.145818	0.000000	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	34,416	0	34,416	0.078074	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,649,435	10,859,265	12,508,700	0.102300	0.000000	56.00
57.00	05700	CT SCAN	9,242,108	31,466,757	40,708,865	0.046072	0.000000	57.00
58.00	05800	MRI	2,556,269	12,449,875	15,006,144	0.090003	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,107,720	19,209,871	37,317,591	0.062795	0.000000	59.00
60.00	06000	LABORATORY	24,856,668	57,902,908	82,759,576	0.076677	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	10,441	1,004,309	1,014,750	0.359485	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,224,059	2,302,567	10,526,626	0.140749	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,947,546	7,926,282	10,873,828	0.453350	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,795,346	1,577,033	3,372,379	0.243864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	289,022	839,067	1,128,089	0.763461	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,078,398	3,718,378	4,796,776	0.111024	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	325,616	5,402,992	5,728,608	0.195434	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,358,814	13,472,106	42,830,920	0.157875	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,694,812	10,211,396	36,906,208	0.221617	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,136,281	25,036,976	89,173,257	0.103813	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,246,566	116,406	1,362,972	0.393212	0.000000	74.00
76.00	03330	ENDOSCOPY	2,385,618	357,245	2,742,863	0.329576	0.000000	76.00
76.20	03951	PAIN CLINIC	0	4,179,444	4,179,444	0.193680	0.000000	76.20
76.97	07697	CARDIAC REHABILITATION	111,121	464,863	575,984	0.904760	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,002,429	1,002,429	0.524849	0.000000	90.00
91.00	09100	EMERGENCY	4,775,361	19,318,077	24,093,438	0.234091	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,008,680	8,642,422	10,651,102	0.170674	0.000000	92.00
200.00		Subtotal (see instructions)	273,189,480	284,578,098	557,767,578			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	273,189,480	284,578,098	557,767,578			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet C Part I Date/Time Prepared: 2/22/2016 2:30 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		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
54.10	03440	MAMMOGRAPHY	0.000000		54.10
54.20	03630	ULTRA SOUND	0.000000		54.20
54.30	05401	ECHOCARDIOLOGY	0.000000		54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
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	03330	ENDOSCOPY	0.000000		76.00
76.20	03951	PAIN CLINIC	0.000000		76.20
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part I Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | PPS

	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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,089,765	0	2,089,765	25,464	82.07	30.00
43.00	NURSERY	16,762		16,762	1,675	10.01	43.00
44.00	SKILLED NURSING FACILITY	126,131		126,131	2,494	50.57	44.00
200.00	Total (lines 30-199)	2,232,658		2,232,658	29,633		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	6,617	543,057	30.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	1,271	64,274	44.00
200.00	Total (lines 30-199)	7,888	607,331	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part II Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | 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	1,145,281	38,297,819	0.029905	4,070	122	50.00
51.00	05100	RECOVERY ROOM	52,532	2,627,133	0.019996	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,266	4,902,822	0.015963	0	0	52.00
53.00	05300	ANESTHESIOLOGY	68,448	4,778,747	0.014323	1,436	21	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	379,285	12,583,195	0.030142	15,859	478	54.00
54.10	03440	MAMMOGRAPHY	230,627	6,668,158	0.034586	0	0	54.10
54.20	03630	ULTRA SOUND	79,658	8,140,382	0.009786	11,122	109	54.20
54.30	05401	ECHOCARDIOLOGY	74,746	6,152,389	0.012149	0	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	57	34,416	0.001656	0	0	55.00
56.00	05600	RADIOISOTOPE	170,436	12,508,700	0.013625	0	0	56.00
57.00	05700	CT SCAN	286,907	40,708,865	0.007048	8,336	59	57.00
58.00	05800	MRI	388,487	15,006,144	0.025889	3,173	82	58.00
59.00	05900	CARDIAC CATHETERIZATION	499,713	37,317,591	0.013391	1,583	21	59.00
60.00	06000	LABORATORY	296,111	82,759,576	0.003578	246,215	881	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	41,451	1,014,750	0.040848	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	126,778	10,526,626	0.012044	129,939	1,565	65.00
66.00	06600	PHYSICAL THERAPY	221,758	10,873,828	0.020394	246,055	5,018	66.00
67.00	06700	OCCUPATIONAL THERAPY	441,058	3,372,379	0.130785	175,945	23,011	67.00
68.00	06800	SPEECH PATHOLOGY	66,584	1,128,089	0.059024	5,708	337	68.00
69.00	06900	ELECTROCARDIOLOGY	132,739	4,796,776	0.027673	1,407	39	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,978	5,728,608	0.009248	1,078	10	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	300,982	42,830,920	0.007027	261,274	1,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	270,913	36,906,208	0.007341	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	299,061	89,173,257	0.003354	1,180,460	3,959	73.00
74.00	07400	RENAL DIALYSIS	83,432	1,362,972	0.061213	0	0	74.00
76.00	03330	ENDOSCOPY	85,922	2,742,863	0.031326	3,946	124	76.00
76.20	03951	PAIN CLINIC	105,294	4,179,444	0.025193	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	206,787	575,984	0.359015	6,621	2,377	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	135,358	1,002,429	0.135030	0	0	90.00
91.00	09100	EMERGENCY	359,036	24,093,438	0.014902	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	173,245	10,651,102	0.016265	0	0	92.00
200.00		Total (lines 50-199)	6,853,930	523,445,610		2,304,227	40,049	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part III Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,464	0.00	6,617	0		30.00
43.00	04300	NURSERY	1,675	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	2,494	0.00	1,271	0		44.00
200.00		Total (lines 30-199)	29,633		7,888	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	0	0	0	0	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	0	0	54.10
54.20	03630	ULTRA SOUND	0	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	0	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	38,297,819	0.000000	0.000000	4,070	50.00
51.00	05100	RECOVERY ROOM	0	2,627,133	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,902,822	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,778,747	0.000000	0.000000	1,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,583,195	0.000000	0.000000	15,859	54.00
