

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 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/23/2023 2:23 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/23/2023	Time: 2:23 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNION HOSPITAL, INC. (15-0023) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Matt Nealon	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Matt Nealon		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX		
		Part A	Part B				
	1.00	2.00	3.00	4.00	5.00		
PART III - SETTLEMENT SUMMARY							
1.00	HOSPITAL	0	1,061,146	1,876	0	-2,642,343	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	6,092	3		39,778	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
200.00	TOTAL	0	1,067,238	1,879	0	-2,602,565	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 number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm
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1.00	Hospital and Hospital Health Care Complex Address:		2.00	3.00	4.00
1.00	Street: 1606 NORTH SEVENTH ST	PO Box:	State: IN	Zip Code: 47804-	County: VIGO
2.00	City: TERRE HAUTE				

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	UNION HOSPITAL, INC.	150023	45460	1	01/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	MEDICAL REHAB	15T023	45460	5	09/01/1989	N	P	0	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									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 - FOHC									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)				01/01/2022	12/31/2022	20.00
21.00	Type of Control (see instructions)				2		21.00

		1.00	2.00	3.00
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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 UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N				22.01
22.02	Is this a newly merged hospital that requires a final UCP 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	N			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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.									22.04
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm			
		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.	898	1,402	71	444	13,430	0		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.	37	28	0	0	456			25.00	
						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)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, 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. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			57.00	

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		V	XVIII	XIX		
		1.00	2.00	3.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02
		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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1.00		2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00
					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
62.01	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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
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	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
				1.00	2.00	3.00	
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)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.91	20.14	0.043230	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
				1.00	2.00	3.00	
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)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.00	21.00	0.000000	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N 0		76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0 88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0 89.00
			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		Y 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
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N 96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. 1V, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				113.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	748,480	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.06	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.				123.00
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is a hospital-based 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	15H043	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: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101	141.00
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:			142.00
143.00	City: TERRE HAUTE	State: IN	Zip Code: 47804		143.00
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
			1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
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.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
		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: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/23/2023 2:23 pm	
			Y/N	Date	
			1.00	2.00	
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE					
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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 a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing programs 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.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts 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
			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)	Y	02/15/2023	Y	02/15/2023
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)	N		N	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/23/2023 2:23 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		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.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		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.		N		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		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		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.		N		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.		N		33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		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.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		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.	MI KE		ALESSANDRI NI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7959		MALESSANDRI NI@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
5/23/2023 2:23 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	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: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2023 2:23 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
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	219	79,935	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)		219	79,935	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	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	INTENSIVE NURSERY	35.00	15	5,475	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		258	94,170	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		273				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part I Date/Time Prepared: 5/23/2023 2:23 pm
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
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)	19,287	483	52,133		1.00
2.00	HMO and other (see instructions)	12,555	15,231			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	42	456			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	19,287	483	52,133		7.00
8.00	INTENSIVE CARE UNIT	2,634	0	7,173		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	INTENSIVE NURSERY	0	0	4,640		12.00
13.00	NURSERY		409	2,437		13.00
14.00	Total (see instructions)	21,921	892	66,383	20.99	1,429.22
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	1,405	65	3,486	0.00	18.16
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			10		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
27.00	Total (sum of lines 14-26)				20.99	1,447.38
28.00	Observation Bed Days		1,367	11,279		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	122	200		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			312		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2023 2:23 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
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	4,536	74	14,382	1.00
2.00	HMO and other (see instructions)			2,083	2,962		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				34		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	INTENSIVE NURSERY						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,536	74	14,382	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	107	2	241	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2023 2:23 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	113,470,659	0	113,470,659	3,010,549.86	37.69
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		590,375	0	590,375	4,056.00	145.56
5.00	Physician and Non-Physician-Part B		2,958,210	0	2,958,210	17,471.50	169.32
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	1,420,985	1,420,985	43,680.00	32.53
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		18,662,581	-2,886,014	15,776,567	219,327.00	71.93
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		31,533,036	0	31,533,036	259,611.00	121.46
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		166,625	0	166,625	1,111.00	149.98
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		26,840,066	0	26,840,066	581,614.90	46.15
14.02	Related organization salaries		6,652,078	0	6,652,078	180,991.00	36.75
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
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		25,275,606	0	25,275,606		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,705,081	0	2,705,081		
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		0	0	0		
22.01	Physician Part A - Teaching		63,774	0	63,774		
23.00	Physician Part B		289,117	0	289,117		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		351,872	0	351,872		
25.50	Home office wage-related (core)		5,570,606	0	5,570,606		
25.51	Related organization wage-related (core)		1,681,712	0	1,681,712		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2023 2:23 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	140,953	903,170	1,044,123	35,559.30	29.36	26.00
27.00	Administrative & General	4,911,337	2,298,010	7,209,347	242,351.33	29.75	27.00
28.00	Administrative & General under contract (see inst.)	2,336,952	0	2,336,952	16,463.00	141.95	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	79,594	-1,957	77,637	3,254.90	23.85	30.00
31.00	Laundry & Linen Service	833,907	-20,504	813,403	43,671.34	18.63	31.00
32.00	Housekeeping	2,600,090	-63,930	2,536,160	140,655.97	18.03	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,156,141	-1,744,743	411,398	22,945.76	17.93	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,689,021	1,689,021	94,207.00	17.93	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,341,528	-32,985	1,308,543	30,725.60	42.59	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	1,160,677	-28,538	1,132,139	47,396.28	23.89	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: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2023 2:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n 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)	112,259,026	-1,420,985	110,838,041	2,961,805.36	37.42	1.00
2.00	Excluded area salaries (see instructions)	18,662,581	-2,886,014	15,776,567	219,327.00	71.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,596,445	1,465,029	95,061,474	2,742,478.36	34.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	65,191,805	0	65,191,805	1,023,327.90	63.71	4.00
5.00	Subtotal wage-related costs (see inst.)	32,527,924	0	32,527,924	0.00	34.22	5.00
6.00	Total (sum of lines 3 thru 5)	191,316,174	1,465,029	192,781,203	3,765,806.26	51.19	6.00
7.00	Total overhead cost (see instructions)	15,561,179	2,997,544	18,558,723	677,230.48	27.40	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,631,721	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	16,359,756	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	-49,323	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	52,791	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)	207,863	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	112,942	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,060,112	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	309,588	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	28,685,450	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/23/2023 2:23 pm
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	31,533,036	28,685,450	1.00
2.00	Hospital	31,533,036	28,685,450	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/23/2023 2:23 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.219837	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			51,172,043	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			329,781,814	6.00	
7.00	Medicaid cost (line 1 times line 6)			72,498,245	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)			21,326,202	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			143,985	9.00	
10.00	Stand-alone CHIP charges			483,573	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			106,307	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			21,326,202	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,739,285	0	11,739,285	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,580,729	0	2,580,729	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	2,580,729	0	2,580,729	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			24,867,530	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			526,697	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			810,302	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			24,057,228	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,572,274	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,153,003	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			29,479,205	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		14,815,583	14,815,583	5,681,601	20,497,184	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		9,100,348	9,100,348	2,622,976	11,723,324	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	140,953	14,887	155,840	4,557,470	4,713,310	4.00
5.01	00540	NONPATIENT TELEPHONES	526,284	365,783	892,067	-12,940	879,127	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	1,319,049	288,361	1,607,410	-32,432	1,574,978	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	3,066,004	43,982,232	47,048,236	-6,207,152	40,841,084	5.06
7.00	00700	OPERATION OF PLANT	79,594	518,904	598,498	-1,957	596,541	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	833,907	454,400	1,288,307	-20,504	1,267,803	8.00
9.00	00900	HOUSEKEEPING	2,600,090	1,431,349	4,031,439	-63,930	3,967,509	9.00
10.00	01000	DIETARY	2,156,141	3,007,102	5,163,243	-4,163,232	1,000,011	10.00
11.00	01100	CAFETERIA	0	0	0	4,107,510	4,107,510	11.00
13.00	01300	NURSING ADMINISTRATION	1,341,528	205,528	1,547,056	-32,985	1,514,071	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,160,677	913,828	2,074,505	-28,538	2,045,967	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,564,737	1,564,737	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,794,306	1,794,306	22.00
23.00	02300	PARAMED PRGM	0	0	0	89,296	89,296	23.00
23.01	02341	OTHER MED ED	1,348,789	157,901	1,506,690	15,650	1,522,340	23.01
23.02	02301	PARAMED PRGM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,574,731	24,931,569	49,506,300	-1,862,499	47,643,801	30.00
31.00	03100	INTENSIVE CARE UNIT	5,193,888	8,274,408	13,468,296	-42,026	13,426,270	31.00
35.00	02040	INTENSIVE NURSERY	2,696,369	1,398,522	4,094,891	-10,849	4,084,042	35.00
41.00	04100	SUBPROVIDER - IIRF	1,773,292	437,799	2,211,091	-1,973	2,209,118	41.00
43.00	04300	NURSERY	0	0	0	1,078,218	1,078,218	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,171,319	24,631,057	27,802,376	-7,624,244	20,178,132	50.00
50.01	05001	CARDIAC SURGERY	1,908,948	2,304,364	4,213,312	-111,770	4,101,542	50.01
50.02	05002	WVSC	10,453	14,793,330	14,803,783	-1,832,746	12,971,037	50.02
51.00	05100	RECOVERY ROOM	1,826,536	407,310	2,233,846	-44,886	2,188,960	51.00
51.02	05101	O/P TREATMENT ROOM	396,619	112,321	508,940	-9,752	499,188	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,935,262	4,311,995	8,247,257	-91,888	8,155,369	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,765,526	4,083,548	8,849,074	-76,307	8,772,767	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	429,615	4,618,069	5,047,684	-10,529	5,037,155	55.00
56.00	05600	RADIOLOGY-SOTOPE	286,244	1,408,934	1,695,178	-7,038	1,688,140	56.00
57.00	05700	CT SCAN	1,228,146	1,907,481	3,135,627	-30,172	3,105,455	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	901,174	704,299	1,605,473	-22,158	1,583,315	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,213,876	19,203,874	22,417,750	-2,375,459	20,042,291	59.00
60.00	06000	LABORATORY	5,449,012	10,987,810	16,436,822	-133,978	16,302,844	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,657,837	1,657,837	0	1,657,837	62.00
65.00	06500	RESPIRATORY THERAPY	3,745,985	1,512,221	5,258,206	-44,687	5,213,519	65.00
66.00	06600	PHYSICAL THERAPY	564	4,967,676	4,968,240	-14	4,968,226	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	2,852,550	2,852,550	0	2,852,550	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	821,312	821,312	0	821,312	68.00
69.00	06900	ELECTROCARDIOLOGY	2,813,168	1,944,511	4,757,679	-69,169	4,688,510	69.00
69.01	06901	CARDIAC REHAB	344,054	69,677	413,731	-8,459	405,272	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,453,320	2,161,881	4,615,201	-60,321	4,554,880	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,350,773	1,350,773	-1,350,773	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,940,127	12,940,127	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,401,904	70,621,315	76,023,219	-4,508,875	71,514,344	73.00
76.00	03020	RENAL ACUTE	0	1,999,043	1,999,043	0	1,999,043	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	216,782	45,425	262,207	-5,330	256,877	90.00
90.05	09005	PATIENT NUTRITION	0	2,454	2,454	0	2,454	90.05
90.07	09007	WOUND CLINIC	446,865	1,172,612	1,619,477	-50,468	1,569,009	90.07
91.00	09100	EMERGENCY	6,173,491	9,005,021	15,178,512	-144,168	15,034,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,930,159	299,957,204	397,887,363	3,357,683	401,245,046	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	2,132,731	3,831,758	5,964,489	85,071	6,049,560	194.00
194.01	07951	RENTAL PROPERTY	0	38,444	38,444	0	38,444	194.01
194.02	07954	FAMILY PRACTICE	5,514,177	1,931,541	7,445,718	-3,494,623	3,951,095	194.02
194.03	07952	WELLNESS	0	0	0	331,533	331,533	194.03
194.04	07955	PHYSICIAN PRACTICES	7,276,446	30,641,174	37,917,620	-178,910	37,738,710	194.04
194.06	07953	SYCAMORE SPORTS MED	17,400	1,394,187	1,411,587	-428	1,411,159	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/23/2023 2:23 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	599,746	102,058	701,804	-100,326	601,478	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	113,470,659	337,896,366	451,367,025	0	451,367,025	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-2,098,663	18,398,521	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-1,055,314	10,668,010	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	17,087,818	21,801,128	4.00
5.01	00540 NONPATIENT TELEPHONES	-58,671	820,456	5.01
5.02	00550 DATA PROCESSING	18,238,274	18,238,274	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	2,109,600	2,109,600	5.03
5.04	00570 ADMITTING	0	1,574,978	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	17,230,891	17,230,891	5.05
5.06	00590 OTHER ADMIN AND GENERAL	-7,056,306	33,784,778	5.06
7.00	00700 OPERATION OF PLANT	10,311,909	10,908,450	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-10,574	1,257,229	8.00
9.00	00900 HOUSEKEEPING	-61,022	3,906,487	9.00
10.00	01000 DIETARY	-776,067	223,944	10.00
11.00	01100 CAFETERIA	-1,095,297	3,012,213	11.00
13.00	01300 NURSING ADMINISTRATION	1,690,751	3,204,822	13.00
16.00	01600 MEDICAL RECORDS & LIBRARY	181,680	2,227,647	16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,564,737	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,794,306	22.00
23.00	02300 PARAMED ED PRGM	0	89,296	23.00
23.01	02341 OTHER MED ED	-1,284,923	237,417	23.01
23.02	02301 PARAMED ED PRGM	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-3,149,647	44,494,154	30.00
31.00	03100 INTENSIVE CARE UNIT	0	13,426,270	31.00
35.00	02040 INTENSIVE NURSERY	-828,667	3,255,375	35.00
41.00	04100 SUBPROVIDER - IIRF	-450,497	1,758,621	41.00
43.00	04300 NURSERY	0	1,078,218	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-4,099,248	16,078,884	50.00
50.01	05001 CARDIAC SURGERY	-2,469,886	1,631,656	50.01
50.02	05002 WASC	-2,360,275	10,610,762	50.02
51.00	05100 RECOVERY ROOM	12,527	2,201,487	51.00
51.02	05101 O/P TREATMENT ROOM	0	499,188	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	-3,215,958	4,939,411	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	352,239	9,125,006	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,037,155	55.00
56.00	05600 RADIOISOTOPE	0	1,688,140	56.00
57.00	05700 CT SCAN	316,712	3,422,167	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	79,773	1,663,088	58.00
59.00	05900 CARDIAC CATHETERIZATION	151,250	20,193,541	59.00
60.00	06000 LABORATORY	0	16,302,844	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,657,837	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,213,519	65.00
66.00	06600 PHYSICAL THERAPY	-1,869,656	3,098,570	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	-1,037,340	1,815,210	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,451,605	2,451,605	67.00
68.00	06800 SPEECH PATHOLOGY	158,489	979,801	68.00
69.00	06900 ELECTROCARDIOLOGY	-304,166	4,384,344	69.00
69.01	06901 CARDIAC REHAB	2,425	407,697	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	-3,225,794	1,329,086	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,825	-3,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,940,127	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,318,335	72,832,679	73.00
76.00	03020 RENAL ACUTE	0	1,999,043	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-5,578	251,299	90.00
90.05	09005 PATIENT NUTRITION	0	2,454	90.05
90.07	09007 WOUND CLINIC	10,882	1,579,891	90.07
91.00	09100 EMERGENCY	-3,525,924	11,508,420	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	31,661,862	432,906,908	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 RURAL HEALTH	0	6,049,560	194.00
194.01	07951 RENTAL PROPERTY	0	38,444	194.01
194.02	07954 FAMILY PRACTICE	0	3,951,095	194.02
194.03	07952 WELLNESS	0	331,533	194.03
194.04	07955 PHYSICIAN PRACTICES	-410,000	37,328,710	194.04
194.06	07953 SYCAMORE SPORTS MED	-1,315,281	95,878	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	601,478	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
200.00	TOTAL (SUM OF LINES 118 through 199)	29,936,581	481,303,606	200.00	

