

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 2/27/2017 11:33 am
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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 2/27/2017 Time: 11:33 am

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 (14-0162) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	70,185	-25,452	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
200.00 Total	0	70,185	-25,452	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 11:30 am			
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)				
		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)						10/01/2015	09/30/2016		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 §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						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.			522	1,098	0	0	1,965	57	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: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 11:30 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	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

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	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
				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.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				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	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

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		1.00	2.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		149006	140.00
		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		
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
				1.00		
				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	155.00
156.00	Subprovider - IPF		N		N	156.00
157.00	Subprovider - IRF		N		N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF		N		N	159.00
160.00	HOME HEALTH AGENCY		N		N	160.00
161.00	CMHC				N	161.00
				1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00
				1.00		
				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
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 11:30 am
		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
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 11:30 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2017			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					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			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/06/2017	Y	02/06/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 11:30 am	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LOUIS		RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309) 624-9230		LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE. OR	43.00

		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: 14-0162

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 11:30 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	50,142	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	50,142	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	50,142	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	4,392		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	89.00				0	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: 14-0162

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 11:30 am

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)	9,749	486	23,154			1.00
2.00 HMO and other (see instructions)	3,984	3,063				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)	9,749	486	23,154			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		36	1,711			13.00
14.00 Total (see instructions)	9,749	522	24,865	0.00	776.59	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	1,052	0	1,951	0.00	11.41	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	788.00	27.00
28.00 Observation Bed Days		114	2,500			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	57	231			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 11:30 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	2,445	250	6,344	1.00
2.00 HMO and other (see instructions)			905	519		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	2,445	250	6,344	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	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

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

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 11:30 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	51,543,874	99,778	51,643,652	1,816,728.00	28.43
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		235,560	0	235,560	1,679.00	140.30
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		100,362	0	100,362	423.00	237.26
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	573,215	-9,168	564,047	23,805.00	23.69
10.00	Excluded area salaries (see instructions)		8,850,337	14,844	8,865,181	291,642.00	30.40
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		593,398	0	593,398	9,331.00	63.59
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		41,200	0	41,200	202.00	203.96
14.00	Home office and/or related organization salaries and wage-related costs		10,745,693	0	10,745,693	208,636.00	51.50
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,543,648	0	12,543,648		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,722,077	0	2,722,077		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		39,321	0	39,321		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		15,401	0	15,401		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	7,504	0	7,504	7,505.00	1.00
27.00	Administrative & General	5.00	5,033,812	20,346	5,054,158	123,268.00	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

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

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 11:30 am

	Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	1,069,247	4,279	1,073,526	45,255.00	23.72	29.00
30.00	Operation of Plant	364,692	1,459	366,151	13,780.00	26.57	30.00
31.00	Laundry & Linen Service	25,133	101	25,234	2,014.00	12.53	31.00
32.00	Housekeeping	1,091,697	4,369	1,096,066	81,786.00	13.40	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	858,078	-429,438	428,640	24,990.00	17.15	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	101,324	430,924	532,248	33,156.00	16.05	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	599,899	2,198	602,097	18,962.00	31.75	38.00
39.00	Central Services and Supply	210,556	843	211,399	12,552.00	16.84	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	1,056,556	4,228	1,060,784	46,144.00	22.99	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

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

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2017 11:30 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	51,443,512	99,778	51,543,290	1,816,305.00	28.38	1.00
2.00	Excluded area salaries (see instructions)	9,423,552	5,676	9,429,228	315,447.00	29.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,019,960	94,102	42,114,062	1,500,858.00	28.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,380,291	0	11,380,291	218,169.00	52.16	4.00
5.00	Subtotal wage-related costs (see inst.)	12,582,969	0	12,582,969	0.00	29.88	5.00
6.00	Total (sum of lines 3 thru 5)	65,983,220	94,102	66,077,322	1,719,027.00	38.44	6.00
7.00	Total overhead cost (see instructions)	10,418,498	39,309	10,457,807	409,412.00	25.54	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2017 11:30 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,093,585 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)			630,529 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)			8,030,835 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			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)			76,457 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			93,265 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			3,194,854 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			6,383 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			194,539 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			15,320,447 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part V Date/Time Prepared: 2/27/2017 11:30 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0
2.00	Hospital		0	0
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	0

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0162

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

Worksheet S-7

Date/Time Prepared:
2/27/2017 11:30 am

		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	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	88	0	88	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	24	0	24	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	26	0	26	19.00
20.00	RHA	442	0	442	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	236	0	236	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	33	0	33	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	36	0	36	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	5	0	5	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	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	4	0	4	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	1	0	1	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	56	0	56	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	64	0	64	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	0	0	0	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: 14-0162

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

Worksheet S-7

Date/Time Prepared:
2/27/2017 11:30 am

		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	21	0	21	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	16	0	16	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,052	0	1,052	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		573,215	48.57		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)		1,180,231			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 2/27/2017 11:30 am
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.168410	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		12,911,478	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		86,695,497	6.00		
7.00	Medicaid cost (line 1 times line 6)		14,600,389	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)		1,688,911	8.00		
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP		0	9.00		
10.00	Stand-alone CHIP charges		0	10.00		
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00		
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00		
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00		
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00		
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,688,911	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Charity care charges for the entire facility (see instructions)		5,509,675	11,219,356	16,729,031	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)		927,884	1,889,452	2,817,336	21.00
22.00	Partial payment by patients approved for charity care		25,460	96,206	121,666	22.00
23.00	Cost of charity care (line 21 minus line 22)		902,424	1,793,246	2,695,670	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)		5,136,644			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		379,670			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,756,974			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		801,122			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,496,792			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,185,703			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

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

Worksheet A
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		4,326,142	4,326,142	656,333	4,982,475	1.00
2.00	00200		4,720,383	4,720,383	60,757	4,781,140	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	7,504	15,105,325	15,112,829	277,254	15,390,083	4.00
5.00	00500	5,033,812	22,380,018	27,413,830	-119,444	27,294,386	5.00
6.00	00600	1,069,247	728,484	1,797,731	4,279	1,802,010	6.00
7.00	00700	364,692	2,191,417	2,556,109	1,459	2,557,568	7.00
8.00	00800	25,133	383,548	408,681	101	408,782	8.00
9.00	00900	1,091,697	74,943	1,166,640	4,369	1,171,009	9.00
10.00	01000	858,078	422,235	1,280,313	-638,931	641,382	10.00
11.00	01100	101,324	5,905	107,229	642,770	749,999	11.00
13.00	01300	599,899	176,596	776,495	2,198	778,693	13.00
14.00	01400	210,556	144,648	355,204	843	356,047	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	1,056,556	161,238	1,217,794	4,228	1,222,022	16.00
22.00	02200	0	190,986	190,986	0	190,986	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	11,935,918	1,475,726	13,411,644	-1,632,870	11,778,774	30.00
43.00	04300	0	0	0	368,301	368,301	43.00
44.00	04400	573,215	50,329	623,544	2,294	625,838	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,469,563	9,222,983	11,692,546	-7,557,013	4,135,533	50.00
51.00	05100	411,603	1,587	413,190	1,647	414,837	51.00
52.00	05200	0	0	0	1,312,736	1,312,736	52.00
53.00	05300	0	938,320	938,320	0	938,320	53.00
54.00	05400	1,137,428	462,153	1,599,581	-1,159,392	440,189	54.00
54.10	03440	323,834	125,908	449,742	358,510	808,252	54.10
54.20	03630	421,146	256,324	677,470	317,160	994,630	54.20
54.30	05401	288,085	123,238	411,323	57,094	468,417	54.30
55.00	05500	0	0	0	0	0	55.00
56.00	05600	196,364	712,079	908,443	124,334	1,032,777	56.00
57.00	05700	447,948	455,713	903,661	287,423	1,191,084	57.00
58.00	05800	195,417	811,308	1,006,725	782	1,007,507	58.00
59.00	05900	775,835	4,052,577	4,828,412	-3,530,097	1,298,315	59.00
60.00	06000	2,151,657	1,950,175	4,101,832	8,613	4,110,445	60.00
64.00	06400	172,027	16,419	188,446	688	189,134	64.00
65.00	06500	783,207	212,143	995,350	-144,512	850,838	65.00
66.00	06600	2,696,907	676,134	3,373,041	10,811	3,383,852	66.00
67.00	06700	511,319	6,263	517,582	2,046	519,628	67.00
68.00	06800	346,970	220,185	567,155	1,388	568,543	68.00
69.00	06900	258,400	11,723	270,123	1,034	271,157	69.00
70.00	07000	637,174	146,498	783,672	2,550	786,222	70.00
71.00	07100	117,803	872,526	990,329	4,322,575	5,312,904	71.00
72.00	07200	0	0	0	6,969,393	6,969,393	72.00
73.00	07300	1,761,830	5,528,057	7,289,887	-382	7,289,505	73.00
74.00	07400	0	310,050	310,050	0	310,050	74.00
76.00	03330	0	767,885	767,885	0	767,885	76.00
76.20	03951	343,736	203,440	547,176	1,710	548,886	76.20
76.97	07697	186,701	12,036	198,737	-11,775	186,962	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	219,258	193,583	412,841	877	413,718	90.00
91.00	09100	2,911,694	2,336,458	5,248,152	704	5,248,856	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		42,693,537	83,163,688	125,857,225	1,012,845	126,870,070	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	260,370	167,731	428,101	1,042	429,143	190.00
192.00	19200	7,495,291	14,795,697	22,290,988	-1,030,789	21,260,199	192.00
192.10	19201	22,961	104,792	127,753	92	127,845	192.10
192.20	19202	191,697	1,329,301	1,520,998	767	1,521,765	192.20
192.30	19203	211,038	4,156	215,194	844	216,038	192.30
192.40	19204	668,980	103,959	772,939	2,677	775,616	192.40
192.60	19205	0	0	0	12,522	12,522	192.60
200.00		51,543,874	99,669,324	151,213,198	0	151,213,198	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

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

Worksheet A
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	393,852	5,376,327	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	111,488	4,892,628	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-611,696	14,778,387	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,024,162	20,270,224	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,802,010	6.00
7.00	00700	OPERATION OF PLANT	-76,579	2,480,989	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	408,782	8.00
9.00	00900	HOUSEKEEPING	0	1,171,009	9.00
10.00	01000	DIETARY	0	641,382	10.00
11.00	01100	CAFETERIA	-492,133	257,866	11.00
13.00	01300	NURSING ADMINISTRATION	-9,849	768,844	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	356,047	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-90,886	1,131,136	16.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-190,986	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-75,360	11,703,414	30.00
43.00	04300	NURSERY	0	368,301	43.00
44.00	04400	SKILLED NURSING FACILITY	0	625,838	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,135,533	50.00
51.00	05100	RECOVERY ROOM	0	414,837	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,312,736	52.00
53.00	05300	ANESTHESIOLOGY	-643,995	294,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-54,780	385,409	54.00
54.10	03440	MAMMOGRAPHY	-1	808,251	54.10
54.20	03630	ULTRA SOUND	0	994,630	54.20
54.30	05401	ECHOCARDIOLOGY	0	468,417	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-1,929	1,030,848	56.00
57.00	05700	CT SCAN	-6,308	1,184,776	57.00
58.00	05800	MRI	-12,845	994,662	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,298,315	59.00
60.00	06000	LABORATORY	-66,112	4,044,333	60.00
64.00	06400	INTRAVENOUS THERAPY	0	189,134	64.00
65.00	06500	RESPIRATORY THERAPY	0	850,838	65.00
66.00	06600	PHYSICAL THERAPY	-25,048	3,358,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	519,628	67.00
68.00	06800	SPEECH PATHOLOGY	-9,882	558,661	68.00
69.00	06900	ELECTROCARDIOLOGY	0	271,157	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-47,640	738,582	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,312,904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,969,393	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-4,408	7,285,097	73.00
74.00	07400	RENAL DIALYSIS	0	310,050	74.00
76.00	03330	ENDOSCOPY	-41,259	726,626	76.00
76.20	03951	PAIN CLINIC	0	548,886	76.20
76.97	07697	CARDIAC REHABILITATION	-39,150	147,812	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-19,921	393,797	90.00
91.00	09100	EMERGENCY	-1,874,724	3,374,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,914,313	115,955,757	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	429,143	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,260,199	192.00
192.10	19201	CARDIOLOGY CLINIC	0	127,845	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	-188,726	1,333,039	192.20
192.30	19203	MCLEAN CO EMS	0	216,038	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	775,616	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	12,522	192.60
200.00		TOTAL (SUM OF LINES 118-199)	-11,103,039	140,110,159	200.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	555,621	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	25,686	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,019	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	588,326	
B - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	142,802	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		0	142,802	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	430,519	211,846	1.00
	0		430,519	211,846	
D - ALT BIRTH RECLASS					
1.00	NURSERY	43.00	328,633	39,668	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,171,346	141,390	2.00
	TOTALS		1,499,979	181,058	
E - CARDIAC REHAB RECLASS					
1.00	NONALLOWABLE CARDIAC REHAB	192.60	11,766	756	1.00
	TOTALS		11,766	756	
F - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,969,393	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	6,969,393	
G - MED/SURG SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,424,386	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	4,424,386	
H - DISABILITY RECLASS					
1.00	DIETARY	10.00	0	2,353	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	30,137	2.00
3.00	SKILLED NURSING FACILITY	44.00	0	11,462	3.00
4.00	OPERATING ROOM	50.00	0	4,156	4.00
5.00	RECOVERY ROOM	51.00	0	2,583	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,899	6.00
7.00	LABORATORY	60.00	0	2,731	7.00
8.00	RESPIRATORY THERAPY	65.00	0	5,401	8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,150	9.00
10.00	EMERGENCY	91.00	0	10,241	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,344	11.00
	0		0	76,457	
I - OSFMG EMPLOYEE BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	453,489	1.00
	0		0	453,489	
J - DRUGS CHARGED TO PATIENTS					
1.00	ADULTS & PEDIATRICS	30.00	0	404	1.00
2.00	OPERATING ROOM	50.00	0	56	2.00
3.00	CT SCAN	57.00	0	689	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	5,865	4.00
5.00	LABORATORY	60.00	0	3	5.00
6.00	RESPIRATORY THERAPY	65.00	0	61	6.00
7.00	PHYSICAL THERAPY	66.00	0	19	7.00
8.00	PAIN CLINIC	76.20	0	335	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	7,432	
K - REHAB ADMIN RECLASS					
1.00	MAMMOGRAPHY	54.10	203,206	154,008	1.00
2.00	ULTRA SOUND	54.20	195,977	125,654	2.00
3.00	ECHOCARDIOLOGY	54.30	48,113	7,828	3.00
4.00	RADIOISOTOPE	56.00	106,259	17,289	4.00
5.00	CT SCAN	57.00	196,762	105,131	5.00