54.10	03440	MAMMOGRAPHY	0	6,668,158	0.000000	0.000000	0	54.10
54.20	03630	ULTRA SOUND	0	8,140,382	0.000000	0.000000	11,122	54.20
54.30	05401	ECHOCARDIOLOGY	0	6,152,389	0.000000	0.000000	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,416	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	12,508,700	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	40,708,865	0.000000	0.000000	8,336	57.00
58.00	05800	MRI	0	15,006,144	0.000000	0.000000	3,173	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,317,591	0.000000	0.000000	1,583	59.00
60.00	06000	LABORATORY	0	82,759,576	0.000000	0.000000	246,215	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,014,750	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,526,626	0.000000	0.000000	129,939	65.00
66.00	06600	PHYSICAL THERAPY	0	10,873,828	0.000000	0.000000	246,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,372,379	0.000000	0.000000	175,945	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,128,089	0.000000	0.000000	5,708	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,796,776	0.000000	0.000000	1,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,728,608	0.000000	0.000000	1,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,830,920	0.000000	0.000000	261,274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,906,208	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	89,173,257	0.000000	0.000000	1,180,460	73.00
74.00	07400	RENAL DIALYSIS	0	1,362,972	0.000000	0.000000	0	74.00
76.00	03330	ENDOSCOPY	0	2,742,863	0.000000	0.000000	3,946	76.00
76.20	03951	PAIN CLINIC	0	4,179,444	0.000000	0.000000	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	575,984	0.000000	0.000000	6,621	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,002,429	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	24,093,438	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,651,102	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	523,445,610			2,304,227	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,272,710	0		50.00
51.00	05100	RECOVERY ROOM	0	201,512	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	427,077	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,054,598	0		54.00
54.10	03440	MAMMOGRAPHY	0	58,341	0		54.10
54.20	03630	ULTRA SOUND	0	1,411,146	0		54.20
54.30	05401	ECHOCARDIOLOGY	0	992,320	0		54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	3,549,771	0		56.00
57.00	05700	CT SCAN	0	6,468,190	0		57.00
58.00	05800	MRI	0	2,344,995	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,060,035	0		59.00
60.00	06000	LABORATORY	0	4,951,053	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	33,062	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	615,027	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	55,384	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	934,355	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	819,501	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,209,603	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,217,234	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,033,813	0		73.00
74.00	07400	RENAL DIALYSIS	0	48,642	0		74.00
76.00	03330	ENDOSCOPY	0	100,065	0		76.00
76.20	03951	PAIN CLINIC	0	930,582	0		76.20
76.97	07697	CARDIAC REHABILITATION	0	194,517	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	389,969	0		90.00
91.00	09100	EMERGENCY	0	3,109,913	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,542,590	0		92.00
200.00		Total (lines 50-199)	0	58,026,005	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part V Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.203659	3,272,710	0	0	666,517	50.00
51.00	05100	RECOVERY ROOM	0.267071	201,512	0	0	53,818	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.413342	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.093455	427,077	0	0	39,912	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079413	2,054,598	0	0	163,162	54.00
54.10	03440	MAMMOGRAPHY	0.229332	58,341	15,764	0	13,379	54.10
54.20	03630	ULTRA SOUND	0.154773	1,411,146	0	0	218,407	54.20
54.30	05401	ECHOCARDIOLOGY	0.145818	992,320	0	0	144,698	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0.078074	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.102300	3,549,771	0	0	363,142	56.00
57.00	05700	CT SCAN	0.046072	6,468,190	0	0	298,002	57.00
58.00	05800	MRI	0.090003	2,344,995	0	0	211,057	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062795	8,060,035	0	0	506,130	59.00
60.00	06000	LABORATORY	0.076677	4,951,053	9,019	0	379,632	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.359485	33,062	0	0	11,885	64.00
65.00	06500	RESPIRATORY THERAPY	0.140749	615,027	0	0	86,564	65.00
66.00	06600	PHYSICAL THERAPY	0.453350	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243864	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.763461	55,384	0	0	42,284	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111024	934,355	0	0	103,736	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195434	819,501	0	0	160,158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.157875	4,209,603	0	0	664,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221617	3,217,234	0	0	712,994	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.103813	7,033,813	0	229,167	730,201	73.00
74.00	07400	RENAL DIALYSIS	0.393212	48,642	0	0	19,127	74.00
76.00	03330	ENDOSCOPY	0.329576	100,065	0	0	32,979	76.00
76.20	03951	PAIN CLINIC	0.193680	930,582	0	0	180,235	76.20
76.97	07697	CARDIAC REHABILITATION	0.904760	194,517	0	0	175,991	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.524849	389,969	0	0	204,675	90.00
91.00	09100	EMERGENCY	0.234091	3,109,913	0	0	728,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.170674	2,542,590	0	0	433,954	92.00
200.00		Subtotal (see instructions)		58,026,005	24,783	229,167	7,345,233	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		58,026,005	24,783	229,167	7,345,233	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part V Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
54.10	03440	MAMMOGRAPHY	3,615	0		54.10
54.20	03630	ULTRA SOUND	0	0		54.20
54.30	05401	ECHOCARDIOLOGY	0	0		54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
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	692	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
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	23,791		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.20	03951	PAIN CLINIC	0	0		76.20