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6
Date/Time Prepared:
5/23/2023 2:23 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PARAMED RECLASS					
1.00	PARAMED ED PRGM	23.00	74,834	16,302	1.00
	O		74,834	16,302	
B - FITNESS ACTIVITY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	117,517	33,488	1.00
2.00	WELLNESS	194.03	263,042	74,959	2.00
	O		380,559	108,447	
C - CLAY CITY RURAL HEALTH RECLASS					
1.00	RURAL HEALTH	194.00	0	56,049	1.00
	O		0	56,049	
D - CORK MEDICAL RURAL HEALTH RECLASS					
1.00	RURAL HEALTH	194.00	0	67,783	1.00
	O		0	67,783	
E - BRAZIL MEDICAL CENTER RECLASS					
1.00	RURAL HEALTH	194.00	0	13,678	1.00
	O		0	13,678	
F - HOUSE NURSE ASSISTANT RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	79,458	8,175	1.00
2.00	INTENSIVE NURSERY	35.00	51,423	5,290	2.00
3.00	SUBPROVIDER - IRF	41.00	38,605	3,972	3.00
	O		169,486	17,437	
G - EMPLOYEE ACCESS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	74,704	12,712	1.00
	O		74,704	12,712	
H - TUBE FEEDING RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	2,776	0	1.00
	O		2,776	0	
I - FAMILY MEDICINE RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,456,804	143,752	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,378,750	449,456	2.00
	O		2,835,554	593,208	
J - LOBBY PHARMACY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	737,269	3,608,100	1.00
	O		737,269	3,608,100	
K - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,940,127	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
	O		0	12,940,127	
L - INTEREST RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,819,111	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,622,976	2.00
	O		0	8,442,087	
M - NURSERY RECLASS					
1.00	NURSERY	43.00	910,129	190,467	1.00
	O		910,129	190,467	
N - PHARMACY PARAMED RECLASS					
1.00	OTHER MED ED	23.01	45,450	4,481	1.00
	O		45,450	4,481	
O - CAFE RECLASS					
1.00	CAFETERIA	11.00	1,731,597	2,418,489	1.00
	O		1,731,597	2,418,489	
P - CENTRAL SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00		255,723	1.00
2.00	CARDIAC SURGERY	50.01		8,674	2.00
3.00	WVSC	50.02		87,157	3.00
4.00	RECOVERY ROOM	51.00		24	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00		4,871	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		130,162	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00		34	7.00
8.00	CT SCAN	57.00		25	8.00
9.00	CARDIAC CATHETERIZATION	59.00		809,062	9.00
10.00	RESPIRATORY THERAPY	65.00		47,418	10.00
11.00	EMERGENCY	91.00		7,623	11.00
	O		0	1,350,773	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	Q - BONUS RECLASS				
1.00	OTHER ADMIN AND GENERAL	5.06	2,723,941	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
	0		2,723,941	0	
500.00	Grand Total: Increases		9,686,299	29,840,140	500.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6
Date/Time Prepared:
5/23/2023 2:23 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - PARAMED RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	74,834	16,302	0		1.00
	O		74,834	16,302			
B - FITNESS ACTIVITY RECLASS							
1.00	OTHER ADMIN AND GENERAL	5.06	380,559	108,447	0		1.00
2.00	O	0.00	0	0	0		2.00
			380,559	108,447			
C - CLAY CITY RURAL HEALTH RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	56,049	9		1.00
	O		0	56,049			
D - CORK MEDICAL RURAL HEALTH RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	67,783	9		1.00
	O		0	67,783			
E - BRAZIL MEDICAL CENTER RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,678	9		1.00
	O		0	13,678			
F - HOUSE NURSE ASSISTANT RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	169,486	17,437	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
			169,486	17,437			
G - EMPLOYEE ACCESS RECLASS							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	74,704	12,712	0		1.00
	O		74,704	12,712			
H - TUBE FEEDING RECLASS							
1.00	DIETARY	10.00	2,776	0	0		1.00
	O		2,776	0			
I - FAMILY MEDICINE RECLASS							
1.00	FAMILY PRACTICE	194.02	2,835,554	593,208	0		1.00
2.00	O	0.00	0	0	0		2.00
			2,835,554	593,208			
J - LOBBY PHARMACY RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	737,269	3,608,100	0		1.00
	O		737,269	3,608,100			
K - IMPLANTABLE DEVICES RECLASS							
1.00	OPERATING ROOM	50.00	0	7,801,992	0		1.00
2.00	CARDIAC SURGERY	50.01	0	73,508	0		2.00
3.00	WVSC	50.02	0	1,919,646	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,105,500	0		4.00
5.00	WOUND CLINIC	90.07	0	39,481	0		5.00
	O		0	12,940,127			
L - INTEREST RECLASS							
1.00	OTHER ADMIN AND GENERAL	5.06	0	8,442,087	11		1.00
2.00	O	0.00	0	0	11		2.00
			0	8,442,087			
M - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	910,129	190,467	0		1.00
	O		910,129	190,467			
N - PHARMACY PARAMED RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	45,450	4,481	0		1.00
	O		45,450	4,481			
O - CAFE RECLASS							
1.00	DIETARY	10.00	1,731,597	2,418,489	0		1.00
	O		1,731,597	2,418,489			
P - CENTRAL SUPPLY RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,350,773	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
4.00	O	0.00	0	0	0		4.00
5.00	O	0.00	0	0	0		5.00
6.00	O	0.00	0	0	0		6.00
7.00	O	0.00	0	0	0		7.00
8.00	O	0.00	0	0	0		8.00
9.00	O	0.00	0	0	0		9.00
10.00	O	0.00	0	0	0		10.00
11.00	O	0.00	0	0	0		11.00
	O		0	1,350,773			

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
Q - BONUS RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	26,320	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	12,940	0	0		2.00
3.00	ADMINISTRATIVE	5.04	32,432	0	0		3.00
4.00	OPERATION OF PLANT	7.00	1,957	0	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	20,504	0	0		5.00
6.00	HOUSEKEEPING	9.00	63,930	0	0		6.00
7.00	DIETARY	10.00	10,370	0	0		7.00
8.00	CAFETERIA	11.00	42,576	0	0		8.00
9.00	NURSING ADMINISTRATION	13.00	32,985	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	28,538	0	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	35,819	0	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33,900	0	0		12.00
13.00	PARAMEDICAL PRGM	23.00	1,840	0	0		13.00
14.00	OTHER MEDICAL	23.01	34,281	0	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	577,756	0	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	129,659	0	0		16.00
17.00	INTENSIVE NURSERY	35.00	67,562	0	0		17.00
18.00	SUBPROVIDER - IRF	41.00	44,550	0	0		18.00
19.00	NURSERY	43.00	22,378	0	0		19.00
20.00	OPERATING ROOM	50.00	77,975	0	0		20.00
21.00	CARDIAC SURGERY	50.01	46,936	0	0		21.00
22.00	WVSC	50.02	257	0	0		22.00
23.00	RECOVERY ROOM	51.00	44,910	0	0		23.00
24.00	O/P TREATMENT ROOM	51.02	9,752	0	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	96,759	0	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	115,333	0	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	10,563	0	0		27.00
28.00	RADIOISOTOPE	56.00	7,038	0	0		28.00
29.00	CT SCAN	57.00	30,197	0	0		29.00
30.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	22,158	0	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	79,021	0	0		31.00
32.00	LABORATORY	60.00	133,978	0	0		32.00
33.00	RESPIRATORY THERAPY	65.00	92,105	0	0		33.00
34.00	PHYSICAL THERAPY	66.00	14	0	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	69,169	0	0		35.00
36.00	CARDIAC REHAB	69.01	8,459	0	0		36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	60,321	0	0		37.00
38.00	DRUGS CHARGED TO PATIENTS	73.00	113,575	0	0		38.00
39.00	CLINIC	90.00	5,330	0	0		39.00
40.00	WOUND CLINIC	90.07	10,987	0	0		40.00
41.00	EMERGENCY	91.00	151,791	0	0		41.00
42.00	RURAL HEALTH	194.00	52,439	0	0		42.00
43.00	FAMILY PRACTICE	194.02	65,861	0	0		43.00
44.00	WELLNESS	194.03	6,468	0	0		44.00
45.00	PHYSICIAN PRACTICES	194.04	178,910	0	0		45.00
46.00	SYCAMORE SPORTS MED	194.06	428	0	0		46.00
47.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	12,910	0	0		47.00
500.00	Grand Total: Decreases		2,723,941	0	0		500.00
			9,686,299	29,840,140			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2023 2:23 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,574,412	0	0	0	702,917	1.00
2.00	Land Improvements	20,846,581	362,217	0	362,217	0	2.00
3.00	Buildings and Fixtures	307,982,453	0	0	0	0	3.00
4.00	Building Improvements	104,445,092	3,399,710	0	3,399,710	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	191,028,380	14,472,873	0	14,472,873	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	643,876,918	18,234,800	0	18,234,800	702,917	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	643,876,918	18,234,800	0	18,234,800	702,917	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	18,871,495	0				1.00
2.00	Land Improvements	21,208,798	0				2.00
3.00	Buildings and Fixtures	307,982,453	0				3.00
4.00	Building Improvements	107,844,802	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	205,501,253	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	661,408,801	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	661,408,801	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,815,583	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	9,100,348	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,915,931	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	NEW CAP REL COSTS-BLDG & FIXT	0	14,815,583				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	9,100,348				2.00
3.00	Total (sum of lines 1-2)	0	23,915,931				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	455,907,548	0	455,907,548	0.689298	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	205,501,253	0	205,501,253	0.310702	0	2.00
3.00	Total (sum of lines 1-2)	661,408,801	0	661,408,801	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,935,271	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,206,266	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,141,537	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	NEW CAP REL COSTS-BLDG & FIXT	5,463,250	0	0	0	18,398,521	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,461,744	0	0	0	10,668,010	2.00
3.00	Total (sum of lines 1-2)	7,924,994	0	0	0	29,066,531	3.00

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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-355,861	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-161,232	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-2,072	OTHER ADMIN AND GENERAL	5.06	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-229,363	PURCHASING RECEIVING AND STORES	5.03	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	-25,318	NONPATIENT TELEPHONES	5.01	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	-24,354,093			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	94,424,656			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,530,220	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	A	-3,825	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients	A	0	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-29,720	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	A	-13,224	OPERATION OF PLANT	7.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW 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

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	
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	32.00
33.00 TELEPHONE DEPRECIATION	A	-53		NEW CAP REL COSTS-MVBLE EQUIP	2.00	33.00
33.01 VENDING HOUSEKEEPING	A	-13,589		HOUSEKEEPING	9.00	33.01
33.02 HAMILTON CENTER OPERATION OF PLANT	A	-119,691		OPERATION OF PLANT	7.00	33.02
33.03 HAMILTON CENTER NUTRITION	A	-252,690		DIETARY	10.00	33.03
33.04 FITNESS ACTIVITY	B	-67,112		EMPLOYEE BENEFITS DEPARTMENT	4.00	33.04
33.05 UHF - HOUSEKEEPING	A	-1,461		HOUSEKEEPING	9.00	33.05
33.06 MISCELLANEOUS	B	-315,699		OTHER ADMIN AND GENERAL	5.06	33.06
33.07 CATERING	B	-43,472		CAFETERIA	11.00	33.07
33.08 MANAGEMENT SERVICES	B	-979,368		OTHER ADMIN AND GENERAL	5.06	33.08
33.09 PHYSICIAN EQUIPMENT REVENUE	B	-31,080		OPERATION OF PLANT	7.00	33.09
33.10 LOBBY PHARMACY	B	-237,981		EMPLOYEE BENEFITS DEPARTMENT	4.00	33.10
33.11 LOBBYING COSTS	A	-26,294		OTHER ADMIN AND GENERAL	5.06	33.11
33.12 AP&S REVENUE	B	-120,902		NEW CAP REL COSTS-BLDG & FIXT	1.00	33.12
33.13 AP&S REVENUE	B	-218,691		DATA PROCESSING	5.02	33.13
33.14 COH REVENUE	B	-17,086		NEW CAP REL COSTS-BLDG & FIXT	1.00	33.14
33.15 COH REVENUE	B	-4,650		NONPATIENT TELEPHONES	5.01	33.15
33.16 PHYSICIAN RENTAL	A	-378,242		NEW CAP REL COSTS-BLDG & FIXT	1.00	33.16
33.17 PHYSICIAN RENTAL	A	-307,164		OPERATION OF PLANT	7.00	33.17
33.18 ACCELERATED DEPRECIATION	A	13,280		NEW CAP REL COSTS-BLDG & FIXT	1.00	33.18
33.19 CHILD BIRTH CLASS	B	-2,707		DELIVERY ROOM & LABOR ROOM	52.00	33.19
33.20 CONTINUING EDUCATION	B	-1,250		OTHER ADMIN AND GENERAL	5.06	33.20
33.21 EDUCATION SERVICES	B	-17,381		OTHER ADMIN AND GENERAL	5.06	33.21
33.22 TRANSCRIPTION	B	-12,877		MEDICAL RECORDS & LIBRARY	16.00	33.22
33.23 LAUNDRY	B	-10,574		LAUNDRY & LINEN SERVICE	8.00	33.23
33.24 LANDSBAUM	B	-108,364		OPERATION OF PLANT	7.00	33.24
33.25 MAPLE CENTER	B	-130,797		OTHER ADMIN AND GENERAL	5.06	33.25
33.26 AP&S A/P PD SPACE/EQUIP RENT R	B	-1,062,787		NEW CAP REL COSTS-BLDG & FIXT	1.00	33.26
33.27 HAF	A	-32,430,485		OTHER ADMIN AND GENERAL	5.06	33.27
33.28 DIETARY EXPENSES	A	-819,218		DIETARY	10.00	33.28
33.29 RECUITMENT EXPENSE	A	-64,762		NURSING ADMINISTRATION	13.00	33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		29,936,581				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: 15-0023