RECLASSIFICATIONS

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Period:
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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00		0.00	0	0	6.00
	TOTALS		750,317	409,910	
L - VACATION ACCRUAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	20,346	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	4,279	0	2.00
3.00	OPERATION OF PLANT	7.00	1,459	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	101	0	4.00
5.00	HOUSEKEEPING	9.00	4,369	0	5.00
6.00	DIETARY	10.00	3,434	0	6.00
7.00	CAFETERIA	11.00	405	0	7.00
8.00	NURSING ADMINISTRATION	13.00	2,198	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	843	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	4,228	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	47,763	0	11.00
12.00	SKILLED NURSING FACILITY	44.00	2,294	0	12.00
13.00	OPERATING ROOM	50.00	9,882	0	13.00
14.00	RECOVERY ROOM	51.00	1,647	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	4,552	0	15.00
16.00	MAMMOGRAPHY	54.10	1,296	0	16.00
17.00	ULTRASOUND	54.20	1,685	0	17.00
18.00	ECHOCARDIOLOGY	54.30	1,153	0	18.00
19.00	RADIOISOTOPE	56.00	786	0	19.00
20.00	CT SCAN	57.00	1,793	0	20.00
21.00	MRI	58.00	782	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	3,105	0	22.00
23.00	LABORATORY	60.00	8,610	0	23.00
24.00	INTRAVENOUS THERAPY	64.00	688	0	24.00
25.00	RESPIRATORY THERAPY	65.00	3,134	0	25.00
26.00	PHYSICAL THERAPY	66.00	10,792	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	2,046	0	27.00
28.00	SPEECH PATHOLOGY	68.00	1,388	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	1,034	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	2,550	0	30.00
31.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	471	0	31.00
32.00	DRUGS CHARGED TO PATIENTS	73.00	7,050	0	32.00
33.00	PAIN CLINIC	76.20	1,375	0	33.00
34.00	CARDIAC REHABILITATION	76.97	747	0	34.00
35.00	CLINIC	90.00	877	0	35.00
36.00	EMERGENCY	91.00	11,651	0	36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,042	0	37.00
38.00	CARDIOLOGY CLINIC	192.10	92	0	38.00
39.00	FUND DEV, MKTING, COMM HEALTH ED	192.20	767	0	39.00
40.00	MCLEAN CO EMS	192.30	844	0	40.00
41.00	INDUSTRIAL MEDICINE	192.40	2,677	0	41.00
42.00		0.00	0	0	42.00
	TOTALS		176,235	0	
500.00	Grand Total: Increases		2,868,816	13,465,855	500.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION RECLASS						
1.00	0.00	0	0	9		1.00
2.00	0.00	0	0	9		2.00
3.00	0.00	0	0	0		3.00
4.00	CAP REL COSTS-MVBLE EQUIP	2.00	7,019	9		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	555,621	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	25,686	0		6.00
	O		588,326			
B - PROPERTY INSURANCE						
1.00	0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	139,790	0		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,012	0		3.00
	O		142,802			
C - CAFETERIA RECLASS						
1.00	DIETARY	10.00	430,519	211,846	0	1.00
	O		430,519	211,846		
D - ALT BIRTH RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,499,979	181,058	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,499,979	181,058		
E - CARDIAC REHAB RECLASS						
1.00	CARDIAC REHABILITATION	76.97	11,766	756	0	1.00
	TOTALS		11,766	756		
F - IMPLANTABLE DEVICES RECLASS						
1.00	OPERATING ROOM	50.00	0	5,604,966	0	1.00
2.00	OPERATING ROOM	50.00	0	51,421	0	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	102,282	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,210,661	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	63	0	5.00
	O		0	6,969,393		
G - MED/SURG SUPPLY RECLASS						
1.00	OPERATING ROOM	50.00	0	1,910,564	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,717	0	2.00
3.00	ULTRA SOUND	54.20	0	6,156	0	3.00
4.00	CT SCAN	57.00	0	16,952	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	2,328,406	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	147,644	0	6.00
7.00	EMERGENCY	91.00	0	10,947	0	7.00
	O		0	4,424,386		
H - DISABILITY RECLASS						
1.00	DIETARY	10.00	2,353	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	30,137	0	0	2.00
3.00	SKILLED NURSING FACILITY	44.00	11,462	0	0	3.00
4.00	OPERATING ROOM	50.00	4,156	0	0	4.00
5.00	RECOVERY ROOM	51.00	2,583	0	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	3,899	0	0	6.00
7.00	LABORATORY	60.00	2,731	0	0	7.00
8.00	RESPIRATORY THERAPY	65.00	5,401	0	0	8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	1,150	0	0	9.00
10.00	EMERGENCY	91.00	10,241	0	0	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,344	0	0	11.00
	O		76,457	0		
I - OSFMG EMPLOYEE BENEFIT RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	453,489	0	1.00
	O		0	453,489		
J - DRUGS CHARGED TO PATIENTS						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
4.00	0.00	0	0	0	0	4.00
5.00	0.00	0	0	0	0	5.00
6.00	0.00	0	0	0	0	6.00
7.00	0.00	0	0	0	0	7.00
8.00	0.00	0	0	0	0	8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,432	0	9.00
	TOTALS		0	7,432		
K - REHAB ADMIN RECLASS						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
4.00	0.00	0	0	0	0	4.00
5.00	0.00	0	0	0	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	750,317	409,910	0	6.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	TOTALS		750,317	409,910				
	L - VACATION ACCRUAL							
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		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
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	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	176,235	0			42.00
	TOTALS		0	176,235				
500.00	Grand Total: Decreases		2,769,038	13,565,633				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

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

Worksheet A-7
Part I
Date/Time Prepared:
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	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	1.00
2.00	Land Improvements	2,308,315	0	0	946,320	2.00
3.00	Buildings and Fixtures	125,361,751	5,811,578	0	3,265,416	3.00
4.00	Building Improvements	195,305	0	0	102,910	4.00
5.00	Fixed Equipment	57,772,349	4,336,386	0	8,793,573	5.00
6.00	Movable Equipment	102,891	0	0	15,744	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	187,375,968	10,147,964	0	13,123,963	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	187,375,968	10,147,964	0	13,123,963	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	1,361,995	0			2.00
3.00	Buildings and Fixtures	127,907,913	0			3.00
4.00	Building Improvements	92,395	0			4.00
5.00	Fixed Equipment	53,315,162	0			5.00
6.00	Movable Equipment	87,147	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	184,399,969	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	184,399,969	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,326,142	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,720,383	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,046,525	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	4,326,142				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,720,383				2.00
3.00	Total (sum of lines 1-2)	0	9,046,525				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	128,000,308	0	128,000,308	0.705255	100,712	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	53,494,704	0	53,494,704	0.294745	42,090	2.00
3.00	Total (sum of lines 1-2)	181,495,012	0	181,495,012	1.000000	142,802	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	100,712	5,275,615	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	42,090	4,850,538	0	2.00
3.00	Total (sum of lines 1-2)	0	0	142,802	10,126,153	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	100,712	0	0	5,376,327	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	42,090	0	0	4,892,628	2.00
3.00	Total (sum of lines 1-2)	0	142,802	0	0	10,268,955	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

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

Worksheet A-8

Date/Time Prepared:
2/27/2017 11:30 am

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	-42,636		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	-3,044,376				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	-2,338,135				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-492,133		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	B	-4,408		DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-90,886		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	-76,925		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 PROPERTY TAX - ADMIN	A	-184,267		ADMINISTRATIVE & GENERAL	5.00	0	33.00
35.00 PROPERTY TAX - RADIOLOGY	A	-23,416		RADIOLOGY-DIAGNOSTIC	54.00	0	35.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
36.00	PROPERTY TAX - SPEECH	A	-8,504	SPEECH PATHOLOGY	68.00	0 36.00
39.00	PROPERTY TAX - CLINIC	A	-19,921	CLINIC	90.00	0 39.00
40.00	PRE-EMPLOYMENT PHYSICALS	A	-137,539	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.00
41.00	UNEMPLOYMENT COMP	A	6,383	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.00
42.00	MEDICAID ASSESSMENT	A	-4,209,702	ADMINISTRATIVE & GENERAL	5.00	0 42.00
46.00	LOBBYING DUES	A	-36,385	ADMINISTRATIVE & GENERAL	5.00	0 46.00
47.00	OTHER REVENUES - ADMIN	B	-63,586	ADMINISTRATIVE & GENERAL	5.00	0 47.00
48.00	OTHER REVENUES - PLANT MAIN	B	-30	OPERATION OF PLANT	7.00	0 48.00
49.00	OTHER REVENUES - NURSE ADMIN	B	-9,849	NURSING ADMINISTRATION	13.00	0 49.00
49.01	OTHER REVENUES - ADULTS AND PEDI	B	-4,222	ADULTS & PEDIATRICS	30.00	0 49.01
49.02	OTHER REVENUES - RADIOLOGY	B	-1,902	RADIOLOGY-DIAGNOSTIC	54.00	0 49.02
49.03	OTHER REVENUES - LAB	B	-16,112	LABORATORY	60.00	0 49.03
49.04	OTHER REVENUES - PHYS THERAPY	B	-25,048	PHYSICAL THERAPY	66.00	0 49.04
49.05	OTHER REVENUES - SPEECH	B	-1,378	SPEECH PATHOLOGY	68.00	0 49.05
49.07	OTHER REVENUES - CARDIAC REHAB	B	-39,150	CARDIAC REHABILITATION	76.97	0 49.07
49.09	TELEPHONE SALARY EXPENSE	A	-24,516	ADMINISTRATIVE & GENERAL	5.00	0 49.09
49.12	TELEPHONE EB EXPENSE	A	-7,185	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.12
49.13	PHYSICIAN EB EXPENSES	A	-16,225	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.13
49.15	TEACHING COST OFFSET	B	-190,986	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 49.15
49.18			0		0.00	0 49.18
49.19			0		0.00	0 49.19
49.21			0		0.00	0 49.21
49.23			0		0.00	0 49.23
49.24			0		0.00	0 49.24
49.29			0		0.00	0 49.29
49.30			0		0.00	0 49.30
49.31			0		0.00	0 49.31
49.32			0		0.00	0 49.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,103,039			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 14-0162
 Period: From 10/01/2015 To 09/30/2016
 Worksheet A-8-1
 Date/Time Prepared: 2/27/2017 11:30 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES**	393,852	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES**	1,968,721	1,857,233	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	1,828,181	2,285,311	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	11,937,915	14,922,949	3.01
3.02	7.00	OPERATION OF PLANT	CORP OFFICE CHARGES	306,141	382,690	3.02
3.03	30.00	ADULTS & PEDIATRICS	CORP OFFICE CHARGES	175,077	218,855	3.03
4.00	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE - INTEREST	974,550	0	4.00
4.01	192.20	FUND DEV, MKTING, COMM HEALTH	CORP OFFICE CHARGES	754,762	943,488	4.01
4.02	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH MAINTENANCE	130,511	134,977	4.02
4.03	56.00	RADIO SOTOPE	SFI PURCH MAINTENANCE	56,364	58,293	4.03
4.04	57.00	CT SCAN	SFI PURCH MAINTENANCE	184,349	190,657	4.04
4.05	58.00	MRI	SFI PURCH MAINTENANCE	375,391	388,236	4.05
4.06	54.10	MAMMOGRAPHY	SFI PURCH MAINTENANCE	48	49	4.06
4.07	54.10	MAMMOGRAPHY	MOBILE MRI	2,800	2,800	4.07
4.08	60.00	LABORATORY	SYSTEMS LAB	334,570	334,570	4.08
4.09	76.00	ENDOSCOPY	ENDOSCOPY	137,529	178,788	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,560,761	21,898,896	5.00