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	4,307	23,791		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	4,307	23,791		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140162 Component CCN: 145590 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	0	0	0	0	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	0	0	54.10
54.20	03630	ULTRA SOUND	0	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	0	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140162 | Component CCN: 145590 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part IV | Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	38,297,819	0.000000	0.000000	5,148	50.00
51.00	05100	RECOVERY ROOM	0	2,627,133	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,902,822	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,778,747	0.000000	0.000000	1,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,583,195	0.000000	0.000000	15,859	54.00
54.10	03440	MAMMOGRAPHY	0	6,668,158	0.000000	0.000000	0	54.10
54.20	03630	ULTRA SOUND	0	8,140,382	0.000000	0.000000	11,122	54.20
54.30	05401	ECHOCARDIOLOGY	0	6,152,389	0.000000	0.000000	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,416	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	12,508,700	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	40,708,865	0.000000	0.000000	8,336	57.00
58.00	05800	MRI	0	15,006,144	0.000000	0.000000	3,173	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,317,591	0.000000	0.000000	1,583	59.00
60.00	06000	LABORATORY	0	82,759,576	0.000000	0.000000	246,215	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,014,750	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,526,626	0.000000	0.000000	129,939	65.00
66.00	06600	PHYSICAL THERAPY	0	10,873,828	0.000000	0.000000	246,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,372,379	0.000000	0.000000	175,945	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,128,089	0.000000	0.000000	5,708	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,796,776	0.000000	0.000000	1,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,728,608	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,830,920	0.000000	0.000000	261,274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,906,208	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	89,173,257	0.000000	0.000000	1,180,460	73.00
74.00	07400	RENAL DIALYSIS	0	1,362,972	0.000000	0.000000	0	74.00
76.00	03330	ENDOSCOPY	0	2,742,863	0.000000	0.000000	3,946	76.00
76.20	03951	PAIN CLINIC	0	4,179,444	0.000000	0.000000	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	575,984	0.000000	0.000000	6,621	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,002,429	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	24,093,438	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,651,102	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	523,445,610			2,304,227	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140162 | Component CCN: 145590 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D Part IV | Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.10	03440	MAMMOGRAPHY	0	0	0		54.10
54.20	03630	ULTRA SOUND	0	0	0		54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0		54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03330	ENDOSCOPY	0	0	0		76.00
76.20	03951	PAIN CLINIC	0	0	0		76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D-1 | Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | 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)	25,464	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,464	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)	23,353	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)	6,617	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)	21,927,998	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)	21,927,998	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)	21,927,998	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)	861.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,698,163	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)	5,698,163	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D-1 | Date/Time Prepared: 2/22/2016 2:30 pm

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						43.00
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)	372,158	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,070,321	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)	543,057	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	40,049	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	583,106	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,487,215	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)	2,111	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	861.14	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,817,867	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D-1 | Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	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	2,089,765	21,927,998	0.095301	1,817,867	173,245	90.00
91.00	Nursing School cost	0	21,927,998	0.000000	1,817,867	0	91.00
92.00	Allied health cost	0	21,927,998	0.000000	1,817,867	0	92.00
93.00	All other Medical Education	0	21,927,998	0.000000	1,817,867	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140162 Component CCN: 145590	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/22/2016 2:30 pm
	Title XVIII	Skilled Nursing Facility	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)	2,494	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,494	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)	2,494	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)	1,271	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)	1,484,151	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)	1,484,151	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)	1,484,151	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D-1

Component CCN: 145590 | Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Skilled Nursing Facility | 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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
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)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	1,484,151	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	595.09	71.00
72.00	Program routine service cost (line 9 x line 71)	756,359	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)	756,359	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)	0.00	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	0.00	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)	756,359	83.00