Period: From 01/01/2022 To 12/31/2022

Worksheet A-8-1

Date/Time Prepared: 5/23/2023 2:23 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS:					
1.00	23.01	OTHER MED ED	PARAMED	0	1,284,923 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,824,295 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	5,039,993 3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	221,917 4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	89,950 4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	473,647 4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,647,230	0 4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	4,145,964	0 4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	17,392,911	0 4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	193,214	0 4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	18,456,965	0 4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	2,338,963	0 4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	17,230,891	0 4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	26,847,040	0 4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	10,981,382	0 4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	427,675	0 4.12
4.13	10.00	DIETARY	HOME OFFICE	295,841	0 4.13
4.14	11.00	CAFETERIA	HOME OFFICE	478,395	0 4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,755,513	0 4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	224,277	0 4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	193,194	0 4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	5,710	0 4.18
4.19	50.02	WVSC	HOME OFFICE	128,063	0 4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	12,527	0 4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	352,239	0 4.21
4.22	57.00	CT SCAN	HOME OFFICE	316,712	0 4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (HOME OFFICE	79,773	0 4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	151,250	0 4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	183,577	0 4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	92,014	0 4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	156,494	0 4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	56,413	0 4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	139,584	0 4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	2,425	0 4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	6,674	0 4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	1,318,335	0 4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	10,882	0 4.33
4.34	50.00	OPERATING ROOM	HOME OFFICE	247,935	0 4.34
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,692,567	4,745,800 4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,349,460	2,478,814 4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	2,295,111	0 4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	827,335	725,259 4.39
4.40	194.04	PHYSICIAN PRACTICES	UNION THERAPIES	0	410,000 4.40
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	1,315,281 4.41
5.00	0			113,034,535	18,609,879 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	G		0.00	UNI ON HOSPITAL	100.00	6.00
7.00	G		0.00	UNI ON THERAPY	100.00	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

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

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-1

Date/Time Prepared:
5/23/2023 2:23 pm

	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	
100.00	G. Other (financial or non-financial) specify:	OTHER				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: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-1

Date/Time Prepared:
5/23/2023 2:23 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-1,284,923	0	1.00
2.00	-1,824,295	9	2.00
3.00	-5,039,993	9	3.00
4.00	-221,917	0	4.00
4.01	-89,950	0	4.01
4.02	-473,647	0	4.02
4.03	1,647,230	9	4.03
4.04	4,145,964	9	4.04
4.05	17,392,911	0	4.05
4.06	193,214	0	4.06
4.07	18,456,965	0	4.07
4.08	2,338,963	0	4.08
4.09	17,230,891	0	4.09
4.10	26,847,040	0	4.10
4.11	10,981,382	0	4.11
4.12	427,675	0	4.12
4.13	295,841	0	4.13
4.14	478,395	0	4.14
4.15	1,755,513	0	4.15
4.16	224,277	0	4.16
4.17	193,194	0	4.17
4.18	5,710	0	4.18
4.19	128,063	0	4.19
4.20	12,527	0	4.20
4.21	352,239	0	4.21
4.22	316,712	0	4.22
4.23	79,773	0	4.23
4.24	151,250	0	4.24
4.25	183,577	0	4.25
4.26	92,014	0	4.26
4.27	156,494	0	4.27
4.28	56,413	0	4.28
4.29	139,584	0	4.29
4.30	2,425	0	4.30
4.31	6,674	0	4.31
4.32	1,318,335	0	4.32
4.33	10,882	0	4.33
4.34	247,935	0	4.34
4.36	-2,053,233	0	4.36
4.37	-1,129,354	0	4.37
4.38	2,295,111	0	4.38
4.39	102,076	0	4.39
4.40	-410,000	0	4.40
4.41	-1,315,281	0	4.41
5.00	94,424,656		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	HOME OFFICE		6.00
7.00	THERAPIES		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-1

Date/Time Prepared:
5/23/2023 2:23 pm

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

(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: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:
5/23/2023 2:23 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	3,149,647	3,149,647	0	169,700	0	1.00
2.00	35.00	INTENSIVE NURSERY	828,667	828,667	0	169,700	0	2.00
3.00	41.00	SUBPROVIDER - IRF	450,497	450,497	0	211,500	0	3.00
4.00	50.00	OPERATING ROOM	4,594,751	4,525,876	68,875	246,400	459	4.00
5.00	50.01	CARDIAC SURGERY	2,475,596	2,475,596	0	246,400	0	5.00
6.00	50.02	WVSC	2,488,338	2,488,338	0	246,400	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	3,213,251	3,213,251	0	237,100	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	443,750	443,750	0	271,900	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	3,232,468	3,232,468	0	179,000	0	9.00
10.00	90.00	CLINIC	5,578	5,578	0	179,000	0	10.00
11.00	91.00	EMERGENCY	3,583,324	3,483,324	100,000	179,000	667	11.00
200.00			24,465,867	24,296,992	168,875		1,126	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	54,374	2,719	0	0	0	4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	0	0	5.00
6.00	50.02	WVSC	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	90.00	CLINIC	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	57,400	2,870	0	0	0	11.00
200.00			111,774	5,589	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	30.00	ADULTS & PEDIATRICS	0	0	0	3,149,647		1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	828,667		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	450,497		3.00
4.00	50.00	OPERATING ROOM	0	54,374	14,501	4,540,377		4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	2,475,596		5.00
6.00	50.02	WVSC	0	0	0	2,488,338		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	3,213,251		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	443,750		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	3,232,468		9.00
10.00	90.00	CLINIC	0	0	0	5,578		10.00
11.00	91.00	EMERGENCY	0	57,400	42,600	3,525,924		11.00
200.00			0	111,774	57,101	24,354,093		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	18,398,521	18,398,521			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	10,668,010		10,668,010		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,801,128	111,069	0	21,912,197	4.00
5.01 00540	NONPATIENT TELEPHONES	820,456	12,312	12,984	101,091	946,843 5.01
5.02 00550	DATA PROCESSING	18,238,274	0	0	0	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	2,109,600	0	0	0	0 5.03
5.04 00570	ADMINISTRATIVE	1,574,978	57,380	0	253,370	34,334 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	17,230,891	0	0	0	0 5.05
5.06 00590	OTHER ADMIN AND GENERAL	33,784,778	326,160	28,714	1,065,254	88,504 5.06
7.00 00700	OPERATION OF PLANT	10,908,450	6,275,389	3,650	15,289	54,171 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,257,229	112,212	111,955	160,181	13,733 8.00
9.00 00900	HOUSEKEEPING	3,906,487	29,009	9,406	499,438	6,104 9.00
10.00 01000	DIETARY	223,944	205,684	112,330	89,197	4,578 10.00
11.00 01100	CAFETERIA	3,012,213	146,767	2,802	324,413	18,311 11.00
13.00 01300	NURSING ADMINISTRATION	3,204,822	44,525	53	257,687	6,867 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,227,647	99,000	4,538	222,949	22,889 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,564,737	0	0	279,830	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,794,306	0	0	264,837	0 22.00
23.00 02300	PARAMED ED PRGM	89,296	0	0	14,374	0 23.00
23.01 02341	OTHER MED ED	237,417	13,492	10	40,196	0 23.01
23.02 02301	PARAMED ED PRGM	0	0	0	0	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	44,494,154	3,605,410	618,161	4,513,607	130,466 30.00
31.00 03100	INTENSIVE CARE UNIT	13,426,270	430,819	552,471	1,012,931	22,126 31.00
35.00 02040	INTENSIVE NURSERY	3,255,375	73,683	207,644	527,810	13,733 35.00
41.00 04100	SUBPROVIDER - I&R	1,758,621	289,018	11,529	348,038	23,652 41.00
43.00 04300	NURSERY	1,078,218	14,204	0	174,822	3,052 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,078,884	783,608	1,887,247	609,163	62,563 50.00
50.01 05001	CARDIAC SURGERY	1,631,656	34,424	192,347	366,680	4,578 50.01
50.02 05002	WVSC	10,610,762	569,622	658,656	2,008	0 50.02
51.00 05100	RECOVERY ROOM	2,201,487	26,835	43,487	350,850	13,733 51.00
51.02 05101	O/P TREATMENT ROOM	499,188	448,360	30,943	76,185	20,600 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,939,411	444,237	180,695	755,905	17,548 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,125,006	602,098	1,661,244	901,012	82,401 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,037,155	494,590	594,916	82,523	31,282 55.00
56.00 05600	RADIOISOTOPE	1,688,140	164,907	238,344	54,983	0 56.00
57.00 05700	CT SCAN	3,422,167	40,702	190,022	235,909	5,341 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,663,088	48,591	614,706	173,102	3,052 58.00
59.00 05900	CARDIAC CATHETERIZATION	20,193,541	682,359	569,954	617,338	25,941 59.00
60.00 06000	LABORATORY	16,302,844	0	424,593	1,046,674	6,104 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,657,837	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	5,213,519	97,014	286,946	719,548	10,682 65.00
66.00 06600	PHYSICAL THERAPY	3,098,570	190,205	5,512	108	17,548 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 66.01
66.02 06602	O/P PHYSICAL THERAPY	1,815,210	0	53,619	0	763 66.02
67.00 06700	OCCUPATIONAL THERAPY	2,451,605	31,070	0	0	3,815 67.00
68.00 06800	SPEECH PATHOLOGY	979,801	61,615	308	0	763 68.00
69.00 06900	ELECTROCARDIOLOGY	4,384,344	59,610	801,517	540,367	3,052 69.00
69.01 06901	CARDIAC REHAB	407,697	122,443	45,386	66,088	4,578 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,329,086	0	46,721	471,246	12,970 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,825	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,940,127	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	72,832,679	388,187	89,729	887,276	38,148 73.00
76.00 03020	RENAL ACUTE	1,999,043	66,056	351	0	3,052 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	251,299	13,080	0	41,641	0 90.00
90.05 09005	PATIENT NUTRITION	2,454	36,167	472	0	0 90.05
90.07 09007	WOUND CLINIC	1,579,891	167,755	18,650	85,836	9,919 90.07
91.00 09100	EMERGENCY	11,508,420	451,676	116,233	1,185,835	48,067 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	432,906,908	17,871,344	10,428,845	19,435,591	869,020 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00 07950	RURAL HEALTH	6,049,560	0	32,689	409,666	763 194.00
194.01 07951	RENTAL PROPERTY	38,444	0	983	0	0 194.01
194.02 07954	FAMILY PRACTICE	3,951,095	224,873	61,875	514,523	54,171 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.03 07952 WELLNESS	331,533	248,597	0	50,526	0	194.03
194.04 07955 PHYSICIAN PRACTICES	37,328,710	0	143,214	1,397,696	16,785	194.04
194.06 07953 SYCAMORE SPORTS MED	95,878	0	0	3,342	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	601,478	53,707	404	100,853	6,104	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	481,303,606	18,398,521	10,668,010	21,912,197	946,843	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550	18,238,274					5.02
5.03	00560	0	2,109,600				5.03
5.04	00570	107,772	11,695	2,039,529			5.04
5.05	00580	0	0	0	17,230,891		5.05
5.06	00590	406,216	45	0	0	35,699,671	5.06
7.00	00700	0	2	0	0	17,256,951	7.00
8.00	00800	41,451	2,583	0	0	1,699,344	8.00
9.00	00900	74,611	468	0	0	4,525,523	9.00
10.00	01000	33,160	199	0	0	669,092	10.00
11.00	01100	149,222	0	0	0	3,653,728	11.00
13.00	01300	8,290	0	0	0	3,522,244	13.00
16.00	01600	538,858	112	0	0	3,115,993	16.00
21.00	02100	0	0	0	0	1,844,567	21.00
22.00	02200	0	0	0	0	2,059,143	22.00
23.00	02300	0	0	0	0	103,670	23.00
23.01	02341	0	0	0	0	291,115	23.01
23.02	02301	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,899,467	460,611	419,715	1,270,648	60,412,239	30.00
31.00	03100	8,290	184,159	106,116	290,041	16,033,223	31.00
35.00	02040	157,512	31,776	73,320	200,402	4,541,255	35.00
41.00	04100	0	14,935	13,337	36,453	2,495,583	41.00
43.00	04300	0	0	8,693	23,761	1,302,750	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	853,883	66,518	193,804	1,711,703	22,247,373	50.00
50.01	05001	82,901	150,623	18,519	50,625	2,532,353	50.01
50.02	05002	945,074	474,983	139	1,135,447	14,396,691	50.02
51.00	05100	364,765	44,203	11,716	111,066	3,168,142	51.00
51.02	05101	41,451	15,176	71	22,786	1,154,760	51.02
52.00	05200	447,667	71,255	72,000	249,890	7,178,608	52.00
54.00	05400	547,148	28,586	69,618	754,231	13,771,344	54.00
55.00	05500	530,568	1,563	8,984	476,425	7,258,006	55.00
56.00	05600	66,321	1,419	4,394	103,724	2,322,232	56.00
57.00	05700	0	66,455	63,786	560,739	4,585,121	57.00
58.00	05800	16,580	4,184	9,909	141,239	2,674,451	58.00
59.00	05900	795,852	12,496	114,351	968,066	23,979,898	59.00
60.00	06000	0	98,315	201,544	1,519,551	19,599,625	60.00
62.00	06200	0	0	10,328	34,402	1,702,567	62.00
65.00	06500	182,383	77,296	149,763	444,182	7,181,333	65.00
66.00	06600	397,926	1,071	29,448	122,874	3,863,262	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	74,611	1,294	0	61,582	2,007,079	66.02
67.00	06700	0	0	23,693	104,737	2,614,920	67.00
68.00	06800	0	0	4,530	37,755	1,084,772	68.00
69.00	06900	406,216	130	63,990	893,964	7,153,190	69.00
69.01	06901	33,160	529	353	15,534	695,768	69.01
70.00	07000	290,154	906	3,619	42,742	2,197,444	70.00
71.00	07100	0	0	0	0	-3,825	71.00
72.00	07200	0	0	56,504	559,729	13,556,360	72.00
73.00	07300	1,616,574	45,739	162,078	3,783,589	79,843,999	73.00
76.00	03020	0	26,760	13,063	38,359	2,146,684	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	24,870	185	6	7,668	338,749	90.00
90.05	09005	41,451	0	0	900	81,444	90.05
90.07	09007	140,932	30,722	17	96,488	2,130,210	90.07
91.00	09100	1,119,167	170,568	132,121	1,359,589	16,091,676	91.00
92.00	09200					0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		15,444,503	2,097,561	2,039,529	17,230,891	426,780,327	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	887,043	4,173	0	0	7,383,894	194.00
194.01	07951	0	0	0	0	39,427	194.01
194.02	07954	497,407	25	0	0	5,303,969	194.02
194.03	07952	0	0	0	0	630,656	194.03
194.04	07955	1,409,321	7,783	0	0	40,303,509	194.04
194.06	07953	0	0	0	0	99,220	194.06
194.07	07956	0	58	0	0	762,604	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	18,238,274	2,109,600	2,039,529	17,230,891	481,303,606	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/23/2023 2:23 pm		
Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.06	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	35,699,671				5.06
7.00	00700	OPERATION OF PLANT	1,382,541	18,639,492			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	136,143	180,056	2,015,543		8.00
9.00	00900	HOUSEKEEPING	362,562	46,548	143,550	5,078,183	9.00
10.00	01000	DIETARY	53,604	330,042	7,551	91,024	1,151,313
11.00	01100	CAFETERIA	292,718	235,504	0	64,951	0
13.00	01300	NURSING ADMINISTRATION	282,185	71,445	0	19,704	0
16.00	01600	MEDICAL RECORDS & LIBRARY	249,638	158,857	0	43,812	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	147,777	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	164,968	0	0	0	0
23.00	02300	PARAMED ED PRGM	8,306	0	0	0	0
23.01	02341	OTHER MED ED	23,323	21,650	0	5,971	0
23.02	02301	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,839,927	5,785,276	633,791	1,595,550	891,573
31.00	03100	INTENSIVE CARE UNIT	1,284,502	691,297	84,772	190,656	122,178
35.00	02040	INTENSIVE NURSERY	363,823	118,233	12,140	32,608	0
41.00	04100	SUBPROVIDER - I&R	199,934	463,761	18,194	127,903	59,379
43.00	04300	NURSERY	104,370	22,793	0	6,286	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,782,348	1,257,385	124,092	346,781	0
50.01	05001	CARDIAC SURGERY	202,879	55,238	99	15,234	0
50.02	05002	WVSC	1,153,391	914,022	132,050	252,083	0
51.00	05100	RECOVERY ROOM	253,816	43,059	92,719	11,876	0
51.02	05101	O/P TREATMENT ROOM	92,514	719,442	7,547	198,419	73,067
52.00	05200	DELIVERY ROOM & LABOR ROOM	575,114	712,827	99,353	196,594	24
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,103,291	966,132	64,229	266,454	0
55.00	05500	RADIOLOGY-THERAPEUTIC	581,475	793,623	23,861	218,877	0
56.00	05600	RADIOISOTOPE	186,046	264,611	8,869	72,978	0
57.00	05700	CT SCAN	367,337	65,311	0	18,012	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	214,264	77,970	90,245	21,504	0
59.00	05900	CARDIAC CATHETERIZATION	1,921,150	1,094,920	60,486	301,973	5,092
60.00	06000	LABORATORY	1,570,224	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	136,401	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	575,332	155,670	0	42,933	0
66.00	06600	PHYSICAL THERAPY	309,505	305,205	8,311	84,174	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	160,797	0	29,325	0	0
67.00	06700	OCCUPATIONAL THERAPY	209,494	49,855	0	13,750	0
68.00	06800	SPEECH PATHOLOGY	86,907	98,868	0	27,267	0
69.00	06900	ELECTROCARDIOLOGY	573,078	95,651	40,916	26,380	0
69.01	06901	CARDIAC REHAB	55,741	196,474	546	54,187	0
70.00	07000	ELECTROENCEPHALOGRAPHY	176,048	0	7,230	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,086,068	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,396,504	622,889	7,658	171,790	0
76.00	03020	RENAL ACUTE	171,982	105,995	7,916	29,233	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	27,139	20,988	0	5,789	0
90.05	09005	PATIENT NUTRITION	6,525	58,034	0	16,006	0
90.07	09007	WOUND CLINIC	170,662	269,182	16,757	74,239	0
91.00	09100	EMERGENCY	1,289,185	724,764	281,031	199,886	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,331,538	17,793,577	2,003,238	4,844,884	1,151,313
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	591,561	0	924	0	0
194.01	07951	RENTAL PROPERTY	3,159	0	0	0	0
194.02	07954	FAMILY PRACTICE	424,927	360,834	1,736	99,516	0
194.03	07952	WELLNESS	50,525	398,902	0	110,015	0
194.04	07955	PHYSICIAN PRACTICES	3,228,916	0	9,645	0	0
194.06	07953	SYCAMORE SPORTS MED	7,949	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,096	86,179	0	23,768	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description		OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	35,699,671	18,639,492	2,015,543	5,078,183	1,151,313	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