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

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

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

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

6.00	B	OSF HEALTHCARE 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: 14-0162

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2017 11:30 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	393,852	9		1.00
2.00	111,488	9		2.00
3.00	-457,130	0		3.00
3.01	-2,985,034	0		3.01
3.02	-76,549	0		3.02
3.03	-43,778	0		3.03
4.00	974,550	0		4.00
4.01	-188,726	0		4.01
4.02	-4,466	0		4.02
4.03	-1,929	0		4.03
4.04	-6,308	0		4.04
4.05	-12,845	0		4.05
4.06	-1	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	-41,259	0		4.09
5.00	-2,338,135			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: 14-0162

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2017 11:30 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	530,745	262,485	268,260	171,400	1,882	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	24,996	24,996	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	27,360	27,360	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	664,025	612,025	52,000	200,300	208	4.00
5.00	60.00	AGGREGATE-LABORATORY	50,000	50,000	0	0	0	5.00
6.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	47,640	47,640	0	0	0	6.00
7.00	91.00	AGGREGATE-EMERGENCY	1,874,724	1,874,724	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			3,219,490	2,899,230	320,260		2,090	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	155,084	7,754	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	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			175,114	8,756	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	155,084	113,176	375,661	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	24,996	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	27,360	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	20,030	31,970	643,995	4.00
5.00	60.00	AGGREGATE-LABORATORY	0	0	0	50,000	5.00
6.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	47,640	6.00
7.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,874,724	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	175,114	145,146	3,044,376	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,376,327	5,376,327			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,892,628		4,892,628		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,778,387	0	0	14,778,387	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,270,224	443,111	3,084,645	1,440,833	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,802,010	756,431	62,456	307,575	6.00
7.00 00700	OPERATION OF PLANT	2,480,989	173,626	35,137	104,906	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	408,782	21,453	0	7,230	8.00
9.00 00900	HOUSEKEEPING	1,171,009	53,371	0	314,033	9.00
10.00 01000	DIETARY	641,382	61,154	6,572	122,809	10.00
11.00 01100	CAFETERIA	257,866	37,242	12,550	152,494	11.00
13.00 01300	NURSING ADMINISTRATION	768,844	36,483	211,703	172,506	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	356,047	59,572	28,035	60,568	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,131,136	57,322	359	303,924	16.00
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	11,703,414	870,708	331,146	2,987,220	30.00
43.00 04300	NURSERY	368,301	6,541	8,897	94,156	43.00
44.00 04400	SKILLED NURSING FACILITY	625,838	66,086	11,616	161,605	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,135,533	331,202	41,772	709,193	50.00
51.00 05100	RECOVERY ROOM	414,837	31,356	0	117,660	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,312,736	153,494	31,710	335,601	52.00
53.00 05300	ANESTHESIOLOGY	294,325	6,174	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	385,409	77,414	194,429	111,098	54.00
54.10 03440	MAMMOGRAPHY	808,251	41,376	52,045	151,373	54.10
54.20 03630	ULTRA SOUND	994,630	22,735	17,112	177,294	54.20
54.30 05401	ECHOCARDIOLOGY	468,417	24,501	24,853	96,654	54.30
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	1,030,848	19,923	840	86,929	56.00
57.00 05700	CT SCAN	1,184,776	42,474	88,574	185,229	57.00
58.00 05800	MRI	994,662	43,155	17,678	56,213	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,298,315	63,771	71,599	223,173	59.00
60.00 06000	LABORATORY	4,044,333	142,755	42,613	618,153	60.00
64.00 06400	INTRAVENOUS THERAPY	189,134	32,651	0	49,484	64.00
65.00 06500	RESPIRATORY THERAPY	850,838	24,802	71,925	223,746	65.00
66.00 06600	PHYSICAL THERAPY	3,358,804	65,615	12,363	775,780	66.00
67.00 06700	OCCUPATIONAL THERAPY	519,628	14,978	1,475	147,084	67.00
68.00 06800	SPEECH PATHOLOGY	558,661	9,615	34,140	99,808	68.00
69.00 06900	ELECTROCARDIOLOGY	271,157	38,733	22,690	74,330	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	738,582	0	48,128	182,500	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,312,904	22,238	0	33,887	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,969,393	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,285,097	27,510	40,777	506,471	73.00
74.00 07400	RENAL DIALYSIS	310,050	71,776	0	0	74.00
76.00 03330	ENDOSCOPY	726,626	66,688	0	0	76.00
76.20 03951	PAIN CLINIC	548,886	0	74,982	98,877	76.20
76.97 07697	CARDIAC REHABILITATION	147,812	57,492	75,330	50,334	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	393,797	0	1,111	63,071	90.00
91.00 09100	EMERGENCY	3,374,132	165,568	33,466	834,631	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	115,955,757	4,241,096	4,792,728	12,238,432	112,180,671
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	429,143	31,421	8,206	74,897	543,667
192.00 19200	PHYSICIANS' PRIVATE OFFICES	21,260,199	942,310	35,717	2,146,797	24,385,023
192.10 19201	CARDIOLOGY CLINIC	127,845	0	0	6,605	134,450
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	1,333,039	101,209	51,663	55,143	1,541,054
192.30 19203	MCLEAN CO EMS	216,038	0	0	60,706	276,744
192.40 19204	INDUSTRIAL MEDICINE	775,616	56,550	4,314	192,436	1,028,916
192.60 19205	NONALLOWABLE CARDIAC REHAB	12,522	3,741	0	3,371	19,634
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	140,110,159	5,376,327	4,892,628	14,778,387	140,110,159

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,238,813				5.00
6.00	00600	MAINTENANCE & REPAIRS	643,426	3,571,898			6.00
7.00	00700	OPERATION OF PLANT	614,025	148,481	3,557,164		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	96,117	18,346	19,063	570,991	8.00
9.00	00900	HOUSEKEEPING	338,011	45,642	47,425	0	1,969,491
10.00	01000	DIETARY	182,784	52,298	54,341	566	30,660
11.00	01100	CAFETERIA	101,102	31,849	33,093	570	18,671
13.00	01300	NURSING ADMINISTRATION	261,358	31,200	32,419	0	18,291
14.00	01400	CENTRAL SERVICES & SUPPLY	110,785	50,944	52,935	3,046	29,867
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	327,976	49,020	50,935	0	28,738
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,491,802	744,611	773,701	198,535	436,534
43.00	04300	NURSERY	105,000	5,593	5,812	10,385	3,279
44.00	04400	SKILLED NURSING FACILITY	190,084	56,515	58,723	35,876	33,133
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,146,402	283,237	294,302	99,984	166,050
51.00	05100	RECOVERY ROOM	123,886	26,815	27,862	0	15,720
52.00	05200	DELIVERY ROOM & LABOR ROOM	402,855	131,265	136,393	37,018	76,955
53.00	05300	ANESTHESIOLOGY	66,024	5,280	5,486	0	3,096
54.00	05400	RADIOLOGY-DIAGNOSTIC	168,817	66,203	68,789	6,079	38,812
54.10	03440	MAMMOGRAPHY	231,369	35,384	36,766	3,925	20,744
54.20	03630	ULTRA SOUND	266,243	19,443	20,202	0	11,398
54.30	05401	ECHOCARDIOLOGY	134,998	20,953	21,771	0	12,284
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	250,153	17,037	17,703	3,646	9,988
57.00	05700	CT SCAN	329,802	36,323	37,742	17,475	21,295
58.00	05800	MRI	244,258	36,905	38,347	7,568	21,636
59.00	05900	CARDIAC CATHETERIZATION	364,035	54,535	56,666	24,533	31,972
60.00	06000	LABORATORY	1,065,141	122,081	126,850	0	71,571
64.00	06400	INTRAVENOUS THERAPY	59,602	27,922	29,013	0	16,370
65.00	06500	RESPIRATORY THERAPY	257,353	21,210	22,039	0	12,435
66.00	06600	PHYSICAL THERAPY	925,559	56,113	58,305	1,802	32,896
67.00	06700	OCCUPATIONAL THERAPY	150,101	12,809	13,309	0	7,509
68.00	06800	SPEECH PATHOLOGY	154,288	8,222	8,543	0	4,820
69.00	06900	ELECTROCARDIOLOGY	89,404	33,124	34,418	15,743	19,419
70.00	07000	ELECTROENCEPHALOGRAPHY	212,949	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,179,651	19,017	19,760	0	11,149
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,531,273	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,726,920	23,526	24,445	0	13,792
74.00	07400	RENAL DIALYSIS	83,893	61,382	63,780	0	35,985
76.00	03330	ENDOSCOPY	174,302	57,030	59,258	0	33,434
76.20	03951	PAIN CLINIC	158,797	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	72,718	49,166	51,086	0	28,824
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	100,624	0	0	0	0
91.00	09100	EMERGENCY	968,455	141,590	147,122	104,240	83,008
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,102,342	2,601,071	2,548,404	570,991	1,400,335
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	119,451	26,871	27,920	0	15,753
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,357,702	805,845	837,333	0	472,433
192.10	19201	CARDIOLOGY CLINIC	29,541	0	0	0	0
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	338,591	86,552	89,933	0	50,742
192.30	19203	MCLEAN CO EMS	60,805	0	0	0	0
192.40	19204	INDUSTRIAL MEDICINE	226,067	48,360	50,250	0	28,352
192.60	19205	NONALLOWABLE CARDIAC REHAB	4,314	3,199	3,324	0	1,876
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	25,238,813	3,571,898	3,557,164	570,991	1,969,491