84.00	Program inpatient ancillary services (see instructions)	372,156	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)	1,128,515	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: 140162 | Period: From 10/01/2014 | Worksheet D-1
Component CCN: 145590 | To 09/30/2015 | Date/Time Prepared: 2/22/2016 2:30 pm
Title XVIII | Skilled Nursing Facility | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D-3 | Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Hospital | 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		691,300		30.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.203659	4,070	829	50.00
51.00	05100	RECOVERY ROOM	0.267071	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.413342	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.100145	1,436	144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079413	15,859	1,259	54.00
54.10	03440	MAMMOGRAPHY	0.229332	0	0	54.10
54.20	03630	ULTRA SOUND	0.154773	11,122	1,721	54.20
54.30	05401	ECHOCARDIOLOGY	0.145818	0	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0.078074	0	0	55.00
56.00	05600	RADIOISOTOPE	0.102300	0	0	56.00
57.00	05700	CT SCAN	0.046072	8,336	384	57.00
58.00	05800	MRI	0.090003	3,173	286	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062795	1,583	99	59.00
60.00	06000	LABORATORY	0.076677	246,215	18,879	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.359485	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.140749	129,939	18,289	65.00
66.00	06600	PHYSICAL THERAPY	0.453350	246,055	111,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243864	175,945	42,907	67.00
68.00	06800	SPEECH PATHOLOGY	0.763461	5,708	4,358	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111024	1,407	156	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195434	1,078	211	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.157875	261,274	41,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221617	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.103813	1,180,460	122,547	73.00
74.00	07400	RENAL DIALYSIS	0.393212	0	0	74.00
76.00	03330	ENDOSCOPY	0.329576	3,946	1,301	76.00
76.20	03951	PAIN CLINIC	0.193680	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.904760	6,621	5,990	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.524849	0	0	90.00
91.00	09100	EMERGENCY	0.234091	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.170674	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,304,227	372,158	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		2,304,227		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet D-3

Component CCN: 145590 | Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Skilled Nursing Facility | 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
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.203659	5,148	1,048	50.00
51.00	05100	RECOVERY ROOM	0.267071	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.413342	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.093455	1,436	134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079413	15,859	1,259	54.00
54.10	03440	MAMMOGRAPHY	0.229332	0	0	54.10
54.20	03630	ULTRA SOUND	0.154773	11,122	1,721	54.20
54.30	05401	ECHOCARDIOLOGY	0.145818	0	0	54.30
55.00	05500	RADIOLOGY-THERAPEUTIC	0.078074	0	0	55.00
56.00	05600	RADIOISOTOPE	0.102300	0	0	56.00
57.00	05700	CT SCAN	0.046072	8,336	384	57.00
58.00	05800	MRI	0.090003	3,173	286	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062795	1,583	99	59.00
60.00	06000	LABORATORY	0.076677	246,215	18,879	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.359485	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.140749	129,939	18,289	65.00
66.00	06600	PHYSICAL THERAPY	0.453350	246,055	111,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243864	175,945	42,907	67.00
68.00	06800	SPEECH PATHOLOGY	0.763461	5,708	4,358	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111024	1,407	156	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195434	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.157875	261,274	41,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221617	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.103813	1,180,460	122,547	73.00
74.00	07400	RENAL DIALYSIS	0.393212	0	0	74.00
76.00	03330	ENDOSCOPY	0.329576	3,946	1,301	76.00
76.20	03951	PAIN CLINIC	0.193680	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.904760	6,621	5,990	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.524849	0	0	90.00
91.00	09100	EMERGENCY	0.234091	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.170674	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,304,227	372,156	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		2,304,227		202.00

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			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		19,722,990			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0			1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0			1.04
2.00	Outlier payments for discharges. (see instructions)		352,799			2.00
2.01	Outlier reconciliation amount		0			2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0			2.02
3.00	Managed Care Simulated Payments		8,334,255			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		131.22			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)		0.00			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00			10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00			11.00
12.00	Current year allowable FTE (see instructions)		0.00			12.00
13.00	Total allowable FTE count for the prior year.		0.00			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.		0.00			14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00			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		0.00			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000			21.00
22.00	IME payment adjustment (see instructions)		0			22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00			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)		0.00			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000			26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000			27.00
28.00	IME add-on adjustment amount (see instructions)		0			28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0			28.01
29.00	Total IME payment (sum of lines 22 and 28)		0			29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet E Part A Date/Time Prepared: 2/22/2016 2:30 pm

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			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0			29.01
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.22			30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.67			31.00