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Cost Center Description	INTERNS & RESIDENTS						
	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	11.00	13.00	16.00	21.00	22.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA	4,246,901					11.00	
13.00 01300 NURSING ADMINISTRATION	54,542	3,950,120				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	84,024	0	3,652,324			16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	77,391	0	0	2,069,735		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	15,110	0	0	0	2,239,221	22.00	
23.00 02300 PARAMED ED PRGM	4,054	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	39,432	57,140	0	0	0	23.01	
23.02 02301 PARAMED ED PRGM	0	0	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,035,189	1,402,329	269,286	844,794	913,976	30.00	
31.00 03100 INTENSIVE CARE UNIT	211,166	305,991	61,468	17,279	18,694	31.00	
35.00 02040 INTENSIVE NURSERY	115,717	167,681	42,471	2,970	3,213	35.00	
41.00 04100 SUBPROVIDER - IRF	70,389	101,997	7,725	0	0	41.00	
43.00 04300 NURSERY	46,434	67,286	5,036	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	185,369	268,610	362,758	102,866	111,289	50.00	
50.01 05001 CARDIAC SURGERY	20,269	12,816	10,729	0	0	50.01	
50.02 05002 WVSC	0	0	240,633	0	0	50.02	
51.00 05100 RECOVERY ROOM	88,815	128,698	23,538	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	16,215	23,497	4,829	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	175,419	237,103	52,959	203,032	219,657	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	246,913	0	159,843	33,209	35,928	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	19,532	0	100,968	22,679	24,536	55.00	
56.00 05600 RADIO SOTOPE	11,793	0	21,982	0	0	56.00	
57.00 05700 CT SCAN	42,749	0	118,836	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	35,747	0	29,932	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	139,303	0	205,160	12,419	13,436	59.00	
60.00 06000 LABORATORY	417,172	0	322,035	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,291	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	153,676	208,266	94,135	7,290	7,887	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	26,040	3,240	3,505	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	0	13,051	48,598	52,578	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	22,197	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	8,001	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	160,678	232,831	189,456	0	0	69.00	
69.01 06901 CARDIAC REHAB	16,215	23,497	3,292	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	42,012	21,895	9,058	5,940	6,426	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	118,622	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	182,789	228,025	802,465	0	0	73.00	
76.00 03020 RENAL ACUTE	0	0	8,129	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	7,739	11,214	1,625	370,965	401,342	90.00	
90.05 09005 PATIENT NUTRITION	0	0	191	0	0	90.05	
90.07 09007 WOUND CLINIC	21,743	31,507	20,448	20,249	21,907	90.07	
91.00 09100 EMERGENCY	289,662	419,737	288,135	191,152	206,805	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,027,258	3,950,120	3,652,324	1,886,682	2,041,179	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	0	0	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	0	0	194.01	
194.02 07954 FAMILY PRACTICE	111,664	0	0	180,083	194,829	194.02	
194.03 07952 WELLNESS	0	0	0	0	0	194.03	
194.04 07955 PHYSICIAN PRACTICES	84,393	0	0	0	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				11.00	13.00	
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	23,586	0	0	2,970	3,213	194.07
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	4,246,901	3,950,120	3,652,324	2,069,735	2,239,221	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/23/2023 2:23 pm		
Cost Center Description				PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
				23.00	23.01	23.02	24.00	25.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
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
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM	116,030					23.00
23.01	02341	OTHER MED ED		438,631				23.01
23.02	02301	PARAMED ED PRGM			0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	78,623,930	-1,758,770	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	19,021,226	-35,973	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	5,400,111	-6,183	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,544,865	0	41.00
43.00	04300	NURSERY	0	0	0	1,554,955	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	26,788,871	-214,155	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	2,849,617	0	50.01
50.02	05002	WVSC	0	0	0	17,088,870	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,810,663	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,290,290	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,650,690	-422,689	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,030	0	0	16,763,373	-69,137	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,043,557	-47,215	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,888,511	0	56.00
57.00	05700	CT SCAN	0	0	0	5,197,366	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,144,113	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	27,733,837	-25,855	59.00
60.00	06000	LABORATORY	0	0	0	21,909,056	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,846,259	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,426,522	-15,177	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,603,242	-6,745	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	2,311,428	-101,176	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,910,216	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,305,815	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,472,180	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,045,720	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,466,053	-12,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	-3,825	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,761,050	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	438,631	0	88,694,750	0	73.00
76.00	03020	RENAL ACUTE	0	0	0	2,469,939	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,185,550	-772,307	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	162,200	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	2,776,904	-42,156	90.07
91.00	09100	EMERGENCY	0	0	0	19,982,033	-397,957	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,030	438,631	0	420,719,937	-3,927,861	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	0	0	7,976,379	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	42,586	0	194.01
194.02	07954	FAMILY PRACTICE	0	0	0	6,677,558	-374,912	194.02
194.03	07952	WELLNESS	0	0	0	1,190,098	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	0	0	43,626,463	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description			PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	107,169	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	963,416	-6,183	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	116,030	438,631	0	481,303,606	-4,308,956	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMIN TTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
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
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02341 OTHER MED ED		23.01
23.02	02301 PARAMED ED PRGM		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	76,865,160	30.00
31.00	03100 INTENSIVE CARE UNIT	18,985,253	31.00
35.00	02040 INTENSIVE NURSERY	5,393,928	35.00
41.00	04100 SUBPROVIDER - IRF	3,544,865	41.00
43.00	04300 NURSERY	1,554,955	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	26,574,716	50.00
50.01	05001 CARDIAC SURGERY	2,849,617	50.01
50.02	05002 WVSC	17,088,870	50.02
51.00	05100 RECOVERY ROOM	3,810,663	51.00
51.02	05101 O/P TREATMENT ROOM	2,290,290	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,228,001	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,694,236	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,996,342	55.00
56.00	05600 RADIOISOTOPE	2,888,511	56.00
57.00	05700 CT SCAN	5,197,366	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,144,113	58.00
59.00	05900 CARDIAC CATHETERIZATION	27,707,982	59.00
60.00	06000 LABORATORY	21,909,056	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,846,259	62.00
65.00	06500 RESPIRATORY THERAPY	8,411,345	65.00
66.00	06600 PHYSICAL THERAPY	4,596,497	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,210,252	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,910,216	67.00
68.00	06800 SPEECH PATHOLOGY	1,305,815	68.00
69.00	06900 ELECTROCARDIOLOGY	8,472,180	69.00
69.01	06901 CARDIAC REHAB	1,045,720	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	2,453,687	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,761,050	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	88,694,750	73.00
76.00	03020 RENAL ACUTE	2,469,939	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	413,243	90.00
90.05	09005 PATIENT NUTRITION	162,200	90.05
90.07	09007 WOUND CLINIC	2,734,748	90.07
91.00	09100 EMERGENCY	19,584,076	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	416,792,076	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	7,976,379	194.00
194.01	07951 RENTAL PROPERTY	42,586	194.01
194.02	07954 FAMILY PRACTICE	6,302,646	194.02
194.03	07952 WELLNESS	1,190,098	194.03
194.04	07955 PHYSICIAN PRACTICES	43,626,463	194.04
194.06	07953 SYCAMORE SPORTS MED	107,169	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	957,233	194.07
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	476,994,650		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm
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Line	Code	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
				0	1.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	111,069	0	111,069	111,069	4.00
5.01	00540	NONPATIENT TELEPHONES	0	12,312	12,984	25,296	512	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	3,115	57,380	0	60,495	1,284	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	26,362	326,160	28,714	381,236	5,399	5.06
7.00	00700	OPERATION OF PLANT	24,000	6,275,389	3,650	6,303,039	77	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,569	112,212	111,955	245,736	812	8.00
9.00	00900	HOUSEKEEPING	623	29,009	9,406	39,038	2,531	9.00
10.00	01000	DIETARY	2,993	205,684	112,330	321,007	452	10.00
11.00	01100	CAFETERIA	0	146,767	2,802	149,569	1,644	11.00
13.00	01300	NURSING ADMINISTRATION	1,039	44,525	53	45,617	1,306	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,194	99,000	4,538	114,732	1,130	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,418	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,342	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	73	23.00
23.01	02341	OTHER MED ED	0	13,492	10	13,502	204	23.01
23.02	02301	PARAMED PRGM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	233,745	3,605,410	618,161	4,457,316	22,894	30.00
31.00	03100	INTENSIVE CARE UNIT	785,283	430,819	552,471	1,768,573	5,133	31.00
35.00	02040	INTENSIVE NURSERY	9,999	73,683	207,644	291,326	2,675	35.00
41.00	04100	SUBPROVIDER - IRF	10,468	289,018	11,529	311,015	1,764	41.00
43.00	04300	NURSERY	0	14,204	0	14,204	886	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	790,539	783,608	1,887,247	3,461,394	3,087	50.00
50.01	05001	CARDIAC SURGERY	36,021	34,424	192,347	262,792	1,858	50.01
50.02	05002	WVSC	519,630	569,622	658,656	1,747,908	10	50.02
51.00	05100	RECOVERY ROOM	3,233	26,835	43,487	73,555	1,778	51.00
51.02	05101	O/P TREATMENT ROOM	1,849	448,360	30,943	481,152	386	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,041	444,237	180,695	641,973	3,831	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	281,995	602,098	1,661,244	2,545,337	4,566	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	263,194	494,590	594,916	1,352,700	418	55.00
56.00	05600	RADIOISOTOPE	146,407	164,907	238,344	549,658	279	56.00
57.00	05700	CT SCAN	93,656	40,702	190,022	324,380	1,196	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	495	48,591	614,706	663,792	877	58.00
59.00	05900	CARDIAC CATHETERIZATION	146,636	682,359	569,954	1,398,949	3,129	59.00
60.00	06000	LABORATORY	135,072	0	424,593	559,665	5,304	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	92,816	97,014	286,946	476,776	3,647	65.00
66.00	06600	PHYSICAL THERAPY	990	190,205	5,512	196,707	1	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	3,142	0	53,619	56,761	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	31,070	0	31,070	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	61,615	308	61,923	0	68.00
69.00	06900	ELECTROCARDIOLOGY	481,371	59,610	801,517	1,342,498	2,739	69.00
69.01	06901	CARDIAC REHAB	599	122,443	45,386	168,428	335	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	20,357	0	46,721	67,078	2,388	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	810,670	388,187	89,729	1,288,586	4,497	73.00
76.00	03020	RENAL ACUTE	1,065	66,056	351	67,472	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,080	0	13,080	211	90.00
90.05	09005	PATIENT NUTRITION	0	36,167	472	36,639	0	90.05
90.07	09007	WOUND CLINIC	3,604	167,755	18,650	190,009	435	90.07
91.00	09100	EMERGENCY	54,531	451,676	116,233	622,440	6,010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,035,303	17,871,344	10,428,845	33,335,492	98,518	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	166,727	0	32,689	199,416	2,076	194.00
194.01	07951	RENTAL PROPERTY	0	0	983	983	0	194.01
194.02	07954	FAMILY PRACTICE	9,023	224,873	61,875	295,771	2,608	194.02
194.03	07952	WELLNESS	0	248,597	0	248,597	256	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
194.04 07955 PHYSICIAN PRACTICES	1,363,552	0	143,214	1,506,766	7,083	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	17	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,654	53,707	404	57,765	511	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6,578,259	18,398,521	10,668,010	35,644,790	111,069	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	25,808					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMINING	936	0	0	62,715		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	2,412	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	1,477	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	374	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	166	0	0	0	0	9.00
10.00	01000	DIETARY	125	0	0	0	0	10.00
11.00	01100	CAFETERIA	499	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	187	0	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	624	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	0	0	0	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,557	0	0	13,024	0	30.00
31.00	03100	INTENSIVE CARE UNIT	603	0	0	3,255	0	31.00
35.00	02040	INTENSIVE NURSERY	374	0	0	2,249	0	35.00
41.00	04100	SUBPROVIDER - IRF	645	0	0	409	0	41.00
43.00	04300	NURSERY	83	0	0	267	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,705	0	0	5,945	0	50.00
50.01	05001	CARDIAC SURGERY	125	0	0	568	0	50.01
50.02	05002	WVSC	0	0	0	4	0	50.02
51.00	05100	RECOVERY ROOM	374	0	0	359	0	51.00
51.02	05101	O/P TREATMENT ROOM	561	0	0	2	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	478	0	0	2,209	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,246	0	0	2,136	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	853	0	0	276	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	135	0	56.00
57.00	05700	CT SCAN	146	0	0	1,957	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	83	0	0	304	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	707	0	0	3,508	0	59.00
60.00	06000	LABORATORY	166	0	0	6,183	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	317	0	62.00
65.00	06500	RESPIRATORY THERAPY	291	0	0	4,594	0	65.00
66.00	06600	PHYSICAL THERAPY	478	0	0	903	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	21	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	104	0	0	727	0	67.00
68.00	06800	SPEECH PATHOLOGY	21	0	0	139	0	68.00
69.00	06900	ELECTROCARDIOLOGY	83	0	0	1,963	0	69.00
69.01	06901	CARDIAC REHAB	125	0	0	11	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	354	0	0	111	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,733	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,040	0	0	4,972	0	73.00
76.00	03020	RENAL ACUTE	83	0	0	401	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	270	0	0	1	0	90.07
91.00	09100	EMERGENCY	1,310	0	0	4,053	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,686	0	0	62,715	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	21	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	1,477	0	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	458	0	0	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	166	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	25,808	0	0	62,715	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm			
Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	389,047					5.06
7.00	00700	OPERATION OF PLANT	15,065	6,319,658				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,484	61,047	309,453			8.00
9.00	00900	HOUSEKEEPING	3,951	15,782	22,040	83,508		9.00
10.00	01000	DIETARY	584	111,900	1,159	1,497	436,724	10.00
11.00	01100	CAFETERIA	3,190	79,847	0	1,068	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,075	24,223	0	324	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,720	53,860	0	720	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,610	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,798	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	91	0	0	0	0	23.00
23.01	02341	OTHER MED ED	254	7,340	0	98	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,740	1,961,480	97,308	26,240	338,199	30.00
31.00	03100	INTENSIVE CARE UNIT	13,997	234,382	13,015	3,135	46,345	31.00
35.00	02040	INTENSIVE NURSERY	3,965	40,087	1,864	536	0	35.00
41.00	04100	SUBPROVIDER - I&R	2,179	157,237	2,793	2,103	22,524	41.00
43.00	04300	NURSERY	1,137	7,728	0	103	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,422	426,312	19,052	5,703	0	50.00
50.01	05001	CARDIAC SURGERY	2,211	18,728	15	251	0	50.01
50.02	05002	WVSC	12,568	309,896	20,274	4,145	0	50.02
51.00	05100	RECOVERY ROOM	2,766	14,599	14,235	195	0	51.00
51.02	05101	O/P TREATMENT ROOM	1,008	243,924	1,159	3,263	27,716	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,267	241,682	15,254	3,233	9	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,022	327,564	9,861	4,382	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,336	269,075	3,663	3,599	0	55.00
56.00	05600	RADIOISOTOPE	2,027	89,716	1,362	1,200	0	56.00
57.00	05700	CT SCAN	4,003	22,143	0	296	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,335	26,436	13,856	354	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,934	371,229	9,287	4,966	1,931	59.00
60.00	06000	LABORATORY	17,110	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,486	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,269	52,779	0	706	0	65.00
66.00	06600	PHYSICAL THERAPY	3,373	103,479	1,276	1,384	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	1,752	0	4,502	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,283	16,903	0	226	0	67.00
68.00	06800	SPEECH PATHOLOGY	947	33,521	0	448	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,245	32,430	6,282	434	0	69.00
69.01	06901	CARDIAC REHAB	607	66,614	84	891	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,918	0	1,110	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,835	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,735	211,188	1,176	2,825	0	73.00
76.00	03020	RENAL ACUTE	1,874	35,937	1,215	481	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	296	7,116	0	95	0	90.00
90.05	09005	PATIENT NUTRITION	71	19,676	0	263	0	90.05
90.07	09007	WOUND CLINIC	1,860	91,265	2,573	1,221	0	90.07
91.00	09100	EMERGENCY	14,048	245,729	43,148	3,287	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	341,448	6,032,854	307,563	79,672	436,724	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	6,446	0	142	0	0	194.00
194.01	07951	RENTAL PROPERTY	34	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	4,630	122,339	267	1,636	0	194.02
194.03	07952	WELLNESS	551	135,246	0	1,809	0	194.03
194.04	07955	PHYSICIAN PRACTICES	35,185	0	1,481	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	87	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	666	29,219	0	391	0	194.07
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description		OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	389,047	6,319,658	309,453	83,508	436,724		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description	INTERNS & RESIDENTS				
	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS
	11.00	13.00	16.00	21.00	22.00
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMIN AND GENERAL				5.06
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	235,817			11.00
13.00 01300	NURSING ADMINISTRATION	3,029	77,761		13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,666	0	178,452	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,297	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	839	0	0	22.00
23.00 02300	PARAMED ED PRGM	225	0	0	23.00
23.01 02341	OTHER MED ED	2,190	1,125	0	23.01
23.02 02301	PARAMED ED PRGM	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	57,482	27,603	13,143	30.00
31.00 03100	INTENSIVE CARE UNIT	11,725	6,024	3,000	31.00
35.00 02040	INTENSIVE NURSERY	6,425	3,301	2,073	35.00
41.00 04100	SUBPROVIDER - IRF	3,908	2,008	377	41.00
43.00 04300	NURSERY	2,578	1,325	246	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	10,293	5,288	17,705	50.00
50.01 05001	CARDIAC SURGERY	1,125	252	524	50.01
50.02 05002	WVSC	0	0	11,744	50.02
51.00 05100	RECOVERY ROOM	4,932	2,534	1,149	51.00
51.02 05101	O/P TREATMENT ROOM	900	463	236	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,740	4,668	2,585	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,710	0	7,801	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,085	0	4,928	55.00
56.00 05600	RADIO SOTOPE	655	0	1,073	56.00
57.00 05700	CT SCAN	2,374	0	5,800	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,985	0	1,461	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,735	0	10,013	59.00
60.00 06000	LABORATORY	23,164	0	15,717	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	356	62.00
65.00 06500	RESPIRATORY THERAPY	8,533	4,100	4,594	65.00
66.00 06600	PHYSICAL THERAPY	0	0	1,271	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	0	0	637	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,083	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	391	68.00
69.00 06900	ELECTROCARDIOLOGY	8,922	4,583	9,247	69.00
69.01 06901	CARDIAC REHAB	900	463	161	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	2,333	431	442	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,789	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,150	4,489	39,360	73.00
76.00 03020	RENAL ACUTE	0	0	397	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	430	221	79	90.00
90.05 09005	PATIENT NUTRITION	0	0	9	90.05
90.07 09007	WOUND CLINIC	1,207	620	998	90.07
91.00 09100	EMERGENCY	16,084	8,263	14,063	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	223,621	77,761	178,452	0
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00 07950	RURAL HEALTH	0	0	0	194.00
194.01 07951	RENTAL PROPERTY	0	0	0	194.01
194.02 07954	FAMILY PRACTICE	6,200	0	0	194.02
194.03 07952	WELLNESS	0	0	0	194.03
194.04 07955	PHYSICIAN PRACTICES	4,686	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				11.00	13.00	
194.06 07953 SYCAMORE SPORTS MED	0	0	0			194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,310	0	0			194.07
200.00 Cross Foot Adjustments				7,325	3,979	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	235,817	77,761	178,452	7,325	3,979	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm		
Cost Center Description				PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
				23.00	23.01	23.02	24.00	25.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
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
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM	389					23.00
23.01	02341	OTHER MED ED		24,713				23.01
23.02	02301	PARAMED ED PRGM			0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					7,070,986	0 30.00
31.00	03100	INTENSIVE CARE UNIT					2,109,187	0 31.00
35.00	02040	INTENSIVE NURSERY					354,875	0 35.00
41.00	04100	SUBPROVIDER - IRF					506,962	0 41.00
43.00	04300	NURSERY					28,557	0 43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					3,975,906	0 50.00
50.01	05001	CARDIAC SURGERY					288,449	0 50.01
50.02	05002	WVSC					2,106,549	0 50.02
51.00	05100	RECOVERY ROOM					116,476	0 51.00
51.02	05101	O/P TREATMENT ROOM					760,770	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM					931,929	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					2,929,625	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					1,642,933	0 55.00
56.00	05600	RADIOISOTOPE					646,105	0 56.00
57.00	05700	CT SCAN					362,295	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					711,483	0 58.00
59.00	05900	CARDIAC CATHETERIZATION					1,832,388	0 59.00
60.00	06000	LABORATORY					627,309	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					2,159	0 62.00
65.00	06500	RESPIRATORY THERAPY					562,289	0 65.00
66.00	06600	PHYSICAL THERAPY					308,872	0 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY					63,673	0 66.02
67.00	06700	OCCUPATIONAL THERAPY					52,396	0 67.00
68.00	06800	SPEECH PATHOLOGY					97,390	0 68.00
69.00	06900	ELECTROCARDIOLOGY					1,415,426	0 69.00
69.01	06901	CARDIAC REHAB					238,619	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					76,165	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					19,357	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					1,638,018	0 73.00
76.00	03020	RENAL ACUTE					107,860	0 76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					21,528	0 90.00
90.05	09005	PATIENT NUTRITION					56,658	0 90.05
90.07	09007	WOUND CLINIC					290,459	0 90.07
91.00	09100	EMERGENCY					978,435	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 through 117)	0	0	0		32,932,088	0 118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	0 190.00
194.00	07950	RURAL HEALTH					208,101	0 194.00
194.01	07951	RENTAL PROPERTY					1,017	0 194.01
194.02	07954	FAMILY PRACTICE					434,928	0 194.02
194.03	07952	WELLNESS					386,459	0 194.03
194.04	07955	PHYSICIAN PRACTICES					1,555,659	0 194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description		PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
194.06	07953 SYCAMORE SPORTS MED				104	0	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				90,028	0	194.07
200.00	Cross Foot Adjustments	389	24,713	0	36,406	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	389	24,713	0	35,644,790	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMIN TTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
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
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02341 OTHER MED ED		23.01
23.02	02301 PARAMED ED PRGM		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	7,070,986	30.00
31.00	03100 INTENSIVE CARE UNIT	2,109,187	31.00
35.00	02040 INTENSIVE NURSERY	354,875	35.00
41.00	04100 SUBPROVIDER - IRF	506,962	41.00
43.00	04300 NURSERY	28,557	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,975,906	50.00
50.01	05001 CARDIAC SURGERY	288,449	50.01
50.02	05002 WVSC	2,106,549	50.02
51.00	05100 RECOVERY ROOM	116,476	51.00
51.02	05101 O/P TREATMENT ROOM	760,770	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	931,929	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,929,625	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,642,933	55.00
56.00	05600 RADIOISOTOPE	646,105	56.00
57.00	05700 CT SCAN	362,295	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	711,483	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,832,388	59.00
60.00	06000 LABORATORY	627,309	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,159	62.00
65.00	06500 RESPIRATORY THERAPY	562,289	65.00
66.00	06600 PHYSICAL THERAPY	308,872	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	63,673	66.02
67.00	06700 OCCUPATIONAL THERAPY	52,396	67.00
68.00	06800 SPEECH PATHOLOGY	97,390	68.00
69.00	06900 ELECTROCARDIOLOGY	1,415,426	69.00
69.01	06901 CARDIAC REHAB	238,619	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	76,165	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,357	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,638,018	73.00
76.00	03020 RENAL ACUTE	107,860	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	21,528	90.00
90.05	09005 PATIENT NUTRITION	56,658	90.05
90.07	09007 WOUND CLINIC	290,459	90.07
91.00	09100 EMERGENCY	978,435	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	32,932,088	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	208,101	194.00
194.01	07951 RENTAL PROPERTY	1,017	194.01
194.02	07954 FAMILY PRACTICE	434,928	194.02
194.03	07952 WELLNESS	386,459	194.03
194.04	07955 PHYSICIAN PRACTICES	1,555,659	194.04
194.06	07953 SYCAMORE SPORTS MED	104	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	90,028	194.07
200.00	Cross Foot Adjustments	36,406	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	35,644,790	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
		NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	981,808				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		6,231,965			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,927	0	111,270,693		4.00
5.01	00540	NONPATIENT TELEPHONES	657	7,585	513,344	1,241	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	3,062	0	1,286,617	45	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	17,405	16,774	5,409,384	116	5.06
7.00	00700	OPERATION OF PLANT	334,876	2,132	77,637	71	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	65,401	813,403	18	8.00
9.00	00900	HOUSEKEEPING	1,548	5,495	2,536,160	8	9.00
10.00	01000	DIETARY	10,976	65,620	452,945	6	10.00
11.00	01100	CAFETERIA	7,832	1,637	1,647,379	24	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	31	1,308,543	9	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	2,651	1,132,139	30	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,420,985	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,344,850	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	72,994	0	23.00
23.01	02341	OTHER MED ED	720	6	204,115	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	192,397	361,113	22,920,232	171	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	322,739	5,143,688	29	31.00
35.00	02040	INTENSIVE NURSERY	3,932	121,300	2,680,230	18	35.00
41.00	04100	SUBPROVIDER - IRF	15,423	6,735	1,767,347	31	41.00
43.00	04300	NURSERY	758	0	887,751	4	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,816	1,102,478	3,093,344	82	50.00
50.01	05001	CARDIAC SURGERY	1,837	112,364	1,862,012	6	50.01
50.02	05002	WVSC	30,397	384,769	10,196	0	50.02
51.00	05100	RECOVERY ROOM	1,432	25,404	1,781,626	18	51.00
51.02	05101	O/P TREATMENT ROOM	23,926	18,076	386,867	27	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,706	105,557	3,838,503	23	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,130	970,454	4,575,359	108	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	347,534	419,052	41	55.00
56.00	05600	RADIOISOTOPE	8,800	139,234	279,206	0	56.00
57.00	05700	CT SCAN	2,172	111,006	1,197,949	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	359,095	879,016	4	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,413	332,952	3,134,855	34	59.00
60.00	06000	LABORATORY	0	248,036	5,315,034	8	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,177	167,626	3,653,880	14	65.00
66.00	06600	PHYSICAL THERAPY	10,150	3,220	550	23	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	31,323	0	1	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,658	0	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	3,288	180	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	3,181	468,225	2,743,999	4	69.00
69.01	06901	CARDIAC REHAB	6,534	26,513	335,595	6	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,293	2,392,999	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	20,715	52,417	4,505,610	50	73.00
76.00	03020	RENAL ACUTE	3,525	205	0	4	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	698	0	211,452	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	276	0	0	90.05
90.07	09007	WOUND CLINIC	8,952	10,895	435,878	13	90.07
91.00	09100	EMERGENCY	24,103	67,900	6,021,700	63	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	953,676	6,092,251	98,694,425	1,139	1,863
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	19,096	2,080,292	1	107
194.01	07951	RENTAL PROPERTY	0	574	0	0	194.01
194.02	07954	FAMILY PRACTICE	12,000	36,146	2,612,762	71	60