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 2/27/2017 11:30 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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	1,152,566					10.00
11.00	01100	CAFETERIA	0	645,437				11.00
13.00	01300	NURSING ADMINISTRATION	0	9,826	1,542,630			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,426	25,685	783,910		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,092	0	539	0	16.00
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	1,063,220	197,845	790,745	64,045	0	30.00
43.00	04300	NURSERY	0	5,517	22,051	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	89,346	11,789	47,117	1,461	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	44,479	177,772	299,990	0	50.00
51.00	05100	RECOVERY ROOM	0	5,714	22,836	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,672	78,624	401	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,889	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,816	0	5,863	0	54.00
54.10	03440	MAMMOGRAPHY	0	6,437	0	84	0	54.10
54.20	03630	ULTRA SOUND	0	7,460	0	222	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	4,980	19,904	2,300	0	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,763	0	0	0	56.00
57.00	05700	CT SCAN	0	9,464	0	93	0	57.00
58.00	05800	MRI	0	2,852	0	3	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,107	44,391	66,422	0	59.00
60.00	06000	LABORATORY	0	45,895	0	15,908	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,296	0	2,647	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,876	55,458	2,200	0	65.00
66.00	06600	PHYSICAL THERAPY	0	39,974	0	838	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,307	0	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,949	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,742	18,954	1,250	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,024	0	336	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,885	0	173,412	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	22,121	0	84,926	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	7,811	31,218	178	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	3,017	0	381	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,804	0	63	0	90.00
91.00	09100	EMERGENCY	0	52,011	207,875	37,949	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)	1,152,566	611,951	1,542,630	782,401	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,424	0	76	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,401	0	897	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	496	0	6	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	4,298	0	105	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	425	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	9,660	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	207	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)	1,152,566	645,437	1,542,630	783,910	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS APPRV				
	16.00	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00 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	
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	1,973,041				16.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0	0		22.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	150,549	0	23,804,075	0	30.00	
43.00 04300 NURSERY	4,795	0	640,327	0	43.00	
44.00 04400 SKILLED NURSING FACILITY	3,791	0	1,392,980	0	44.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	135,869	0	7,865,785	0	50.00	
51.00 05100 RECOVERY ROOM	9,247	0	795,933	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	17,092	0	2,733,816	0	52.00	
53.00 05300 ANESTHESIOLOGY	16,949	0	418,223	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	43,534	0	1,181,263	0	54.00	
54.10 03440 MAMMOGRAPHY	23,746	0	1,411,500	0	54.10	
54.20 03630 ULTRA SOUND	28,553	0	1,565,292	0	54.20	
54.30 05401 ECHOCARDIOLOGY	20,671	0	852,286	0	54.30	
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00	
56.00 05600 RADIO SOTOPE	48,434	0	1,490,264	0	56.00	
57.00 05700 CT SCAN	128,946	0	2,082,193	0	57.00	
58.00 05800 MRI	50,433	0	1,513,710	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	141,030	0	2,451,549	0	59.00	
60.00 06000 LABORATORY	277,992	0	6,573,292	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	3,415	0	413,534	0	64.00	
65.00 06500 RESPIRATORY THERAPY	32,682	0	1,588,564	0	65.00	
66.00 06600 PHYSICAL THERAPY	40,441	0	5,368,490	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	12,125	0	887,326	0	67.00	
68.00 06800 SPEECH PATHOLOGY	3,513	0	886,559	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	17,338	0	641,302	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	22,469	0	1,215,988	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	146,019	0	6,921,922	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	133,172	0	8,633,838	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	348,461	0	10,104,046	0	73.00	
74.00 07400 RENAL DIALYSIS	6,192	0	633,058	0	74.00	
76.00 03330 ENDOSCOPY	8,758	0	1,126,096	0	76.00	
76.20 03951 PAIN CLINIC	12,519	0	933,268	0	76.20	
76.97 07697 CARDIAC REHABILITATION	1,878	0	538,038	0	76.97	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	3,509	0	566,979	0	90.00	
91.00 09100 EMERGENCY	78,919	0	6,228,966	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)	1,973,041	0	103,460,462	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	739,162	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	31,872,634	0	192.00	
192.10 19201 RADIOLOGY CLINIC	0	0	164,493	0	192.10	
192.20 19202 FUND DEV, MKTING, COMM HEALTH ED	0	0	2,111,275	0	192.20	
192.30 19203 MCLEAN CO EMS	0	0	337,974	0	192.30	
192.40 19204 INDUSTRIAL MEDICINE	0	0	1,391,605	0	192.40	
192.60 19205 NONALLOWABLE CARDIAC REHAB	0	0	32,554	0	192.60	
200.00	Cross Foot Adjustments	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	1,973,041	0	140,110,159	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	183,925	443,111	3,084,645	5.00
6.00 00600	MAINTENANCE & REPAIRS	961	756,431	62,456	6.00
7.00 00700	OPERATION OF PLANT	0	173,626	35,137	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,453	0	8.00
9.00 00900	HOUSEKEEPING	0	53,371	0	9.00
10.00 01000	DIETARY	0	61,154	6,572	10.00
11.00 01100	CAFETERIA	0	37,242	12,550	11.00
13.00 01300	NURSING ADMINISTRATION	4,121	36,483	211,703	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	59,572	28,035	14.00
15.00 01500	PHARMACY	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,890	57,322	359	16.00
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	10,100	870,708	331,146	30.00
43.00 04300	NURSERY	0	6,541	8,897	43.00
44.00 04400	SKILLED NURSING FACILITY	0	66,086	11,616	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	78,736	331,202	41,772	50.00
51.00 05100	RECOVERY ROOM	0	31,356	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	153,494	31,710	52.00
53.00 05300	ANESTHESIOLOGY	0	6,174	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	145,143	77,414	194,429	54.00
54.10 03440	MAMMOGRAPHY	162,568	41,376	52,045	54.10
54.20 03630	ULTRA SOUND	0	22,735	17,112	54.20
54.30 05401	ECHOCARDIOLOGY	0	24,501	24,853	54.30
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	123,098	19,923	840	56.00
57.00 05700	CT SCAN	69,946	42,474	88,574	57.00
58.00 05800	MRI	214,475	43,155	17,678	58.00
59.00 05900	CARDIAC CATHETERIZATION	223,054	63,771	71,599	59.00
60.00 06000	LABORATORY	124,750	142,755	42,613	60.00
64.00 06400	INTRAVENOUS THERAPY	0	32,651	0	64.00
65.00 06500	RESPIRATORY THERAPY	4,123	24,802	71,925	65.00
66.00 06600	PHYSICAL THERAPY	442,321	65,615	12,363	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	14,978	1,475	67.00
68.00 06800	SPEECH PATHOLOGY	52,468	9,615	34,140	68.00
69.00 06900	ELECTROCARDIOLOGY	0	38,733	22,690	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	79,935	0	48,128	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,568	22,238	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	198,443	27,510	40,777	73.00
74.00 07400	RENAL DIALYSIS	0	71,776	0	74.00
76.00 03330	ENDOSCOPY	0	66,688	0	76.00
76.20 03951	PAIN CLINIC	67,433	0	74,982	76.20
76.97 07697	CARDIAC REHABILITATION	0	57,492	75,330	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	124,831	0	1,111	90.00
91.00 09100	EMERGENCY	2,850	165,568	33,466	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,436,739	4,241,096	4,792,728	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,421	8,206	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	292,368	942,310	35,717	192.00
192.10 19201	CARDIOLOGY CLINIC	0	0	0	192.10
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	4,787	101,209	51,663	192.20
192.30 19203	MCLEAN CO EMS	0	0	0	192.30
192.40 19204	INDUSTRIAL MEDICINE	3,225	56,550	4,314	192.40
192.60 19205	NONALLOWABLE CARDIAC REHAB	0	3,741	0	192.60
200.00	Cross Foot Adjustments			0	200.00
201.00	Negative Cost Centers		0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,737,119	5,376,327	4,892,628	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 11:30 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,711,681					5.00
6.00	00600	MAINTENANCE & REPAIRS	94,625	914,473				6.00
7.00	00700	OPERATION OF PLANT	90,301	38,014	337,078			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,135	4,697	1,806	42,091		8.00
9.00	00900	HOUSEKEEPING	49,709	11,685	4,494	0	119,259	9.00
10.00	01000	DIETARY	26,881	13,389	5,149	42	1,857	10.00
11.00	01100	CAFETERIA	14,868	8,154	3,136	42	1,131	11.00
13.00	01300	NURSING ADMINISTRATION	38,436	7,988	3,072	0	1,108	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,292	13,043	5,016	225	1,809	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,233	12,550	4,827	0	1,740	16.00
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	513,518	190,634	73,316	14,634	26,434	30.00
43.00	04300	NURSERY	15,442	1,432	551	766	199	43.00
44.00	04400	SKILLED NURSING FACILITY	27,955	14,469	5,565	2,645	2,006	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	168,594	72,514	27,888	7,370	10,055	50.00
51.00	05100	RECOVERY ROOM	18,219	6,865	2,640	0	952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,245	33,606	12,925	2,729	4,660	52.00
53.00	05300	ANESTHESIOLOGY	9,710	1,352	520	0	187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,827	16,949	6,519	448	2,350	54.00
54.10	03440	MAMMOGRAPHY	34,026	9,059	3,484	289	1,256	54.10
54.20	03630	ULTRA SOUND	39,155	4,978	1,914	0	690	54.20
54.30	05401	ECHOCARDIOLOGY	19,853	5,364	2,063	0	744	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	36,789	4,362	1,678	269	605	56.00
57.00	05700	CT SCAN	48,502	9,299	3,576	1,288	1,289	57.00
58.00	05800	MRI	35,922	9,448	3,634	558	1,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,536	13,962	5,370	1,808	1,936	59.00
60.00	06000	LABORATORY	156,644	31,255	12,020	0	4,334	60.00
64.00	06400	INTRAVENOUS THERAPY	8,765	7,149	2,749	0	991	64.00
65.00	06500	RESPIRATORY THERAPY	37,847	5,430	2,088	0	753	65.00
66.00	06600	PHYSICAL THERAPY	136,116	14,366	5,525	133	1,992	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,074	3,279	1,261	0	455	67.00
68.00	06800	SPEECH PATHOLOGY	22,690	2,105	810	0	292	68.00
69.00	06900	ELECTROCARDIOLOGY	13,148	8,480	3,261	1,161	1,176	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,317	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	173,484	4,869	1,873	0	675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	225,195	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	253,968	6,023	2,316	0	835	73.00
74.00	07400	RENAL DIALYSIS	12,338	15,715	6,044	0	2,179	74.00
76.00	03330	ENDOSCOPY	25,634	14,601	5,615	0	2,025	76.00
76.20	03951	PAIN CLINIC	23,353	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	10,694	12,587	4,841	0	1,745	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,798	0	0	0	0	90.00
91.00	09100	EMERGENCY	142,425	36,250	13,941	7,684	5,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,809,263	665,922	241,487	42,091	84,796	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,567	6,879	2,646	0	954	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	787,890	206,313	79,346	0	28,605	192.00
192.10	19201	CARDIOLOGY CLINIC	4,344	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	49,795	22,159	8,522	0	3,073	192.20
192.30	19203	MCLEAN CO EMS	8,942	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	33,246	12,381	4,762	0	1,717	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	634	819	315	0	114	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)	3,711,681	914,473	337,078	42,091	119,259	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 11:30 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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	115,044					10.00
11.00	01100	CAFETERIA	0	77,123				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,174	304,085			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	768	5,063	129,823		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,759	0	89	0	16.00
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	106,126	23,641	155,872	10,606	0	30.00
43.00	04300	NURSERY	0	659	4,347	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,918	1,409	9,288	242	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,315	35,043	49,684	0	50.00
51.00	05100	RECOVERY ROOM	0	683	4,501	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,351	15,499	66	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,459	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,770	0	971	0	54.00
54.10	03440	MAMMOGRAPHY	0	769	0	14	0	54.10
54.20	03630	ULTRA SOUND	0	891	0	37	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	595	3,923	381	0	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	569	0	0	0	56.00
57.00	05700	CT SCAN	0	1,131	0	15	0	57.00
58.00	05800	MRI	0	341	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,327	8,750	11,000	0	59.00
60.00	06000	LABORATORY	0	5,484	0	2,635	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	394	0	438	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,658	10,932	364	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,777	0	139	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	993	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	591	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	567	3,736	207	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,317	0	56	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	464	0	28,719	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	2,643	0	14,064	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	933	6,154	29	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	360	0	63	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	574	0	10	0	90.00
91.00	09100	EMERGENCY	0	6,215	40,977	6,285	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)	115,044	73,122	304,085	129,573	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	648	0	13	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,601	0	149	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	59	0	1	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	514	0	17	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	70	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	1,154	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	25	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)	115,044	77,123	304,085	129,823	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS APPRV				
	16.00	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 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
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	131,769				16.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,030	2,336,765	0	2,336,765	30.00
43.00 04300	NURSERY	319	39,153	0	39,153	43.00
44.00 04400	SKILLED NURSING FACILITY	253	150,452	0	150,452	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,052	837,225	0	837,225	50.00
51.00 05100	RECOVERY ROOM	616	65,832	0	65,832	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,139	317,424	0	317,424	52.00
53.00 05300	ANESTHESIOLOGY	1,129	22,531	0	22,531	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,900	473,720	0	473,720	54.00
54.10 03440	MAMMOGRAPHY	1,582	306,468	0	306,468	54.10
54.20 03630	ULTRA SOUND	1,902	89,414	0	89,414	54.20
54.30 05401	ECHOCARDIOLOGY	1,377	83,654	0	83,654	54.30
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	3,227	191,360	0	191,360	56.00
57.00 05700	CT SCAN	8,591	274,685	0	274,685	57.00
58.00 05800	MRI	3,360	329,881	0	329,881	58.00
59.00 05900	CARDIAC CATHETERIZATION	9,396	465,509	0	465,509	59.00
60.00 06000	LABORATORY	18,521	541,011	0	541,011	60.00
64.00 06400	INTRAVENOUS THERAPY	228	53,365	0	53,365	64.00
65.00 06500	RESPIRATORY THERAPY	2,177	162,099	0	162,099	65.00
66.00 06600	PHYSICAL THERAPY	2,694	686,041	0	686,041	66.00
67.00 06700	OCCUPATIONAL THERAPY	808	45,323	0	45,323	67.00
68.00 06800	SPEECH PATHOLOGY	234	122,945	0	122,945	68.00
69.00 06900	ELECTROCARDIOLOGY	1,155	94,314	0	94,314	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,497	162,250	0	162,250	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,729	361,619	0	361,619	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,873	234,068	0	234,068	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	23,533	570,112	0	570,112	73.00
74.00 07400	RENAL DIALYSIS	413	108,465	0	108,465	74.00
76.00 03330	ENDOSCOPY	583	115,146	0	115,146	76.00
76.20 03951	PAIN CLINIC	834	173,718	0	173,718	76.20
76.97 07697	CARDIAC REHABILITATION	125	163,237	0	163,237	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	234	141,558	0	141,558	90.00
91.00 09100	EMERGENCY	5,258	465,945	0	465,945	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)	131,769	0	10,185,289	0	10,185,289
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	68,334	0	68,334	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	2,374,299	0	2,374,299	192.00
192.10 19201	CARDIOLOGY CLINIC	0	4,404	0	4,404	192.10
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	0	241,739	0	241,739	192.20
192.30 19203	MCLEAN CO EMS	0	9,012	0	9,012	192.30
192.40 19204	INDUSTRIAL MEDICINE	0	117,349	0	117,349	192.40
192.60 19205	NONALLOWABLE CARDIAC REHAB	0	5,648	0	5,648	192.60
200.00	Cross Foot Adjustments		0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	131,769	0	13,006,074	0	13,006,074