32.00	Sum of lines 30 and 31		18.89			32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.03			33.00
34.00	Disproportionate share adjustment (see instructions)		248,017			34.00

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000000000		0.000109142	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0		834,678	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		834,678	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		834,678			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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)		21,158,484			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0			48.00
49.00	Total payment for inpatient operating costs (see instructions)		21,158,484			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,675,096			50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0			52.00
53.00	Nursing and Allied Health Managed Care payment		0			53.00
54.00	Special add-on payments for new technologies		0			54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0			55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0			56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0			57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0			58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,833,580			59.00
60.00	Primary payer payments		8,256			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,825,324			61.00
62.00	Deductibles billed to program beneficiaries		2,295,492			62.00

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			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
63.00	Coinsurance billed to program beneficiaries		54,659			63.00
64.00	Allowable bad debts (see instructions)		342,445			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		222,589			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		307,068			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,697,762			67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.89	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)		183,444			70.93
70.94	HRR adjustment amount (see instructions)		0			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
70.99	HAC adjustment amount (see instructions)		0			70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,881,206			71.00
71.01	Sequestration adjustment (see instructions)		417,624			71.01
72.00	Interim payments		20,373,477			72.00
73.00	Tentative settlement (for contractor use only)		0			73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		90,105			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		695,330			75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0			90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140162	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/22/2016 2:30 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1		On/After 10/1	
		1.00	1.01	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	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
	HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140162	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/22/2016 2:30 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	28,098	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	7,345,233	2.00
3.00	PPS payments	9,126,784	3.00
4.00	Outlier payment (see instructions)	556	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	28,098	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	253,950	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)	253,950	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 chargebasis 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)	253,950	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	225,852	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	28,098	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	9,127,340	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	1,873,027	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)	7,282,411	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	7,282,411	30.00
31.00	Primary payer payments	717	31.00
32.00	Subtotal (line 30 minus line 31)	7,281,694	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)	275,011	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	178,757	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	247,413	36.00
37.00	Subtotal (see instructions)	7,460,451	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	7,460,451	40.00
40.01	Sequestration adjustment (see instructions)	149,209	40.01
41.00	Interim payments	7,393,343	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-82,101	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet E-1 Part I Date/Time Prepared: 2/22/2016 2:30 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		20,373,477		7,393,343	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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		20,373,477		7,393,343	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		90,105		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		82,101	6.02
7.00	Total Medicare program liability (see instructions)		20,463,582		7,311,242	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: 140162 | Component CCN: 145590 | Period: From 10/01/2014 To 09/30/2015 | Worksheet E-1 Part I | Date/Time Prepared: 2/22/2016 2:30 pm

Title XVIII | Skilled Nursing Facility | 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		339,571		0	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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		339,571		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		339,571		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 140162	Period: From 10/01/2014 To 09/30/2015	Worksheet E-1 Part II Date/Time Prepared: 2/22/2016 2:30 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	6,370	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	6,617	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,888	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	23,353	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	557,767,578	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6,366,640	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140162 Component CCN: 145590	Period: From 10/01/2014 To 09/30/2015	Worksheet E-3 Part VI Date/Time Prepared: 2/22/2016 2:30 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	372,903	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	372,903	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	26,402	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	346,501	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (see instructions	346,501	15.00