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
	1.00	2.00				
194.03 07952 WELLNESS	13,266	0	256,574	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	83,662	7,097,536	22	170	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	16,972	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	236	512,132	8	0	194.07
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)	18,398,521	10,668,010	21,912,197	946,843	18,238,274	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.739429	1.711821	0.196927	762.967768	8,290.124545	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			111,069	25,808	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000998	20.796132	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet B-1	
Date/Time Prepared: 5/23/2023 2:23 pm								
Cost Center	Description	PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	8,257,326					5.03
5.04	00570	ADMITTING	45,775	613,449,243				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,895,931,964			5.05
5.06	00590	OTHER ADMIN AND GENERAL	176	0	0	-35,699,671	445,607,760	5.06
7.00	00700	OPERATION OF PLANT	9	0	0	0	17,256,951	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,110	0	0	0	1,699,344	8.00
9.00	00900	HOUSEKEEPING	1,833	0	0	0	4,525,523	9.00
10.00	01000	DIETARY	778	0	0	0	669,092	10.00
11.00	01100	CAFETERIA	0	0	0	0	3,653,728	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,522,244	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	440	0	0	0	3,115,993	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,844,567	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,059,143	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	103,670	23.00
23.01	02341	OTHER MED ED	0	0	0	0	291,115	23.01
23.02	02301	PARAMED PRGM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,802,911	126,286,194	139,816,045	0	60,412,239	30.00
31.00	03100	INTENSIVE CARE UNIT	720,828	31,914,715	31,914,715	0	16,033,223	31.00
35.00	02040	INTENSIVE NURSERY	124,377	22,051,240	22,051,240	0	4,541,255	35.00
41.00	04100	SUBPROVIDER - IRF	58,458	4,011,135	4,011,135	0	2,495,583	41.00
43.00	04300	NURSERY	0	2,614,500	2,614,500	0	1,302,750	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	260,363	58,286,859	188,347,651	0	22,247,373	50.00
50.01	05001	CARDIAC SURGERY	589,565	5,569,580	5,570,580	0	2,532,353	50.01
50.02	05002	WVSC	1,859,147	41,818	124,939,184	0	14,396,691	50.02
51.00	05100	RECOVERY ROOM	173,020	3,523,619	12,221,136	0	3,168,142	51.00
51.02	05101	O/P TREATMENT ROOM	59,402	21,278	2,507,230	0	1,154,760	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	278,905	21,654,144	27,496,748	0	7,178,608	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,892	20,937,845	82,992,013	0	13,771,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,117	2,701,991	52,423,512	0	7,258,006	55.00
56.00	05600	RADIO SOTOPE	5,556	1,321,643	11,413,331	0	2,322,232	56.00
57.00	05700	CT SCAN	260,116	19,183,900	61,701,014	0	4,585,121	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,378	2,980,279	15,541,251	0	2,674,451	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,910	34,391,269	106,521,382	0	23,979,898	59.00
60.00	06000	LABORATORY	384,822	60,614,855	167,204,152	0	19,599,625	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,106,167	3,785,417	0	1,702,567	62.00
65.00	06500	RESPIRATORY THERAPY	302,551	45,041,472	48,875,659	0	7,181,333	65.00
66.00	06600	PHYSICAL THERAPY	4,194	8,856,679	13,520,505	0	3,863,262	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	5,064	0	6,776,203	0	2,007,079	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7,125,809	11,524,711	0	2,614,920	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,362,335	4,154,395	0	1,084,772	68.00
69.00	06900	ELECTROCARDIOLOGY	510	19,245,099	98,367,469	0	7,153,190	69.00
69.01	06901	CARDIAC REHAB	2,069	106,144	1,709,280	0	695,768	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,547	1,088,503	4,703,137	0	2,197,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,825	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,993,782	61,589,910	0	13,556,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,030	48,745,342	416,255,103	0	79,843,999	73.00
76.00	03020	RENAL ACUTE	104,743	3,928,754	4,220,876	0	2,146,684	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	725	1,665	843,735	0	338,749	90.00
90.05	09005	PATIENT NUTRITION	0	0	99,028	0	81,444	90.05
90.07	09007	WOUND CLINIC	120,250	5,000	10,617,061	0	2,130,210	90.07
91.00	09100	EMERGENCY	667,632	39,735,628	149,602,656	0	16,091,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,210,203	613,449,243	1,895,931,964	-35,695,846	391,084,481	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	16,334	0	0	0	7,383,894	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	39,427	194.01
194.02	07954	FAMILY PRACTICE	96	0	0	0	5,303,969	194.02
194.03	07952	WELLNESS	0	0	0	0	630,656	194.03
194.04	07955	PHYSICIAN PRACTICES	30,465	0	0	0	40,303,509	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	99,220	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	228	0	0	0	762,604	194.07
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)	2,109,600	2,039,529	17,230,891		35,699,671	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.255482	0.003325	0.009088		0.080115	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	62,715	0		389,047	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000102	0.000000		0.000873	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/23/2023 2:23 pm

Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	619,881				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,158,515			8.00
9.00	00900	HOUSEKEEPING	1,548	82,511	612,345		9.00
10.00	01000	DIETARY	10,976	4,340	10,976	189,257	10.00
11.00	01100	CAFETERIA	7,832	0	7,832	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	0	2,376	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	720	0	720	0	23.01
23.02	02301	PARAMED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	192,397	364,296	192,397	146,560	2,809
31.00	03100	INTENSIVE CARE UNIT	22,990	48,726	22,990	20,084	573
35.00	02040	INTENSIVE NURSERY	3,932	6,978	3,932	0	314
41.00	04100	SUBPROVIDER - IRF	15,423	10,458	15,423	9,761	191
43.00	04300	NURSERY	758	0	758	0	126
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,816	71,327	41,816	0	503
50.01	05001	CARDIAC SURGERY	1,837	57	1,837	0	55
50.02	05002	WVSC	30,397	75,901	30,397	0	0
51.00	05100	RECOVERY ROOM	1,432	53,294	1,432	0	241
51.02	05101	O/P TREATMENT ROOM	23,926	4,338	23,926	12,011	44
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,706	57,107	23,706	4	476
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,130	36,918	32,130	0	670
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	13,715	26,393	0	53
56.00	05600	RADIOISOTOPE	8,800	5,098	8,800	0	32
57.00	05700	CT SCAN	2,172	0	2,172	0	116
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	51,872	2,593	0	97
59.00	05900	CARDIAC CATHETERIZATION	36,413	34,767	36,413	837	378
60.00	06000	LABORATORY	0	0	0	0	1,132
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,177	0	5,177	0	417
66.00	06600	PHYSICAL THERAPY	10,150	4,777	10,150	0	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	16,856	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,658	0	1,658	0	0
68.00	06800	SPEECH PATHOLOGY	3,288	0	3,288	0	0
69.00	06900	ELECTROCARDIOLOGY	3,181	23,518	3,181	0	436
69.01	06901	CARDIAC REHAB	6,534	314	6,534	0	44
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,156	0	0	114
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	20,715	4,402	20,715	0	496
76.00	03020	RENAL ACUTE	3,525	4,550	3,525	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	698	0	698	0	21
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	0
90.07	09007	WOUND CLINIC	8,952	9,632	8,952	0	59
91.00	09100	EMERGENCY	24,103	161,534	24,103	0	786
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	591,749	1,151,442	584,213	189,257	10,928
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	531	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	12,000	998	12,000	0	303
194.03	07952	WELLNESS	13,266	0	13,266	0	0
194.04	07955	PHYSICIAN PRACTICES	0	5,544	0	0	229
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	0	2,866	0	64	194.07
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)	18,639,492	2,015,543	5,078,183	1,151,313	4,246,901	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	30.069468	1.739764	8.293010	6.083331	368.526640	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,319,658	309,453	83,508	436,724	235,817	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.194954	0.267112	0.136374	2.307571	20.463120	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B-1 Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (PARAMED RADIOLOGY)	
			SERVICES-SALA RY & FRINGES (INTERNS)	SERVICES-OTHE R PRGM COSTS (INTERNS)		
	13.00	16.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMINITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMIN AND GENERAL					5.06
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	7,397				13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	1,895,931,964			16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	7,666		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	7,666	22.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01 02341	OTHER MED ED	107	0	0	0	23.01
23.02 02301	PARAMED ED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,626	139,816,045	3,129	3,129	0 30.00
31.00 03100	INTENSIVE CARE UNIT	573	31,914,715	64	64	0 31.00
35.00 02040	INTENSIVE NURSERY	314	22,051,240	11	11	0 35.00
41.00 04100	SUBPROVIDER - IRF	191	4,011,135	0	0	0 41.00
43.00 04300	NURSERY	126	2,614,500	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	503	188,347,651	381	381	0 50.00
50.01 05001	CARDIAC SURGERY	24	5,570,580	0	0	0 50.01
50.02 05002	WVSC	0	124,939,184	0	0	0 50.02
51.00 05100	RECOVERY ROOM	241	12,221,136	0	0	0 51.00
51.02 05101	O/P TREATMENT ROOM	44	2,507,230	0	0	0 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	444	27,496,748	752	752	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	82,992,013	123	123	100 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	52,423,512	84	84	0 55.00
56.00 05600	RADIO SOTOPE	0	11,413,331	0	0	0 56.00
57.00 05700	CT SCAN	0	61,701,014	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,541,251	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	106,521,382	46	46	0 59.00
60.00 06000	LABORATORY	0	167,204,152	0	0	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,785,417	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	390	48,875,659	27	27	0 65.00
66.00 06600	PHYSICAL THERAPY	0	13,520,505	12	12	0 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 66.01
66.02 06602	O/P PHYSICAL THERAPY	0	6,776,203	180	180	0 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	11,524,711	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	4,154,395	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	436	98,367,469	0	0	0 69.00
69.01 06901	CARDIAC REHAB	44	1,709,280	0	0	0 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	41	4,703,137	22	22	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,589,910	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	427	416,255,103	0	0	0 73.00
76.00 03020	RENAL ACUTE	0	4,220,876	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	21	843,735	1,374	1,374	0 90.00
90.05 09005	PATIENT NUTRITION	0	99,028	0	0	0 90.05
90.07 09007	WOUND CLINIC	59	10,617,061	75	75	0 90.07
91.00 09100	EMERGENCY	786	149,602,656	708	708	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 through 117)	7,397	1,895,931,964	6,988	6,988	100 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00 07950	RURAL HEALTH	0	0	0	0	0 194.00
194.01 07951	RENTAL PROPERTY	0	0	0	0	0 194.01
194.02 07954	FAMILY PRACTICE	0	0	667	667	0 194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (PARAMED RADIOLOGY)	
			SERVICES-SALA RY & FRINGES (INTERNS)	SERVICES-OTHE R PRGM COSTS (INTERNS)		
	13.00	16.00	21.00	22.00	23.00	
194.03 07952 WELLNESS	0	0	0	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	0	0	0	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	11	11	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,950,120	3,652,324	2,069,735	2,239,221	116,030	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	534.016493	0.001926	269.988912	292.097704	1,160.300000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	77,761	178,452	7,325	3,979	389	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	10.512505	0.000094	0.955518	0.519045	3.890000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
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To 12/31/2022