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	410,998				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,743,177			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	51,580,812		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,874	2,990,423	5,028,929	-25,238,813	114,871,346
6.00 00600	MAINTENANCE & REPAIRS	57,826	60,548	1,073,526	0	2,928,472
7.00 00700	OPERATION OF PLANT	13,273	34,064	366,151	0	2,794,658
8.00 00800	LAUNDRY & LINEN SERVICE	1,640	0	25,234	0	437,465
9.00 00900	HOUSEKEEPING	4,080	0	1,096,066	0	1,538,413
10.00 01000	DIETARY	4,675	6,371	428,640	0	831,917
11.00 01100	CAFETERIA	2,847	12,167	532,248	0	460,152
13.00 01300	NURSING ADMINISTRATION	2,789	205,236	602,097	0	1,189,536
14.00 01400	CENTRAL SERVICES & SUPPLY	4,554	27,179	211,399	0	504,222
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,382	348	1,060,784	0	1,492,741
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	66,562	321,031	10,426,205	0	15,892,488
43.00 04300	NURSERY	500	8,625	328,633	0	477,895
44.00 04400	SKILLED NURSING FACILITY	5,052	11,261	564,047	0	865,145
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,319	40,496	2,475,289	0	5,217,700
51.00 05100	RECOVERY ROOM	2,397	0	410,667	0	563,853
52.00 05200	DELIVERY ROOM & LABOR ROOM	11,734	30,741	1,171,346	0	1,833,541
53.00 05300	ANESTHESIOLOGY	472	0	0	0	300,499
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,918	188,490	387,764	0	768,350
54.10 03440	MAMMOGRAPHY	3,163	50,455	528,336	0	1,053,045
54.20 03630	ULTRA SOUND	1,738	16,589	618,808	0	1,211,771
54.30 05401	ECHOCARDIOLOGY	1,873	24,094	337,351	0	614,425
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	1,523	814	303,409	0	1,138,540
57.00 05700	CT SCAN	3,247	85,868	646,503	0	1,501,053
58.00 05800	MRI	3,299	17,138	196,199	0	1,111,708
59.00 05900	CARDIAC CATHETERIZATION	4,875	69,412	778,940	0	1,656,858
60.00 06000	LABORATORY	10,913	41,311	2,157,536	0	4,847,854
64.00 06400	INTRAVENOUS THERAPY	2,496	0	172,715	0	271,269
65.00 06500	RESPIRATORY THERAPY	1,896	69,728	780,940	0	1,171,311
66.00 06600	PHYSICAL THERAPY	5,016	11,985	2,707,699	0	4,212,562
67.00 06700	OCCUPATIONAL THERAPY	1,145	1,430	513,365	0	683,165
68.00 06800	SPEECH PATHOLOGY	735	33,097	348,358	0	702,224
69.00 06900	ELECTROCARDIOLOGY	2,961	21,997	259,434	0	406,910
70.00 07000	ELECTROENCEPHALOGRAPHY	0	46,658	636,977	0	969,210
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	0	118,274	0	5,369,029
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,969,393
73.00 07300	DRUGS CHARGED TO PATIENTS	2,103	39,531	1,767,730	0	7,859,855
74.00 07400	RENAL DIALYSIS	5,487	0	0	0	381,826
76.00 03330	ENDOSCOPY	5,098	0	0	0	793,314
76.20 03951	PAIN CLINIC	0	72,692	345,111	0	722,745
76.97 07697	CARDIAC REHABILITATION	4,395	73,029	175,682	0	330,968
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	1,077	220,135	0	457,979
91.00 09100	EMERGENCY	12,657	32,444	2,913,104	0	4,407,797
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	324,214	4,646,329	42,715,631	-25,238,813	86,941,858
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,402	7,955	261,412	0	543,667
192.00 19200	PHYSICIANS' PRIVATE OFFICES	72,036	34,626	7,492,947	0	24,385,023
192.10 19201	CARDIOLOGY CLINIC	0	0	23,053	0	134,450
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	7,737	50,085	192,464	0	1,541,054
192.30 19203	MCLEAN CO EMS	0	0	211,882	0	276,744
192.40 19204	INDUSTRIAL MEDICINE	4,323	4,182	671,657	0	1,028,916
192.60 19205	NONALLOWABLE CARDIAC REHAB	286	0	11,766	0	19,634
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,376,327	4,892,628	14,778,387		25,238,813
203.00	Unit cost multiplier (Wkst. B, Part I)	13.081151	1.031509	0.286509		0.219714

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
204.00	Cost to be allocated (per Wkst. B, Part II)		0		3,711,681	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.032312	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:30 am

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	319,298					6.00
7.00	00700	13,273	306,025				7.00
8.00	00800	1,640	1,640	462,715			8.00
9.00	00900	4,080	4,080	0	300,305		9.00
10.00	01000	4,675	4,675	459	4,675	127,710	10.00
11.00	01100	2,847	2,847	462	2,847	0	11.00
13.00	01300	2,789	2,789	0	2,789	0	13.00
14.00	01400	4,554	4,554	2,468	4,554	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	4,382	4,382	0	4,382	0	16.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	66,562	66,562	160,887	66,562	117,810	30.00
43.00	04300	500	500	8,416	500	0	43.00
44.00	04400	5,052	5,052	29,073	5,052	9,900	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,319	25,319	81,024	25,319	0	50.00
51.00	05100	2,397	2,397	0	2,397	0	51.00
52.00	05200	11,734	11,734	29,998	11,734	0	52.00
53.00	05300	472	472	0	472	0	53.00
54.00	05400	5,918	5,918	4,926	5,918	0	54.00
54.10	03440	3,163	3,163	3,181	3,163	0	54.10
54.20	03630	1,738	1,738	0	1,738	0	54.20
54.30	05401	1,873	1,873	0	1,873	0	54.30
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,523	1,523	2,955	1,523	0	56.00
57.00	05700	3,247	3,247	14,161	3,247	0	57.00
58.00	05800	3,299	3,299	6,133	3,299	0	58.00
59.00	05900	4,875	4,875	19,881	4,875	0	59.00
60.00	06000	10,913	10,913	0	10,913	0	60.00
64.00	06400	2,496	2,496	0	2,496	0	64.00
65.00	06500	1,896	1,896	0	1,896	0	65.00
66.00	06600	5,016	5,016	1,460	5,016	0	66.00
67.00	06700	1,145	1,145	0	1,145	0	67.00
68.00	06800	735	735	0	735	0	68.00
69.00	06900	2,961	2,961	12,758	2,961	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	1,700	1,700	0	1,700	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	2,103	2,103	0	2,103	0	73.00
74.00	07400	5,487	5,487	0	5,487	0	74.00
76.00	03330	5,098	5,098	0	5,098	0	76.00
76.20	03951	0	0	0	0	0	76.20
76.97	07697	4,395	4,395	0	4,395	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	12,657	12,657	84,473	12,657	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		232,514	219,241	462,715	213,521	127,710	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,402	2,402	0	2,402	0	190.00
192.00	19200	72,036	72,036	0	72,036	0	192.00
192.10	19201	0	0	0	0	0	192.10
192.20	19202	7,737	7,737	0	7,737	0	192.20
192.30	19203	0	0	0	0	0	192.30
192.40	19204	4,323	4,323	0	4,323	0	192.40
192.60	19205	286	286	0	286	0	192.60
200.00							200.00
201.00							201.00
202.00		3,571,898	3,557,164	570,991	1,969,491	1,152,566	202.00
203.00		11.186722	11.623769	1.234001	6.558302	9.024869	203.00
204.00		914,473	337,078	42,091	119,259	115,044	204.00
205.00		2.864011	1.101472	0.090965	0.397126	0.900822	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INVENTORY ISSUES)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	62,470					11.00
13.00	01300	NURSING ADMINISTRATION	951	37,357				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	622	622	3,639,847			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,235	0	2,504	0	614,337,704	16.00
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	19,149	19,149	297,373	0	46,870,869	30.00
43.00	04300	NURSERY	534	534	0	0	1,492,959	43.00
44.00	04400	SKILLED NURSING FACILITY	1,141	1,141	6,783	0	1,180,231	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,305	4,305	1,392,917	0	42,300,375	50.00
51.00	05100	RECOVERY ROOM	553	553	0	0	2,878,830	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,904	1,904	1,860	0	5,321,350	52.00
53.00	05300	ANESTHESIOLOGY	0	0	96,990	0	5,276,696	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,434	0	27,221	0	13,553,452	54.00
54.10	03440	MAMMOGRAPHY	623	0	388	0	7,393,057	54.10
54.20	03630	ULTRA SOUND	722	0	1,033	0	8,889,465	54.20
54.30	05401	ECHOCARDIOLOGY	482	482	10,681	0	6,435,660	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	461	0	0	0	15,079,163	56.00
57.00	05700	CT SCAN	916	0	430	0	40,145,068	57.00
58.00	05800	MRI	276	0	14	0	15,701,392	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,075	1,075	308,412	0	43,907,184	59.00
60.00	06000	LABORATORY	4,442	0	73,864	0	86,547,985	60.00
64.00	06400	INTRAVENOUS THERAPY	319	0	12,290	0	1,063,202	64.00
65.00	06500	RESPIRATORY THERAPY	1,343	1,343	10,216	0	10,174,969	65.00
66.00	06600	PHYSICAL THERAPY	3,869	0	3,891	0	12,590,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	804	0	3	0	3,774,767	67.00
68.00	06800	SPEECH PATHOLOGY	479	0	0	0	1,093,584	68.00
69.00	06900	ELECTROCARDIOLOGY	459	459	5,804	0	5,397,900	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,067	0	1,562	0	6,995,384	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	376	0	805,187	0	45,460,475	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	41,460,788	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,141	0	394,326	0	108,553,195	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,927,920	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	2,726,581	76.00
76.20	03951	PAIN CLINIC	756	756	826	0	3,897,465	76.20
76.97	07697	CARDIAC REHABILITATION	292	0	1,769	0	584,530	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	465	0	293	0	1,092,481	90.00
91.00	09100	EMERGENCY	5,034	5,034	176,204	0	24,570,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	59,229	37,357	3,632,841	0	614,337,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	525	0	351	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,297	0	4,167	0	0	192.00
192.10	19201	CARDIOLOGY CLINIC	48	0	28	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	416	0	488	0	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	1,972	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	935	0	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	20	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)	645,437	1,542,630	783,910	0	1,973,041	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.331951	41.294269	0.215369	0.000000	0.003212	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,123	304,085	129,823	0	131,769	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INVOICES)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	1.234561	8.139974	0.035667	0.000000	0.000214	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description		INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	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
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.10	03440	MAMMOGRAPHY	0	54.10
54.20	03630	ULTRA SOUND	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03330	ENDOSCOPY	0	76.00
76.20	03951	PAIN CLINIC	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	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)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	192.20
192.30	19203	MCLEAN CO EMS	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	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)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) 22.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 11:30 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Dissallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		23,804,075	0	23,804,075
43.00	04300 NURSERY		640,327	0	640,327
44.00	04400 SKILLED NURSING FACILITY		1,392,980	0	1,392,980
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		7,865,785	0	7,865,785
51.00	05100 RECOVERY ROOM		795,933	0	795,933
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,733,816	0	2,733,816
53.00	05300 ANESTHESIOLOGY		418,223	31,970	450,193
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,181,263	0	1,181,263
54.10	03440 MAMMOGRAPHY		1,411,500	0	1,411,500
54.20	03630 ULTRASOUND		1,565,292	0	1,565,292
54.30	05401 ECHOCARDIOLOGY		852,286	0	852,286
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0
56.00	05600 RADIOISOTOPE		1,490,264	0	1,490,264
57.00	05700 CT SCAN		2,082,193	0	2,082,193
58.00	05800 MRI		1,513,710	0	1,513,710
59.00	05900 CARDIAC CATHETERIZATION		2,451,549	0	2,451,549
60.00	06000 LABORATORY		6,573,292	0	6,573,292
64.00	06400 INTRAVENOUS THERAPY		413,534	0	413,534
65.00	06500 RESPIRATORY THERAPY	0	1,588,564	0	1,588,564
66.00	06600 PHYSICAL THERAPY	0	5,368,490	0	5,368,490
67.00	06700 OCCUPATIONAL THERAPY	0	887,326	0	887,326
68.00	06800 SPEECH PATHOLOGY	0	886,559	0	886,559
69.00	06900 ELECTROCARDIOLOGY		641,302	0	641,302
70.00	07000 ELECTROENCEPHALOGRAPHY		1,215,988	0	1,215,988
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,921,922	0	6,921,922
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,633,838	0	8,633,838
73.00	07300 DRUGS CHARGED TO PATIENTS		10,104,046	0	10,104,046
74.00	07400 RENAL DIALYSIS		633,058	0	633,058
76.00	03330 ENDOSCOPY		1,126,096	0	1,126,096
76.20	03951 PAIN CLINIC		933,268	0	933,268
76.97	07697 CARDIAC REHABILITATION		538,038	0	538,038
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		566,979	0	566,979
91.00	09100 EMERGENCY		6,228,966	0	6,228,966
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,319,725		2,319,725
200.00	Subtotal (see instructions)	0	105,780,187	31,970	105,812,157
201.00	Less Observation Beds		2,319,725		2,319,725
202.00	Total (see instructions)	0	103,460,462	31,970	103,492,432