15.01	Sequestration adjustment (see instructions)	6,930	15.01
16.00	Interim payments	339,571	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)	0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet G | Date/Time Prepared: 2/22/2016 2:30 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	2,912,247	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	91,596,486	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-63,613,065	0	0	0	6.00
7.00	Inventory	2,706,697	0	0	0	7.00
8.00	Prepaid expenses	397,676	0	0	0	8.00
9.00	Other current assets	2,246,888	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)	36,246,929	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,635,357	0	0	0	12.00
13.00	Land improvements	2,308,315	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	125,361,751	0	0	0	15.00
16.00	Accumulated depreciation	-67,177,036	0	0	0	16.00
17.00	Leasehold improvements	463,867	0	0	0	17.00
18.00	Accumulated depreciation	-2,499,304	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	70,173,233	0	0	0	23.00
24.00	Accumulated depreciation	-54,844,480	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	3,847,894	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	79,269,597	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	210,238,987	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	24,626,587	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	234,865,574	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	350,382,100	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	4,521,518	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,123,048	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	860,681	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	692,265	0	0	0	43.00
44.00	Other current liabilities	22,732,616	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,930,128	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,141,770	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	426,702	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	1,568,472	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	31,498,600	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	318,883,500				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	318,883,500	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	350,382,100	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet G-1 | Date/Time Prepared: 2/22/2016 2:30 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		283,232,475		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		35,124,871				2.00
3.00	Total (sum of line 1 and line 2)		318,357,346		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	INCREASE IN RESTRICTED ASSETS	20,510		0		0	5.00
6.00	INCREASE IN TEMPORARY RESTRICTED ASS	231,371		0		0	6.00
7.00	OTHER	274,273		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		526,154		0		10.00
11.00	Subtotal (line 3 plus line 10)		318,883,500		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	DECREASE IN RESTRICTED ASSETS	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		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)		318,883,500		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	Additions (credit adjustments) (specify)		0		4.00
5.00	INCREASE IN RESTRICTED ASSETS		0		5.00
6.00	INCREASE IN TEMPORARY RESTRICTED ASS		0		6.00
7.00	OTHER		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	Deductions (debit adjustments) (specify)		0		12.00
13.00	DECREASE IN RESTRICTED ASSETS		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: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 2/22/2016 2:30 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	32,885,408		32,885,408	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				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	1,436,559		1,436,559	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)	34,321,967		34,321,967	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,321,967		34,321,967	17.00
18.00	Ancillary services	232,085,281	255,682,396	487,767,677	18.00
19.00	Outpatient services	6,790,909	28,887,024	35,677,933	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	108,292,379	108,292,379	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	273,198,157	392,861,799	666,059,956	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		173,693,156		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)		173,693,156		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet G-3 | Date/Time Prepared: 2/22/2016 2:30 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	666,059,956	1.00
2.00	Less contractual allowances and discounts on patients' accounts	474,060,820	2.00
3.00	Net patient revenues (line 1 minus line 2)	191,999,136	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	173,693,156	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,305,980	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	952,692	6.00
7.00	Income from investments	1,840,759	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	475,725	14.00
15.00	Revenue from rental of living quarters	20,031	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	25	17.00
18.00	Revenue from sale of medical records and abstracts	11,254,289	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	67,111	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	1,991,634	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	216,625	24.01
25.00	Total other income (sum of lines 6-24)	16,818,891	25.00
26.00	Total (line 5 plus line 25)	35,124,871	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	35,124,871	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 140162 | Period: From 10/01/2014 To 09/30/2015 | Worksheet I-5 | Date/Time Prepared: 2/22/2016 2:30 pm

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140162	Period: From 10/01/2014 To 09/30/2015	Worksheet L Parts I-III Date/Time Prepared: 2/22/2016 2:30 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,566,154	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	47,862	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)	64.62	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	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)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	4.22	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	14.67	8.00
9.00	Sum of lines 7 and 8	18.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)	3.90	10.00
11.00	Disproportionate share adjustment (see instructions)	61,080	11.00
12.00	Total prospective capital payments (see instructions)	1,675,096	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