Worksheet B-1

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Cost Center Description		OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
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
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02341	OTHER MED ED	100	23.01
23.02	02301	PARAMED ED PRGM		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02040	INTENSIVE NURSERY	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	CARDIAC SURGERY	0	50.01
50.02	05002	WVSC	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	100	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CARDIAC REHAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	73.00
76.00	03020	RENAL ACUTE	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.05	09005	PATIENT NUTRITION	0	90.05
90.07	09007	WOUND CLINIC	0	90.07
91.00	09100	EMERGENCY	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 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	RURAL HEALTH	0	194.00
194.01	07951	RENTAL PROPERTY	0	194.01
194.02	07954	FAMILY PRACTICE	0	194.02
194.03	07952	WELLNESS	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
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Cost Center Description		OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.01	23.02	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	194.07
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)	438,631	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4,386.310000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	24,713	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	247.130000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,865,160			76,865,160	30.00
31.00	03100	INTENSIVE CARE UNIT	18,985,253			18,985,253	31.00
35.00	02040	INTENSIVE NURSERY	5,393,928			5,393,928	35.00
41.00	04100	SUBPROVIDER - IRF	3,544,865			3,544,865	41.00
43.00	04300	NURSERY	1,554,955			1,554,955	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,574,716		14,501	26,589,217	50.00
50.01	05001	CARDIAC SURGERY	2,849,617		0	2,849,617	50.01
50.02	05002	WVSC	17,088,870		0	17,088,870	50.02
51.00	05100	RECOVERY ROOM	3,810,663		0	3,810,663	51.00
51.02	05101	O/P TREATMENT ROOM	2,290,290		0	2,290,290	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,228,001		0	9,228,001	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,694,236		0	16,694,236	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,996,342		0	8,996,342	55.00
56.00	05600	RADIOISOTOPE	2,888,511		0	2,888,511	56.00
57.00	05700	CT SCAN	5,197,366		0	5,197,366	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,144,113		0	3,144,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,707,982		0	27,707,982	59.00
60.00	06000	LABORATORY	21,909,056		0	21,909,056	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,846,259		0	1,846,259	62.00
65.00	06500	RESPIRATORY THERAPY	8,411,345	0	0	8,411,345	65.00
66.00	06600	PHYSICAL THERAPY	4,596,497	0	0	4,596,497	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,210,252	0	0	2,210,252	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,910,216	0	0	2,910,216	67.00
68.00	06800	SPEECH PATHOLOGY	1,305,815	0	0	1,305,815	68.00
69.00	06900	ELECTROCARDIOLOGY	8,472,180		0	8,472,180	69.00
69.01	06901	CARDIAC REHAB	1,045,720		0	1,045,720	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,453,687		0	2,453,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,761,050		0	14,761,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,694,750		0	88,694,750	73.00
76.00	03020	RENAL ACUTE	2,469,939		0	2,469,939	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	413,243		0	413,243	90.00
90.05	09005	PATIENT NUTRITION	162,200		0	162,200	90.05
90.07	09007	WOUND CLINIC	2,734,748		0	2,734,748	90.07
91.00	09100	EMERGENCY	19,584,076		42,600	19,626,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,671,840		0	13,671,840	92.00
200.00		Subtotal (see instructions)	430,467,741	0	57,101	430,524,842	200.00
201.00		Less Observation Beds	13,671,840		0	13,671,840	201.00
202.00		Total (see instructions)	416,795,901	0	57,101	416,853,002	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	121,111,581		121,111,581	30.00
31.00	03100	INTENSIVE CARE UNIT	31,914,715		31,914,715	31.00
35.00	02040	INTENSIVE NURSERY	22,051,240		22,051,240	35.00
41.00	04100	SUBPROVIDER - IRF	4,011,135		4,011,135	41.00
43.00	04300	NURSERY	2,614,500		2,614,500	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	58,286,859	130,060,792	188,347,651	50.00
50.01	05001	CARDIAC SURGERY	5,569,580	1,000	5,570,580	50.01
50.02	05002	WVSC	41,818	124,897,366	124,939,184	50.02
51.00	05100	RECOVERY ROOM	3,523,619	8,697,517	12,221,136	51.00
51.02	05101	O/P TREATMENT ROOM	21,278	2,485,952	2,507,230	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,654,144	5,842,604	27,496,748	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,937,845	62,054,168	82,992,013	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,701,991	49,721,521	52,423,512	55.00
56.00	05600	RADIOISOTOPE	1,321,643	10,091,688	11,413,331	56.00
57.00	05700	CT SCAN	19,183,900	42,517,114	61,701,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,980,279	12,560,972	15,541,251	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,391,269	72,130,113	106,521,382	59.00
60.00	06000	LABORATORY	60,614,855	106,589,297	167,204,152	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,106,167	679,250	3,785,417	62.00
65.00	06500	RESPIRATORY THERAPY	45,041,472	3,834,187	48,875,659	65.00
66.00	06600	PHYSICAL THERAPY	8,856,679	4,663,826	13,520,505	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,776,203	6,776,203	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,125,809	4,398,902	11,524,711	67.00
68.00	06800	SPEECH PATHOLOGY	1,362,335	2,792,060	4,154,395	68.00
69.00	06900	ELECTROCARDIOLOGY	19,245,099	79,122,370	98,367,469	69.00
69.01	06901	CARDIAC REHAB	106,144	1,603,136	1,709,280	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,088,503	3,614,634	4,703,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,993,782	44,596,128	61,589,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,745,342	367,509,761	416,255,103	73.00
76.00	03020	RENAL ACUTE	3,928,754	292,122	4,220,876	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,665	842,070	843,735	90.00
90.05	09005	PATIENT NUTRITION	0	99,028	99,028	90.05
90.07	09007	WOUND CLINIC	5,000	10,612,061	10,617,061	90.07
91.00	09100	EMERGENCY	39,735,628	109,867,028	149,602,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,174,613	13,529,851	18,704,464	92.00
200.00		Subtotal (see instructions)	613,449,243	1,282,482,721	1,895,931,964	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	613,449,243	1,282,482,721	1,895,931,964	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 INTENSIVE NURSERY			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.141171		50.00
50.01	05001 CARDIAC SURGERY	0.511548		50.01
50.02	05002 WVSC	0.136778		50.02
51.00	05100 RECOVERY ROOM	0.311809		51.00
51.02	05101 O/P TREATMENT ROOM	0.913474		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335603		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201155		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171609		55.00
56.00	05600 RADIOISOTOPE	0.253082		56.00
57.00	05700 CT SCAN	0.084235		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.202308		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.260117		59.00
60.00	06000 LABORATORY	0.131032		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729		62.00
65.00	06500 RESPIRATORY THERAPY	0.172097		65.00
66.00	06600 PHYSICAL THERAPY	0.339965		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.326179		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.252520		67.00
68.00	06800 SPEECH PATHOLOGY	0.314321		68.00
69.00	06900 ELECTROCARDIOLOGY	0.086128		69.00
69.01	06901 CARDIAC REHAB	0.611790		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.521713		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.239667		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213078		73.00
76.00	03020 RENAL ACUTE	0.585172		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.489778		90.00
90.05	09005 PATIENT NUTRITION	1.637921		90.05
90.07	09007 WOUND CLINIC	0.257581		90.07
91.00	09100 EMERGENCY	0.131192		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.730940		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: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/23/2023 2:23 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,865,160		76,865,160	0	76,865,160	30.00
31.00	03100	INTENSIVE CARE UNIT	18,985,253		18,985,253	0	18,985,253	31.00
35.00	02040	INTENSIVE NURSERY	5,393,928		5,393,928	0	5,393,928	35.00
41.00	04100	SUBPROVIDER - IRF	3,544,865		3,544,865	0	3,544,865	41.00
43.00	04300	NURSERY	1,554,955		1,554,955	0	1,554,955	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,574,716		26,574,716	14,501	26,589,217	50.00
50.01	05001	CARDIAC SURGERY	2,849,617		2,849,617	0	2,849,617	50.01
50.02	05002	WVSC	17,088,870		17,088,870	0	17,088,870	50.02
51.00	05100	RECOVERY ROOM	3,810,663		3,810,663	0	3,810,663	51.00
51.02	05101	O/P TREATMENT ROOM	2,290,290		2,290,290	0	2,290,290	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,228,001		9,228,001	0	9,228,001	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,694,236		16,694,236	0	16,694,236	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,996,342		8,996,342	0	8,996,342	55.00
56.00	05600	RADIOISOTOPE	2,888,511		2,888,511	0	2,888,511	56.00
57.00	05700	CT SCAN	5,197,366		5,197,366	0	5,197,366	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,144,113		3,144,113	0	3,144,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,707,982		27,707,982	0	27,707,982	59.00
60.00	06000	LABORATORY	21,909,056		21,909,056	0	21,909,056	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,846,259		1,846,259	0	1,846,259	62.00
65.00	06500	RESPIRATORY THERAPY	8,411,345	0	8,411,345	0	8,411,345	65.00
66.00	06600	PHYSICAL THERAPY	4,596,497	0	4,596,497	0	4,596,497	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,210,252	0	2,210,252	0	2,210,252	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,910,216	0	2,910,216	0	2,910,216	67.00
68.00	06800	SPEECH PATHOLOGY	1,305,815	0	1,305,815	0	1,305,815	68.00
69.00	06900	ELECTROCARDIOLOGY	8,472,180		8,472,180	0	8,472,180	69.00
69.01	06901	CARDIAC REHAB	1,045,720		1,045,720	0	1,045,720	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,453,687		2,453,687	0	2,453,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,761,050		14,761,050	0	14,761,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,694,750		88,694,750	0	88,694,750	73.00
76.00	03020	RENAL ACUTE	2,469,939		2,469,939	0	2,469,939	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	413,243		413,243	0	413,243	90.00
90.05	09005	PATIENT NUTRITION	162,200		162,200	0	162,200	90.05
90.07	09007	WOUND CLINIC	2,734,748		2,734,748	0	2,734,748	90.07
91.00	09100	EMERGENCY	19,584,076		19,584,076	42,600	19,626,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,671,840		13,671,840	0	13,671,840	92.00
200.00		Subtotal (see instructions)	430,467,741	0	430,467,741	57,101	430,524,842	200.00
201.00		Less Observation Beds	13,671,840		13,671,840	0	13,671,840	201.00
202.00		Total (see instructions)	416,795,901	0	416,795,901	57,101	416,853,002	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm
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		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	121,111,581		121,111,581		30.00
31.00	03100	INTENSIVE CARE UNIT	31,914,715		31,914,715		31.00
35.00	02040	INTENSIVE NURSERY	22,051,240		22,051,240		35.00
41.00	04100	SUBPROVIDER - IRF	4,011,135		4,011,135		41.00
43.00	04300	NURSERY	2,614,500		2,614,500		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	58,286,859	130,060,792	188,347,651	0.141094	50.00
50.01	05001	CARDIAC SURGERY	5,569,580	1,000	5,570,580	0.511548	50.01
50.02	05002	WVSC	41,818	124,897,366	124,939,184	0.136778	50.02
51.00	05100	RECOVERY ROOM	3,523,619	8,697,517	12,221,136	0.311809	51.00
51.02	05101	O/P TREATMENT ROOM	21,278	2,485,952	2,507,230	0.913474	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,654,144	5,842,604	27,496,748	0.335603	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,937,845	62,054,168	82,992,013	0.201155	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,701,991	49,721,521	52,423,512	0.171609	55.00
56.00	05600	RADIOISOTOPE	1,321,643	10,091,688	11,413,331	0.253082	56.00
57.00	05700	CT SCAN	19,183,900	42,517,114	61,701,014	0.084235	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,980,279	12,560,972	15,541,251	0.202308	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,391,269	72,130,113	106,521,382	0.260117	59.00
60.00	06000	LABORATORY	60,614,855	106,589,297	167,204,152	0.131032	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,106,167	679,250	3,785,417	0.487729	62.00
65.00	06500	RESPIRATORY THERAPY	45,041,472	3,834,187	48,875,659	0.172097	65.00
66.00	06600	PHYSICAL THERAPY	8,856,679	4,663,826	13,520,505	0.339965	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,776,203	6,776,203	0.326179	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,125,809	4,398,902	11,524,711	0.252520	67.00
68.00	06800	SPEECH PATHOLOGY	1,362,335	2,792,060	4,154,395	0.314321	68.00
69.00	06900	ELECTROCARDIOLOGY	19,245,099	79,122,370	98,367,469	0.086128	69.00
69.01	06901	CARDIAC REHAB	106,144	1,603,136	1,709,280	0.611790	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,088,503	3,614,634	4,703,137	0.521713	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,993,782	44,596,128	61,589,910	0.239667	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,745,342	367,509,761	416,255,103	0.213078	73.00
76.00	03020	RENAL ACUTE	3,928,754	292,122	4,220,876	0.585172	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,665	842,070	843,735	0.489778	90.00
90.05	09005	PATIENT NUTRITION	0	99,028	99,028	1.637921	90.05
90.07	09007	WOUND CLINIC	5,000	10,612,061	10,617,061	0.257581	90.07
91.00	09100	EMERGENCY	39,735,628	109,867,028	149,602,656	0.130907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,174,613	13,529,851	18,704,464	0.730940	92.00
200.00		Subtotal (see instructions)	613,449,243	1,282,482,721	1,895,931,964		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	613,449,243	1,282,482,721	1,895,931,964		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	INTENSIVE NURSERY			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	CARDIAC SURGERY	0.000000		50.01
50.02	05002	WVSC	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
51.02	05101	O/P TREATMENT ROOM	0.000000		51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602	O/P PHYSICAL THERAPY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	CARDIAC REHAB	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03020	RENAL ACUTE	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.05	09005	PATIENT NUTRITION	0.000000		90.05
90.07	09007	WOUND CLINIC	0.000000		90.07
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: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,070,986	0	7,070,986	63,412	111.51	30.00
31.00	INTENSIVE CARE UNIT	2,109,187		2,109,187	7,173	294.05	31.00
35.00	INTENSIVE NURSERY	354,875		354,875	4,640	76.48	35.00
41.00	SUBPROVIDER - IRF	506,962	0	506,962	3,486	145.43	41.00
43.00	NURSERY	28,557		28,557	2,437	11.72	43.00
200.00	Total (lines 30 through 199)	10,070,567		10,070,567	81,148		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,287	2,150,693				
31.00	INTENSIVE CARE UNIT	2,634	774,528				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	1,405	204,329				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	23,326	3,129,550				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/23/2023 2:23 pm
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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)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	3,975,906	188,347,651	0.021109	20,525,751	433,278	50.00	
50.01	05001 CARDIAC SURGERY	288,449	5,570,580	0.051781	2,161,121	111,905	50.01	
50.02	05002 WVSC	2,106,549	124,939,184	0.016861	37,533	633	50.02	
51.00	05100 RECOVERY ROOM	116,476	12,221,136	0.009531	1,257,048	11,981	51.00	
51.02	05101 O/P TREATMENT ROOM	760,770	2,507,230	0.303430	530	161	51.02	
52.00	05200 DELIVERY ROOM & LABOR ROOM	931,929	27,496,748	0.033892	55,017	1,865	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,929,625	82,992,013	0.035300	8,778,836	309,893	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	1,642,933	52,423,512	0.031340	945,193	29,622	55.00	
56.00	05600 RADIOISOTOPE	646,105	11,413,331	0.056610	712,037	40,308	56.00	
57.00	05700 CT SCAN	362,295	61,701,014	0.005872	7,989,391	46,914	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	711,483	15,541,251	0.045780	956,480	43,788	58.00	
59.00	05900 CARDIAC CATHETERIZATION	1,832,388	106,521,382	0.017202	13,938,290	239,766	59.00	
60.00	06000 LABORATORY	627,309	167,204,152	0.003752	21,962,101	82,402	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,159	3,785,417	0.000570	1,123,613	640	62.00	
65.00	06500 RESPIRATORY THERAPY	562,289	48,875,659	0.011504	15,166,414	174,474	65.00	
66.00	06600 PHYSICAL THERAPY	308,872	13,520,505	0.022845	2,957,829	67,572	66.00	
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01	
66.02	06602 O/P PHYSICAL THERAPY	63,673	6,776,203	0.009397	0	0	66.02	
67.00	06700 OCCUPATIONAL THERAPY	52,396	11,524,711	0.004546	2,010,176	9,138	67.00	
68.00	06800 SPEECH PATHOLOGY	97,390	4,154,395	0.023443	425,872	9,984	68.00	
69.00	06900 ELECTROCARDIOLOGY	1,415,426	98,367,469	0.014389	7,554,710	108,705	69.00	
69.01	06901 CARDIAC REHAB	238,619	1,709,280	0.139602	41,450	5,787	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	76,165	4,703,137	0.016195	437,303	7,082	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,357	61,589,910	0.000314	7,292,635	2,290	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	1,638,018	416,255,103	0.003935	18,100,448	71,225	73.00	
76.00	03020 RENAL ACUTE	107,860	4,220,876	0.025554	1,625,328	41,534	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	21,528	843,735	0.025515	0	0	90.00	
90.05	09005 PATIENT NUTRITION	56,658	99,028	0.572141	0	0	90.05	
90.07	09007 WOUND CLINIC	290,459	10,617,061	0.027358	3,687	101	90.07	
91.00	09100 EMERGENCY	978,435	149,602,656	0.006540	14,664,557	95,906	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,257,700	18,704,464	0.067241	2,148,151	144,444	92.00	
200.00	Total (lines 50 through 199)	24,119,221	1,714,228,793		152,871,501	2,091,398	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02040	INTENSIVE NURSERY	0	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	63,412	0.00	19,287	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	7,173	0.00	2,634	31.00	
35.00	02040	INTENSIVE NURSERY	0	0	4,640	0.00	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,486	0.00	1,405	41.00	
43.00	04300	NURSERY	0	0	2,437	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	81,148		23,326	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02040	INTENSIVE NURSERY	0						35.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Title XVIII					Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health				
		1.00	2A	2.00	3A	3.00				
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	116,030	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	438,631	0	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	554,661	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description	Title XVIII		Hospital		PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	188,347,651	0.000000	50.00
50.01 05001 CARDIAC SURGERY	0	0	0	5,570,580	0.000000	50.01
50.02 05002 WVSC	0	0	0	124,939,184	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	12,221,136	0.000000	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	0	2,507,230	0.000000	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	27,496,748	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	116,030	116,030	82,992,013	0.001398	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	52,423,512	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	11,413,331	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	61,701,014	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,541,251	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	106,521,382	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	167,204,152	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,785,417	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	48,875,659	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	13,520,505	0.000000	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	0	6,776,203	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,524,711	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,154,395	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	98,367,469	0.000000	69.00
69.01 06901 CARDIAC REHAB	0	0	0	1,709,280	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,703,137	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,589,910	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	438,631	438,631	416,255,103	0.001054	73.00
76.00 03020 RENAL ACUTE	0	0	0	4,220,876	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	843,735	0.000000	90.00
90.05 09005 PATIENT NUTRITION	0	0	0	99,028	0.000000	90.05
90.07 09007 WOUND CLINIC	0	0	0	10,617,061	0.000000	90.07
91.00 09100 EMERGENCY	0	0	0	149,602,656	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	18,704,464	0.000000	92.00
200.00 Total (lines 50 through 199)	0	554,661	554,661	1,714,228,793		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	20,525,751	0	32,089,953	0	50.00
50.01	05001 CARDIAC SURGERY	0.000000	2,161,121	0	68	0	50.01
50.02	05002 WVSC	0.000000	37,533	0	25,557,234	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	1,257,048	0	2,197,034	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.000000	530	0	823,852	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	55,017	0	175	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.001398	8,778,836	12,273	12,348,518	17,263	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	945,193	0	18,507,423	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	712,037	0	3,148,275	0	56.00