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/27/2017 11:30 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	32,640,260		32,640,260				30.00
43.00	04300	NURSERY	1,492,959		1,492,959				43.00
44.00	04400	SKILLED NURSING FACILITY	1,180,231		1,180,231				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,398,926	17,901,449	42,300,375	0.185951	0.000000		50.00
51.00	05100	RECOVERY ROOM	1,475,312	1,403,518	2,878,830	0.276478	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,503,640	817,710	5,321,350	0.513745	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,993,934	2,282,762	5,276,696	0.079258	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,741,630	9,811,822	13,553,452	0.087156	0.000000		54.00
54.10	03440	MAMMOGRAPHY	2,162	7,390,895	7,393,057	0.190922	0.000000		54.10
54.20	03630	ULTRA SOUND	1,227,821	7,661,644	8,889,465	0.176084	0.000000		54.20
54.30	05401	ECHOCARDIOLOGY	2,198,014	4,237,646	6,435,660	0.132432	0.000000		54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,881,612	13,197,551	15,079,163	0.098829	0.000000		56.00
57.00	05700	CT SCAN	9,081,729	31,063,339	40,145,068	0.051867	0.000000		57.00
58.00	05800	MRI	2,484,812	13,216,580	15,701,392	0.096406	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	21,741,025	22,166,159	43,907,184	0.055835	0.000000		59.00
60.00	06000	LABORATORY	26,572,124	59,975,861	86,547,985	0.075950	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	6,615	1,056,587	1,063,202	0.388951	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	8,092,360	2,082,609	10,174,969	0.156125	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,937,307	9,653,351	12,590,658	0.426387	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,958,736	1,816,031	3,774,767	0.235068	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	274,414	819,170	1,093,584	0.810691	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,114,757	4,283,143	5,397,900	0.118806	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	247,053	6,748,331	6,995,384	0.173827	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,729,550	15,730,925	45,460,475	0.152262	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,396,761	10,064,027	41,460,788	0.208241	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,362,269	35,190,926	108,553,195	0.093079	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,590,524	337,396	1,927,920	0.328363	0.000000		74.00
76.00	03330	ENDOSCOPY	2,296,190	430,391	2,726,581	0.413007	0.000000		76.00
76.20	03951	PAIN CLINIC	4,427	3,893,038	3,897,465	0.239455	0.000000		76.20
76.97	07697	CARDIAC REHABILITATION	121,806	462,724	584,530	0.920463	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	7,292	1,085,189	1,092,481	0.518983	0.000000		90.00
91.00	09100	EMERGENCY	4,687,933	19,882,136	24,570,069	0.253518	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,638,203	11,592,406	14,230,609	0.163010	0.000000		92.00
200.00		Subtotal (see instructions)	298,082,388	316,255,316	614,337,704				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	298,082,388	316,255,316	614,337,704				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 11:30 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
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	0.185951		50.00
51.00	05100 RECOVERY ROOM	0.276478		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.513745		52.00
53.00	05300 ANESTHESIOLOGY	0.085317		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.087156		54.00
54.10	03440 MAMMOGRAPHY	0.190922		54.10
54.20	03630 ULTRASOUND	0.176084		54.20
54.30	05401 ECHOCARDIOLOGY	0.132432		54.30
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.098829		56.00
57.00	05700 CT SCAN	0.051867		57.00
58.00	05800 MRI	0.096406		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.055835		59.00
60.00	06000 LABORATORY	0.075950		60.00
64.00	06400 INTRAVENOUS THERAPY	0.388951		64.00
65.00	06500 RESPIRATORY THERAPY	0.156125		65.00
66.00	06600 PHYSICAL THERAPY	0.426387		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.235068		67.00
68.00	06800 SPEECH PATHOLOGY	0.810691		68.00
69.00	06900 ELECTROCARDIOLOGY	0.118806		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173827		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.152262		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.208241		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.093079		73.00
74.00	07400 RENAL DIALYSIS	0.328363		74.00
76.00	03330 ENDOSCOPY	0.413007		76.00
76.20	03951 PAIN CLINIC	0.239455		76.20
76.97	07697 CARDIAC REHABILITATION	0.920463		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.518983		90.00
91.00	09100 EMERGENCY	0.253518		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.163010		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: 14-0162

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 11:30 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Dissallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	23,804,075		23,804,075	0	0	30.00
43.00	04300 NURSERY	640,327		640,327	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	1,392,980		1,392,980	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,865,785		7,865,785	0	0	50.00
51.00	05100 RECOVERY ROOM	795,933		795,933	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,733,816		2,733,816	0	0	52.00
53.00	05300 ANESTHESIOLOGY	418,223		418,223	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,181,263		1,181,263	0	0	54.00
54.10	03440 MAMMOGRAPHY	1,411,500		1,411,500	0	0	54.10
54.20	03630 ULTRASOUND	1,565,292		1,565,292	0	0	54.20
54.30	05401 ECHOCARDIOLOGY	852,286		852,286	0	0	54.30
55.00	05500 RADIOLOGY - THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,490,264		1,490,264	0	0	56.00
57.00	05700 CT SCAN	2,082,193		2,082,193	0	0	57.00
58.00	05800 MRI	1,513,710		1,513,710	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,451,549		2,451,549	0	0	59.00
60.00	06000 LABORATORY	6,573,292		6,573,292	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	413,534		413,534	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,588,564	0	1,588,564	0	0	65.00
66.00	06600 PHYSICAL THERAPY	5,368,490	0	5,368,490	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	887,326	0	887,326	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	886,559	0	886,559	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	641,302		641,302	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,215,988		1,215,988	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,921,922		6,921,922	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,633,838		8,633,838	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,104,046		10,104,046	0	0	73.00
74.00	07400 RENAL DIALYSIS	633,058		633,058	0	0	74.00
76.00	03330 ENDOSCOPY	1,126,096		1,126,096	0	0	76.00
76.20	03951 PAIN CLINIC	933,268		933,268	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	538,038		538,038	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	566,979		566,979	0	0	90.00
91.00	09100 EMERGENCY	6,228,966		6,228,966	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
200.00	Subtotal (see instructions)	103,460,462	0	103,460,462	0	0	200.00
201.00	Less Observation Beds	0		0	0	0	201.00
202.00	Total (see instructions)	103,460,462	0	103,460,462	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/27/2017 11:30 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	32,640,260		32,640,260				30.00
43.00	04300	NURSERY	1,263,542		1,263,542				43.00
44.00	04400	SKILLED NURSING FACILITY	1,180,231		1,180,231				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,398,926	17,901,449	42,300,375	0.185951	0.000000		50.00
51.00	05100	RECOVERY ROOM	1,475,312	1,403,518	2,878,830	0.276478	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,503,640	817,710	5,321,350	0.513745	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,993,934	2,282,762	5,276,696	0.079258	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,736,411	9,811,822	13,548,233	0.087189	0.000000		54.00
54.10	03440	MAMMOGRAPHY	2,162	7,390,895	7,393,057	0.190922	0.000000		54.10
54.20	03630	ULTRA SOUND	1,227,821	7,661,644	8,889,465	0.176084	0.000000		54.20
54.30	05401	ECHOCARDIOLOGY	2,198,014	4,237,646	6,435,660	0.132432	0.000000		54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	5,219	0	5,219	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,881,612	13,197,551	15,079,163	0.098829	0.000000		56.00
57.00	05700	CT SCAN	9,081,729	31,063,339	40,145,068	0.051867	0.000000		57.00
58.00	05800	MRI	2,484,812	13,216,580	15,701,392	0.096406	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	21,741,025	22,166,159	43,907,184	0.055835	0.000000		59.00
60.00	06000	LABORATORY	26,572,124	59,975,861	86,547,985	0.075950	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	6,615	1,056,587	1,063,202	0.388951	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	8,092,360	2,082,609	10,174,969	0.156125	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,937,307	9,653,351	12,590,658	0.426387	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,958,736	1,816,031	3,774,767	0.235068	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	274,414	819,170	1,093,584	0.810691	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,114,757	4,283,143	5,397,900	0.118806	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	247,053	6,748,331	6,995,384	0.173827	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,729,550	15,730,925	45,460,475	0.152262	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,396,761	10,064,027	41,460,788	0.208241	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,362,269	35,190,926	108,553,195	0.093079	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,590,524	337,396	1,927,920	0.328363	0.000000		74.00
76.00	03330	ENDOSCOPY	2,296,190	430,391	2,726,581	0.413007	0.000000		76.00
76.20	03951	PAIN CLINIC	484	3,896,981	3,897,465	0.239455	0.000000		76.20
76.97	07697	CARDIAC REHABILITATION	121,806	462,724	584,530	0.920463	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	7,292	1,085,189	1,092,481	0.518983	0.000000		90.00
91.00	09100	EMERGENCY	4,687,933	19,882,136	24,570,069	0.253518	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,638,203	11,592,406	14,230,609	0.000000	0.000000		92.00
200.00		Subtotal (see instructions)	297,849,028	316,259,259	614,108,287				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	297,849,028	316,259,259	614,108,287				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 11:30 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
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 ULTRASOUND	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
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: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part I Date/Time Prepared: 2/27/2017 11:30 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,336,765	0	2,336,765	25,654	91.09	30.00
43.00	NURSERY	39,153		39,153	1,711	22.88	43.00
44.00	SKILLED NURSING FACILITY	150,452		150,452	1,951	77.12	44.00
200.00	Total (Lines 30-199)	2,526,370		2,526,370	29,316		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	9,749	888,036				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	1,052	81,130				
200.00	Total (Lines 30-199)	10,801	969,166				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/27/2017 11:30 am
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	837,225	42,300,375	0.019792	9,352,146	185,098	50.00
51.00	05100	RECOVERY ROOM	65,832	2,878,830	0.022868	487,402	11,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	317,424	5,321,350	0.059651	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,531	5,276,696	0.004270	1,066,395	4,554	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	473,720	13,553,452	0.034952	1,710,026	59,769	54.00
54.10	03440	MAMMOGRAPHY	306,468	7,393,057	0.041453	0	0	54.10
54.20	03630	ULTRA SOUND	89,414	8,889,465	0.010058	583,969	5,874	54.20
54.30	05401	ECHOCARDIOLOGY	83,654	6,435,660	0.012999	988,209	12,846	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	191,360	15,079,163	0.012690	983,182	12,477	56.00
57.00	05700	CT SCAN	274,685	40,145,068	0.006842	3,712,359	25,400	57.00
58.00	05800	MRI	329,881	15,701,392	0.021010	1,035,625	21,758	58.00
59.00	05900	CARDIAC CATHETERIZATION	465,509	43,907,184	0.010602	8,763,045	92,906	59.00
60.00	06000	LABORATORY	541,011	86,547,985	0.006251	11,095,336	69,357	60.00
64.00	06400	INTRAVENOUS THERAPY	53,365	1,063,202	0.050193	285	14	64.00
65.00	06500	RESPIRATORY THERAPY	162,099	10,174,969	0.015931	3,588,028	57,161	65.00
66.00	06600	PHYSICAL THERAPY	686,041	12,590,658	0.054488	1,186,660	64,659	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,323	3,774,767	0.012007	753,003	9,041	67.00
68.00	06800	SPEECH PATHOLOGY	122,945	1,093,584	0.112424	140,984	15,850	68.00
69.00	06900	ELECTROCARDIOLOGY	94,314	5,397,900	0.017472	540,728	9,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	162,250	6,995,384	0.023194	192,961	4,476	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	361,619	45,460,475	0.007955	11,925,024	94,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	234,068	41,460,788	0.005646	12,047,249	68,019	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	570,112	108,553,195	0.005252	27,863,023	146,337	73.00
74.00	07400	RENAL DIALYSIS	108,465	1,927,920	0.056260	1,021,215	57,454	74.00
76.00	03330	ENDOSCOPY	115,146	2,726,581	0.042231	1,179,775	49,823	76.00
76.20	03951	PAIN CLINIC	173,718	3,897,465	0.044572	4,427	197	76.20
76.97	07697	CARDIAC REHABILITATION	163,237	584,530	0.279262	42,740	11,936	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	141,558	1,092,481	0.129575	5,938	769	90.00
91.00	09100	EMERGENCY	465,945	24,570,069	0.018964	2,212,385	41,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	227,720	14,230,609	0.016002	1,097,570	17,563	92.00
200.00		Total (lines 50-199)	7,886,639	579,024,254		103,579,689	1,150,752	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part III Date/Time Prepared: 2/27/2017 11:30 am		
Cost Center Description			Title XVIII			Hospital		PPS	
			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	0	30.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
			6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	25,654	0.00	9,749	0	0	0	30.00
43.00	04300	NURSERY	1,711	0.00	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,951	0.00	1,052	0	0	0	44.00
200.00		Total (lines 30-199)	29,316		10,801	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:30 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	0	54.10
54.20	03630	ULTRA SOUND	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	0	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:30 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42,300,375	0.000000	0.000000	9,352,146	50.00
51.00	05100	RECOVERY ROOM	0	2,878,830	0.000000	0.000000	487,402	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,321,350	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,276,696	0.000000	0.000000	1,066,395	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,553,452	0.000000	0.000000	1,710,026	54.00
54.10	03440	MAMMOGRAPHY	0	7,393,057	0.000000	0.000000	0	54.10
54.20	03630	ULTRA SOUND	0	8,889,465	0.000000	0.000000	583,969	54.20
54.30	05401	ECHOCARDIOLOGY	0	6,435,660	0.000000	0.000000	988,209	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	15,079,163	0.000000	0.000000	983,182	56.00
57.00	05700	CT SCAN	0	40,145,068	0.000000	0.000000	3,712,359	57.00
58.00	05800	MRI	0	15,701,392	0.000000	0.000000	1,035,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	43,907,184	0.000000	0.000000	8,763,045	59.00
60.00	06000	LABORATORY	0	86,547,985	0.000000	0.000000	11,095,336	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,063,202	0.000000	0.000000	285	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,174,969	0.000000	0.000000	3,588,028	65.00
66.00	06600	PHYSICAL THERAPY	0	12,590,658	0.000000	0.000000	1,186,660	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,774,767	0.000000	0.000000	753,003	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,093,584	0.000000	0.000000	140,984	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,397,900	0.000000	0.000000	540,728	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,995,384	0.000000	0.000000	192,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,460,475	0.000000	0.000000	11,925,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,460,788	0.000000	0.000000	12,047,249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	108,553,195	0.000000	0.000000	27,863,023	73.00
74.00	07400	RENAL DIALYSIS	0	1,927,920	0.000000	0.000000	1,021,215	74.00
76.00	03330	ENDOSCOPY	0	2,726,581	0.000000	0.000000	1,179,775	76.00
76.20	03951	PAIN CLINIC	0	3,897,465	0.000000	0.000000	4,427	76.20
76.97	07697	CARDIAC REHABILITATION	0	584,530	0.000000	0.000000	42,740	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,092,481	0.000000	0.000000	5,938	90.00
91.00	09100	EMERGENCY	0	24,570,069	0.000000	0.000000	2,212,385	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,230,609	0.000000	0.000000	1,097,570	92.00
200.00		Total (lines 50-199)	0	579,024,254			103,579,689	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:30 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	3,662,929	0	50.00
51.00	05100 RECOVERY ROOM	0	410,973	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	519,180	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,352,538	0	54.00
54.10	03440 MAMMOGRAPHY	0	138,973	0	54.10
54.20	03630 ULTRA SOUND	0	1,611,761	0	54.20
54.30	05401 ECHOCARDIOLOGY	0	1,048,333	0	54.30
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	4,189,308	0	56.00
57.00	05700 CT SCAN	0	7,211,564	0	57.00
58.00	05800 MRI	0	2,627,759	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,663,028	0	59.00
60.00	06000 LABORATORY	0	5,362,570	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	353,559	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	587,477	0	65.00
66.00	06600 PHYSICAL THERAPY	0	34,298	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	20,323	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	55,940	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,062,098	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,175,187	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,003,304	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,752,716	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,848,564	0	73.00
74.00	07400 RENAL DIALYSIS	0	130,811	0	74.00
76.00	03330 ENDOSCOPY	0	132,522	0	76.00
76.20	03951 PAIN CLINIC	0	942,577	0	76.20
76.97	07697 CARDIAC REHABILITATION	0	167,766	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	413,933	0	90.00
91.00	09100 EMERGENCY	0	3,596,865	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,691,071	0	92.00
200.00	Total (Lines 50-199)	0	66,767,927	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 11:30 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.185951	3,662,929	0	0	681,125 50.00
51.00 05100 RECOVERY ROOM	0.276478	410,973	0	0	113,625 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.513745	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.079258	519,180	0	0	41,149 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.087156	2,352,538	0	0	205,038 54.00
54.10 03440 MAMMOGRAPHY	0.190922	138,973	0	0	26,533 54.10
54.20 03630 ULTRA SOUND	0.176084	1,611,761	0	0	283,805 54.20
54.30 05401 ECHOCARDIOLOGY	0.132432	1,048,333	0	0	138,833 54.30
55.00 05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.098829	4,189,308	0	0	414,025 56.00
57.00 05700 CT SCAN	0.051867	7,211,564	0	0	374,042 57.00
58.00 05800 MRI	0.096406	2,627,759	0	0	253,332 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.055835	8,663,028	0	0	483,700 59.00
60.00 06000 LABORATORY	0.075950	5,362,570	6,180	0	407,287 60.00
64.00 06400 INTRAVENOUS THERAPY	0.388951	353,559	0	0	137,517 64.00
65.00 06500 RESPIRATORY THERAPY	0.156125	587,477	0	0	91,720 65.00
66.00 06600 PHYSICAL THERAPY	0.426387	34,298	0	0	14,624 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.235068	20,323	0	0	4,777 67.00
68.00 06800 SPEECH PATHOLOGY	0.810691	55,940	0	0	45,350 68.00
69.00 06900 ELECTROCARDIOLOGY	0.118806	1,062,098	0	0	126,184 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.173827	1,175,187	0	0	204,279 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.152262	5,003,304	0	0	761,813 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.208241	2,752,716	0	0	573,228 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.093079	9,848,564	532	374,742	916,694 73.00
74.00 07400 RENAL DIALYSIS	0.328363	130,811	0	0	42,953 74.00
76.00 03330 ENDOSCOPY	0.413007	132,522	0	0	54,733 76.00
76.20 03951 PAIN CLINIC	0.239455	942,577	0	0	225,705 76.20
76.97 07697 CARDIAC REHABILITATION	0.920463	167,766	0	0	154,422 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.518983	413,933	0	0	214,824 90.00
91.00 09100 EMERGENCY	0.253518	3,596,865	0	0	911,870 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.163010	2,691,071	0	0	438,671 92.00
200.00 Subtotal (see instructions)		66,767,927	6,712	374,742	8,341,858 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (Line 200 +/- Line 201)		66,767,927	6,712	374,742	8,341,858 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 11:30 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10 03440 MAMMOGRAPHY	0	0		54.10
54.20 03630 ULTRASOUND	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	469	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	50	34,881		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)	519	34,881		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (Line 200 +/- Line 201)	519	34,881		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:30 am
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
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: 14-0162 Component CCN: 14-5590	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:30 am
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	42,300,375	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	2,878,830	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,321,350	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,276,696	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,553,452	0.000000	0.000000	12,454	54.00
54.10	03440 MAMMOGRAPHY	0	7,393,057	0.000000	0.000000	0	54.10
54.20	03630 ULTRA SOUND	0	8,889,465	0.000000	0.000000	7,334	54.20
54.30	05401 ECHOCARDIOLOGY	0	6,435,660	0.000000	0.000000	6,070	54.30
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	15,079,163	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	40,145,068	0.000000	0.000000	3,896	57.00
58.00	05800 MRI	0	15,701,392	0.000000	0.000000	5,541	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	43,907,184	0.000000	0.000000	3,574	59.00
60.00	06000 LABORATORY	0	86,547,985	0.000000	0.000000	205,010	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,063,202	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	10,174,969	0.000000	0.000000	164,334	65.00
66.00	06600 PHYSICAL THERAPY	0	12,590,658	0.000000	0.000000	249,789	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,774,767	0.000000	0.000000	232,590	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,093,584	0.000000	0.000000	2,618	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,397,900	0.000000	0.000000	1,696	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,995,384	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,460,475	0.000000	0.000000	215,024	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	41,460,788	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	108,553,195	0.000000	0.000000	1,047,778	73.00
74.00	07400 RENAL DIALYSIS	0	1,927,920	0.000000	0.000000	0	74.00
76.00	03330 ENDOSCOPY	0	2,726,581	0.000000	0.000000	6,989	76.00
76.20	03951 PAIN CLINIC	0	3,897,465	0.000000	0.000000	0	76.20
76.97	07697 CARDIAC REHABILITATION	0	584,530	0.000000	0.000000	6,270	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,092,481	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	24,570,069	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	14,230,609	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	579,024,254			2,170,967	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:30 am
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 ULTRASOUND	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
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part I Date/Time Prepared: 2/27/2017 11:30 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,336,765	0	2,336,765	25,654	91.09	30.00
43.00	NURSERY	39,153		39,153	1,711	22.88	43.00
44.00	SKILLED NURSING FACILITY	150,452		150,452	1,951	77.12	44.00
200.00	Total (Lines 30-199)	2,526,370		2,526,370	29,316		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	486	44,270				
43.00	NURSERY	36	824				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	522	45,094				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/27/2017 11:30 am
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Cost Center Description		Title XIX			Hospital	Cost	
		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	837,225	42,300,375	0.019792	0	0	50.00
51.00	05100 RECOVERY ROOM	65,832	2,878,830	0.022868	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	317,424	5,321,350	0.059651	0	0	52.00
53.00	05300 ANESTHESIOLOGY	22,531	5,276,696	0.004270	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	473,720	13,548,233	0.034965	0	0	54.00
54.10	03440 MAMMOGRAPHY	306,468	7,393,057	0.041453	0	0	54.10
54.20	03630 ULTRASOUND	89,414	8,889,465	0.010058	0	0	54.20
54.30	05401 ECHOCARDIOLOGY	83,654	6,435,660	0.012999	0	0	54.30
55.00	05500 RADIOLOGY - THERAPEUTIC	0	5,219	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	191,360	15,079,163	0.012690	0	0	56.00
57.00	05700 CT SCAN	274,685	40,145,068	0.006842	0	0	57.00
58.00	05800 MRI	329,881	15,701,392	0.021010	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	465,509	43,907,184	0.010602	0	0	59.00
60.00	06000 LABORATORY	541,011	86,547,985	0.006251	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	53,365	1,063,202	0.050193	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	162,099	10,174,969	0.015931	0	0	65.00
66.00	06600 PHYSICAL THERAPY	686,041	12,590,658	0.054488	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	45,323	3,774,767	0.012007	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	122,945	1,093,584	0.112424	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	94,314	5,397,900	0.017472	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	162,250	6,995,384	0.023194	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	361,619	45,460,475	0.007955	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	234,068	41,460,788	0.005646	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	570,112	108,553,195	0.005252	0	0	73.00
74.00	07400 RENAL DIALYSIS	108,465	1,927,920	0.056260	0	0	74.00
76.00	03330 ENDOSCOPY	115,146	2,726,581	0.042231	0	0	76.00
76.20	03951 PAIN CLINIC	173,718	3,897,465	0.044572	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	163,237	584,530	0.279262	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	141,558	1,092,481	0.129575	0	0	90.00
91.00	09100 EMERGENCY	465,945	24,570,069	0.018964	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	14,230,609	0.000000	0	0	92.00
200.00	Total (lines 50-199)	7,658,919	579,024,254		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part III Date/Time Prepared: 2/27/2017 11:30 am		
Cost Center Description			Title XIX			Hospital		Cost	
			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	0	30.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
			6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	25,654	0.00	486	0	0	0	30.00
43.00	04300	NURSERY	1,711	0.00	36	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,951	0.00	0	0	0	0	44.00
200.00		Total (lines 30-199)	29,316		522	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:30 am
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Cost Center Description	Title XIX				Hospital	Cost
	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
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: 14-0162

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description		Title XIX			Hospital		Inpatient Program Charges	Cost
		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)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42,300,375	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	2,878,830	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,321,350	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,276,696	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,548,233	0.000000	0.000000	0	54.00
54.10	03440	MAMMOGRAPHY	0	7,393,057	0.000000	0.000000	0	54.10
54.20	03630	ULTRA SOUND	0	8,889,465	0.000000	0.000000	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	6,435,660	0.000000	0.000000	0	54.30
55.00	05500	RADIOLOGY - THERAPEUTIC	0	5,219	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	15,079,163	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	40,145,068	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	15,701,392	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	43,907,184	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	86,547,985	0.000000	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,063,202	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,174,969	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,590,658	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,774,767	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,093,584	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,397,900	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,995,384	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,460,475	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,460,788	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	108,553,195	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,927,920	0.000000	0.000000	0	74.00
76.00	03330	ENDOSCOPY	0	2,726,581	0.000000	0.000000	0	76.00
76.20	03951	PAIN CLINIC	0	3,897,465	0.000000	0.000000	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	584,530	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,092,481	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	24,570,069	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,230,609	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	579,024,254			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0162

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2017 11:30 am

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)	Hospital	Cost
		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
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: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/27/2017 11:30 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,654	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,654	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)		23,154	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)		9,749	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)		23,804,075	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)		23,804,075	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)		23,804,075	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)		927.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,046,000	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)		9,046,000	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
Date/Time Prepared: 2/27/2017 11:30 am		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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	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)					14,048,183		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					23,094,183		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)					888,036		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,150,752		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,038,788		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,055,395		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)					2,500		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					927.89		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,319,725		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 11:30 am	
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
			1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,336,765	23,804,075	0.098167	2,319,725	227,720	90.00
91.00	Nursing School cost	0	23,804,075	0.000000	2,319,725	0	91.00
92.00	Allied health cost	0	23,804,075	0.000000	2,319,725	0	92.00
93.00	All other Medical Education	0	23,804,075	0.000000	2,319,725	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 11:30 am
		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)		1,951	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,951	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)		1,951	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)		1,052	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)		1,392,980	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)		1,392,980	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)		1,392,980	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: 14-0162 Component CCN: 14-5590		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 11:30 am		
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)		
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	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)						1,392,980	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						713.98	71.00
72.00	Program routine service cost (line 9 x line 71)						751,107	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)						751,107	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)						751,107	83.00
84.00	Program inpatient ancillary services (see instructions)						347,772	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)						1,098,879	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 11:30 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 11:30 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		13,610,581		30.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.185951	9,352,146	1,739,041	50.00
51.00	05100 RECOVERY ROOM	0.276478	487,402	134,756	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.513745	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.085317	1,066,395	90,982	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.087156	1,710,026	149,039	54.00
54.10	03440 MAMMOGRAPHY	0.190922	0	0	54.10
54.20	03630 ULTRA SOUND	0.176084	583,969	102,828	54.20
54.30	05401 ECHOCARDIOLOGY	0.132432	988,209	130,870	54.30
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.098829	983,182	97,167	56.00
57.00	05700 CT SCAN	0.051867	3,712,359	192,549	57.00
58.00	05800 MRI	0.096406	1,035,625	99,840	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.055835	8,763,045	489,285	59.00
60.00	06000 LABORATORY	0.075950	11,095,336	842,691	60.00
64.00	06400 INTRAVENOUS THERAPY	0.388951	285	111	64.00
65.00	06500 RESPIRATORY THERAPY	0.156125	3,588,028	560,181	65.00
66.00	06600 PHYSICAL THERAPY	0.426387	1,186,660	505,976	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.235068	753,003	177,007	67.00
68.00	06800 SPEECH PATHOLOGY	0.810691	140,984	114,294	68.00
69.00	06900 ELECTROCARDIOLOGY	0.118806	540,728	64,242	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173827	192,961	33,542	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.152262	11,925,024	1,815,728	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.208241	12,047,249	2,508,731	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.093079	27,863,023	2,593,462	73.00
74.00	07400 RENAL DIALYSIS	0.328363	1,021,215	335,329	74.00
76.00	03330 ENDOSCOPY	0.413007	1,179,775	487,255	76.00
76.20	03951 PAIN CLINIC	0.239455	4,427	1,060	76.20
76.97	07697 CARDIAC REHABILITATION	0.920463	42,740	39,341	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.518983	5,938	3,082	90.00
91.00	09100 EMERGENCY	0.253518	2,212,385	560,879	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.163010	1,097,570	178,915	92.00
200.00	Total (sum of lines 50-94 and 96-98)		103,579,689	14,048,183	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)		103,579,689		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 11:30 am	
		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	0.185951	0	0	50.00
51.00	05100 RECOVERY ROOM	0.276478	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.513745	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.079258	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.087156	12,454	1,085	54.00
54.10	03440 MAMMOGRAPHY	0.190922	0	0	54.10
54.20	03630 ULTRA SOUND	0.176084	7,334	1,291	54.20
54.30	05401 ECHOCARDIOLOGY	0.132432	6,070	804	54.30
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.098829	0	0	56.00
57.00	05700 CT SCAN	0.051867	3,896	202	57.00
58.00	05800 MRI	0.096406	5,541	534	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.055835	3,574	200	59.00
60.00	06000 LABORATORY	0.075950	205,010	15,571	60.00
64.00	06400 INTRAVENOUS THERAPY	0.388951	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.156125	164,334	25,657	65.00
66.00	06600 PHYSICAL THERAPY	0.426387	249,789	106,507	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.235068	232,590	54,674	67.00
68.00	06800 SPEECH PATHOLOGY	0.810691	2,618	2,122	68.00
69.00	06900 ELECTROCARDIOLOGY	0.118806	1,696	201	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173827	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.152262	215,024	32,740	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.208241	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.093079	1,047,778	97,526	73.00
74.00	07400 RENAL DIALYSIS	0.328363	0	0	74.00
76.00	03330 ENDOSCOPY	0.413007	6,989	2,887	76.00
76.20	03951 PAIN CLINIC	0.239455	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0.920463	6,270	5,771	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.518983	0	0	90.00
91.00	09100 EMERGENCY	0.253518	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.163010	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,170,967	347,772	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,170,967		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 11:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		20,056,246	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)		717,363	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		1,536,096	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		130.17	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
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)		5.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.51	31.00
32.00	Sum of lines 30 and 31		19.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.52	33.00
34.00	Disproportionate share adjustment (see instructions)		276,776	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 11:30 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000114132	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	731,144	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	731,144	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		731,144		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		21,781,529		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			21,781,529	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,748,020	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			15,536	54.00
54.01	Islet isolation add-on payment				54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			23,545,085	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			23,545,085	61.00
62.00	Deductibles billed to program beneficiaries			2,347,912	62.00
63.00	Coinurance billed to program beneficiaries			1,610	63.00
64.00	Allowable bad debts (see instructions)			315,886	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			205,326	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			263,850	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			21,400,889	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			95,428	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 11:30 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	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)			21,496,317	71.00
71.01	Sequestration adjustment (see instructions)			429,926	71.01
72.00	Interim payments			20,996,206	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)			70,185	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			619,634	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/27/2017 11:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		35,400	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,341,858	2.00
3.00	PPS payments		9,633,093	3.00
4.00	Outlier payment (see instructions)		2,599	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)		35,400	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		381,454	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)		381,454	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		381,454	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		346,054	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)		35,400	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)		9,635,692	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		106	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,951,094	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)		7,719,892	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)		7,719,892	30.00
31.00	Primary payer payments		306	31.00
32.00	Subtotal (line 30 minus line 31)		7,719,586	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)		268,221	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		174,344	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		233,619	36.00
37.00	Subtotal (see instructions)		7,893,930	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS PER THE PS&R		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)		7,893,930	40.00
40.01	Sequestration adjustment (see instructions)		157,879	40.01
41.00	Interim payments		7,761,503	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-25,452	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0162

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

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2017 11:30 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		20,996,206		7,761,503	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)		20,996,206		7,761,503	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		70,185		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		25,452	6.02	
7.00	Total Medicare program liability (see instructions)		21,066,391		7,736,051	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0162
Component CCN: 14-5590

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

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2017 11:30 am

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		325,329		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)		325,329		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)		325,329		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		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part VI Date/Time Prepared: 2/27/2017 11:30 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		348,436	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)		348,436	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		16,468	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)		331,968	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)		331,968	15.00
15.01	Sequestration adjustment (see instructions)		6,639	15.01
16.00	Interim payments		325,329	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: 14-0162

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

Worksheet G
Date/Time Prepared:
2/27/2017 11:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,300,252	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	106,125,260	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-76,502,268	0	0	0	6.00
7.00	Inventory	2,693,145	0	0	0	7.00
8.00	Prepaid expenses	110,787	0	0	0	8.00
9.00	Other current assets	3,510,485	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)	38,237,661	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,635,357	0	0	0	12.00
13.00	Land improvements	1,361,995	0	0	0	13.00
14.00	Accumulated depreciation	-1,360,848	0	0	0	14.00
15.00	Buildings	127,907,913	0	0	0	15.00
16.00	Accumulated depreciation	-68,242,361	0	0	0	16.00
17.00	Leasehold improvements	385,583	0	0	0	17.00
18.00	Accumulated depreciation	-92,395	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	65,906,674	0	0	0	23.00
24.00	Accumulated depreciation	-50,051,403	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	6,169,365	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	83,619,880	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	223,826,481	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	24,538,644	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	248,365,125	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	370,222,666	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,895,902	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,344,754	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	730,631	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-775,691	0	0	0	43.00
44.00	Other current liabilities	20,897,025	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,092,621	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	537,246	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	439,503	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	976,749	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	28,069,370	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	342,153,296				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)	342,153,296	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	370,222,666	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0162

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

Worksheet G-1

Date/Time Prepared:
2/27/2017 11:30 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		318,883,500		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		48,453,971			2.00
3.00	Total (sum of line 1 and line 2)		367,337,471		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	INCREASE IN RESTRICTED ASSETS	11,818		0		5.00
6.00	INCREASE IN TEMPORARY RESTRICTED AS	321,468		0		6.00
7.00	OTHER - NONCONTROLLING INTEREST - S	130,348		0		7.00
8.00	EQUITY TRANSFER	-25,647,809		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		-25,184,175		0	10.00
11.00	Subtotal (line 3 plus line 10)		342,153,296		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		342,153,296		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 AS		0			6.00
7.00	OTHER - NONCONTROLLING INTEREST - S		0			7.00
8.00	EQUITY TRANSFER		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			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0162

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2017 11:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	34,133,219		34,133,219	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	1,180,231		1,180,231	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)	35,313,450		35,313,450	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)	35,313,450		35,313,450	17.00
18.00	Ancillary services	255,431,567	283,699,529	539,131,096	18.00
19.00	Outpatient services	7,333,428	32,559,731	39,893,159	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	78,338,095	78,338,095	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	298,078,445	394,597,355	692,675,800	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		151,213,198		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)		151,213,198		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0162

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

Worksheet G-3

Date/Time Prepared:
2/27/2017 11:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	692,675,800	1.00
2.00	Less contractual allowances and discounts on patients' accounts	507,153,868	2.00
3.00	Net patient revenues (line 1 minus line 2)	185,521,932	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	151,213,198	4.00
5.00	Net income from service to patients (line 3 minus line 4)	34,308,734	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,446,882	6.00
7.00	Income from investments	1,925,714	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	515,937	14.00
15.00	Revenue from rental of living quarters	22,355	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	12,644,740	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	533,187	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	124,280	24.01
25.00	Total other income (sum of lines 6-24)	18,280,206	25.00
26.00	Total (line 5 plus line 25)	52,588,940	26.00
27.00	MINORITY INTEREST	2,997,908	27.00
27.01	RISK VALUE BASE RESERVE	1,137,061	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	4,134,969	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	48,453,971	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0162	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 2/27/2017 11:30 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,595,810	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		87,420	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)		63.89	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)		5.14	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.51	8.00
9.00	Sum of lines 7 and 8		19.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.06	10.00
11.00	Disproportionate share adjustment (see instructions)		64,790	11.00
12.00	Total prospective capital payments (see instructions)		1,748,020	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