57.00	05700 CT SCAN	0.000000	7,989,391	0	10,912,714	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	956,480	0	2,594,783	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	13,938,290	0	27,657,713	0	59.00
60.00	06000 LABORATORY	0.000000	21,962,101	0	7,630,534	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,123,613	0	183,604	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	15,166,414	0	748,939	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,957,829	0	107,813	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,010,176	0	39,550	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	425,872	0	22,100	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,554,710	0	25,500,501	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	41,450	0	704,278	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	437,303	0	717,132	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,292,635	0	14,584,299	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001054	18,100,448	19,078	139,508,803	147,042	73.00
76.00	03020 RENAL ACUTE	0.000000	1,625,328	0	48,526	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	410,899	0	90.00
90.05	09005 PATIENT NUTRITION	0.000000	0	0	0	0	90.05
90.07	09007 WOUND CLINIC	0.000000	3,687	0	3,550,631	0	90.07
91.00	09100 EMERGENCY	0.000000	14,664,557	0	15,295,805	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	2,148,151	0	2,319,732	0	92.00
200.00	Total (lines 50 through 199)		152,871,501	31,351	347,210,888	164,305	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.141094	32,089,953	0	0	4,527,700	50.00
50.01	05001	CARDIAC SURGERY	0.511548	68	0	0	35	50.01
50.02	05002	WVSC	0.136778	25,557,234	0	0	3,495,667	50.02
51.00	05100	RECOVERY ROOM	0.311809	2,197,034	0	0	685,055	51.00
51.02	05101	O/P TREATMENT ROOM	0.913474	823,852	154	0	752,567	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335603	175	0	0	59	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201155	12,348,518	0	0	2,483,966	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171609	18,507,423	0	0	3,176,040	55.00
56.00	05600	RADIO SOTOPE	0.253082	3,148,275	0	0	796,772	56.00
57.00	05700	CT SCAN	0.084235	10,912,714	0	0	919,232	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.202308	2,594,783	0	0	524,945	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.260117	27,657,713	0	0	7,194,241	59.00
60.00	06000	LABORATORY	0.131032	7,630,534	154	0	999,844	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	183,604	0	0	89,549	62.00
65.00	06500	RESPIRATORY THERAPY	0.172097	748,939	0	0	128,890	65.00
66.00	06600	PHYSICAL THERAPY	0.339965	107,813	0	0	36,653	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.326179	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.252520	39,550	0	0	9,987	67.00
68.00	06800	SPEECH PATHOLOGY	0.314321	22,100	0	0	6,946	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086128	25,500,501	0	0	2,196,307	69.00
69.01	06901	CARDIAC REHAB	0.611790	704,278	0	0	430,870	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.521713	717,132	0	0	374,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239667	14,584,299	0	0	3,495,375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213078	139,508,803	0	40,516	29,726,257	73.00
76.00	03020	RENAL ACUTE	0.585172	48,526	0	0	28,396	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.489778	410,899	0	0	201,249	90.00
90.05	09005	PATIENT NUTRITION	1.637921	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.257581	3,550,631	0	0	914,575	90.07
91.00	09100	EMERGENCY	0.130907	15,295,805	0	0	2,002,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	2,319,732	0	0	1,695,585	92.00
200.00		Subtotal (see instructions)		347,210,888	308	40,516	66,893,227	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		347,210,888	308	40,516	66,893,227	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/23/2023 2:23 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 CARDIAC SURGERY	0	0		50.01
50.02 05002 WVSC	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
51.02 05101 O/P TREATMENT ROOM	141	0		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	20	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0		66.02
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
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,633		73.00
76.00 03020 RENAL ACUTE	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.05 09005 PATIENT NUTRITION	0	0		90.05
90.07 09007 WOUND CLINIC	0	0		90.07
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)	161	8,633		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	161	8,633		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/23/2023 2:23 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,975,906	188,347,651	0.021109	61,972	1,308	50.00
50.01	05001	CARDIAC SURGERY	288,449	5,570,580	0.051781	0	0	50.01
50.02	05002	WVSC	2,106,549	124,939,184	0.016861	5	0	50.02
51.00	05100	RECOVERY ROOM	116,476	12,221,136	0.009531	3,200	30	51.00
51.02	05101	O/P TREATMENT ROOM	760,770	2,507,230	0.303430	82	25	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,929	27,496,748	0.033892	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,929,625	82,992,013	0.035300	56,175	1,983	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,642,933	52,423,512	0.031340	0	0	55.00
56.00	05600	RADIOISOTOPE	646,105	11,413,331	0.056610	24,220	1,371	56.00
57.00	05700	CT SCAN	362,295	61,701,014	0.005872	33,924	199	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	711,483	15,541,251	0.045780	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,832,388	106,521,382	0.017202	1,088	19	59.00
60.00	06000	LABORATORY	627,309	167,204,152	0.003752	286,541	1,075	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,159	3,785,417	0.000570	11,830	7	62.00
65.00	06500	RESPIRATORY THERAPY	562,289	48,875,659	0.011504	387,326	4,456	65.00
66.00	06600	PHYSICAL THERAPY	308,872	13,520,505	0.022845	753,864	17,222	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	63,673	6,776,203	0.009397	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	52,396	11,524,711	0.004546	773,994	3,519	67.00
68.00	06800	SPEECH PATHOLOGY	97,390	4,154,395	0.023443	117,991	2,766	68.00
69.00	06900	ELECTROCARDIOLOGY	1,415,426	98,367,469	0.014389	22,222	320	69.00
69.01	06901	CARDIAC REHAB	238,619	1,709,280	0.139602	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	76,165	4,703,137	0.016195	1,600	26	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,357	61,589,910	0.000314	10,519	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,638,018	416,255,103	0.003935	221,089	870	73.00
76.00	03020	RENAL ACUTE	107,860	4,220,876	0.025554	53,414	1,365	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,528	843,735	0.025515	0	0	90.00
90.05	09005	PATIENT NUTRITION	56,658	99,028	0.572141	0	0	90.05
90.07	09007	WOUND CLINIC	290,459	10,617,061	0.027358	0	0	90.07
91.00	09100	EMERGENCY	978,435	149,602,656	0.006540	13,305	87	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,704,464	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	22,861,521	1,714,228,793		2,834,361	36,651	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 CARDIAC SURGERY	0	0	0	0	0	50.01
50.02 05002 WVSC	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	116,030	54.00
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 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	438,631	73.00
76.00 03020 RENAL ACUTE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.05 09005 PATIENT NUTRITION	0	0	0	0	0	90.05
90.07 09007 WOUND CLINIC	0	0	0	0	0	90.07
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 through 199)	0	0	0	0	554,661	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	188,347,651	0.000000	50.00
50.01	05001 CARDIAC SURGERY	0	0	0	5,570,580	0.000000	50.01
50.02	05002 WVSC	0	0	0	124,939,184	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	12,221,136	0.000000	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	0	2,507,230	0.000000	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	27,496,748	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	116,030	116,030	82,992,013	0.001398	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	52,423,512	0.000000	55.00
56.00	05600 RADIO SOTOPE	0	0	0	11,413,331	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	61,701,014	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,541,251	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	106,521,382	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	167,204,152	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,785,417	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	48,875,659	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	13,520,505	0.000000	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	0	6,776,203	0.000000	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	11,524,711	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	4,154,395	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	98,367,469	0.000000	69.00
69.01	06901 CARDIAC REHAB	0	0	0	1,709,280	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,703,137	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,589,910	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	438,631	438,631	416,255,103	0.001054	73.00
76.00	03020 RENAL ACUTE	0	0	0	4,220,876	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	843,735	0.000000	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	99,028	0.000000	90.05
90.07	09007 WOUND CLINIC	0	0	0	10,617,061	0.000000	90.07
91.00	09100 EMERGENCY	0	0	0	149,602,656	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	18,704,464	0.000000	92.00
200.00	Total (lines 50 through 199)	0	554,661	554,661	1,714,228,793		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	61,972	0	182	0	50.00
50.01	05001 CARDIAC SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 WVSC	0.000000	5	0	67	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	3,200	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.000000	82	0	159	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.001398	56,175	79	826	1	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	24,220	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	33,924	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,088	0	58	0	59.00
60.00	06000 LABORATORY	0.000000	286,541	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	11,830	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	387,326	0	2	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	753,864	0	0	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	773,994	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	117,991	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	22,222	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,600	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,519	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001054	221,089	233	813	1	73.00
76.00	03020 RENAL ACUTE	0.000000	53,414	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0.000000	0	0	0	0	90.05
90.07	09007 WOUND CLINIC	0.000000	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000000	13,305	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		2,834,361	312	2,107	2	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/23/2023 2:23 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00		5.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.141094	182	0	0	26	50.00	
50.01 05001 CARDIAC SURGERY	0.511548	0	0	0	0	50.01	
50.02 05002 WVSC	0.136778	67	0	0	9	50.02	
51.00 05100 RECOVERY ROOM	0.311809	0	0	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	0.913474	159	0	0	145	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.335603	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.201155	826	0	0	166	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.171609	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.253082	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.084235	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.202308	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.260117	58	0	0	15	59.00	
60.00 06000 LABORATORY	0.131032	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	0	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0.172097	2	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.339965	0	0	0	0	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0.326179	0	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0.252520	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.314321	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.086128	0	0	0	0	69.00	
69.01 06901 CARDIAC REHAB	0.611790	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.521713	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.239667	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.213078	813	0	281	173	73.00	
76.00 03020 RENAL ACUTE	0.585172	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.489778	0	0	0	0	90.00	
90.05 09005 PATIENT NUTRITION	1.637921	0	0	0	0	90.05	
90.07 09007 WOUND CLINIC	0.257581	0	0	0	0	90.07	
91.00 09100 EMERGENCY	0.130907	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	0	0	0	0	92.00	
200.00	Subtotal (see instructions)		2,107	0	281	534	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		2,107	0	281	534	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/23/2023 2:23 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 CARDIAC SURGERY	0	0		50.01
50.02 05002 WVSC	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
51.02 05101 O/P TREATMENT ROOM	0	0		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0		66.02
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
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	60		73.00
76.00 03020 RENAL ACUTE	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.05 09005 PATIENT NUTRITION	0	0		90.05
90.07 09007 WOUND CLINIC	0	0		90.07
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)	0	60		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	60		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2: 23 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,412	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)		52,133	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) (see instructions)		19,287	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)		76,865,160	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)		76,865,160	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)		76,865,160	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,212.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,378,737	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)		23,378,737	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	18,985,253	7,173	2,646.77	2,634	6,971,592	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 INTENSIVE NURSERY	5,393,928	4,640	1,162.48	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,657,347	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					60,007,676	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)					2,925,221	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,122,749	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,047,970	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					54,959,706	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					11,279	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,212.15	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						13,671,840	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						89.00	
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	7,070,986	76,865,160	0.091992	13,671,840	1,257,700	90.00
91.00	Nursing Program cost	0	76,865,160	0.000000	13,671,840	0	91.00
92.00	Allied health cost	0	76,865,160	0.000000	13,671,840	0	92.00
93.00	All other Medical Education	0	76,865,160	0.000000	13,671,840	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,486	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,486	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)		3,486	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) (see instructions)		1,405	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)		3,544,865	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)		3,544,865	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)		3,544,865	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,016.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,428,730	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,428,730	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T023	Date/Time Prepared: 5/23/2023 2: 23 pm		
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
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 INTENSIVE NURSERY	0	0	0.00	0	0	47.00	
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					714,572	48.00	
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01	
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					2,143,302	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)					204,329	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					36,963	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					241,292	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,902,010	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
55.01 Permanent adjustment amount per discharge					0.00	55.01	
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description								
						1.00		
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
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	506,962	3,544,865	0.143013	0	0	90.00	
91.00	Nursing Program cost	0	3,544,865	0.000000	0	0	91.00	
92.00	Allied health cost	0	3,544,865	0.000000	0	0	92.00	
93.00	All other Medical Education	0	3,544,865	0.000000	0	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,412	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)		52,133	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) (see instructions)		483	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)		2,437	15.00
16.00	Nursery days (title V or XIX only)		409	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)		76,865,160	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)		76,865,160	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)		76,865,160	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,212.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		585,468	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)		585,468	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,554,955	2,437	638.06	409	260,967	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,985,253	7,173	2,646.77	0	0	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	INTENSIVE NURSERY	5,393,928	4,640	1,162.48	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,211,527	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					2,057,962	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					11,279	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,212.15	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description		Title XIX		Hospital		Cost	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						13,671,840 89.00	
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	7,070,986	76,865,160	0.091992	13,671,840	1,257,700	90.00
91.00	Nursing Program cost	0	76,865,160	0.000000	13,671,840	0	91.00
92.00	Allied health cost	0	76,865,160	0.000000	13,671,840	0	92.00
93.00	All other Medical Education	0	76,865,160	0.000000	13,671,840	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm
		Title XIX	Subprovider - IRF	Cost
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)			3,486 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,486 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)			3,486 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) (see instructions)			65 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)			2,437 15.00
16.00	Nursery days (title V or XIX only)			409 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)			3,544,865 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)			3,544,865 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)			3,544,865 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,016.89 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			66,098 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)			66,098 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T023	Date/Time Prepared: 5/23/2023 2:23 pm		
				Title XIX	Subprovider - IRF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 INTENSIVE NURSERY	0	0	0.00	0	0	47.00	
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,978	48.00	
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01	
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					73,076	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)					0	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
55.01 Permanent adjustment amount per discharge					0.00	55.01	
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description						1.00	
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
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	506,962	3,544,865	0.143013	0	0	90.00
91.00	Nursing Program cost	0	3,544,865	0.000000	0	0	91.00
92.00	Allied health cost	0	3,544,865	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,544,865	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		45,930,175	30.00
31.00	03100	INTENSIVE CARE UNIT		11,701,050	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.141171	20,525,751	2,897,641 50.00
50.01	05001	CARDIAC SURGERY	0.511548	2,161,121	1,105,517 50.01
50.02	05002	WVSC	0.136778	37,533	5,134 50.02
51.00	05100	RECOVERY ROOM	0.311809	1,257,048	391,959 51.00
51.02	05101	O/P TREATMENT ROOM	0.913474	530	484 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335603	55,017	18,464 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201155	8,778,836	1,765,907 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171609	945,193	162,204 55.00
56.00	05600	RADIOISOTOPE	0.253082	712,037	180,204 56.00
57.00	05700	CT SCAN	0.084235	7,989,391	672,986 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.202308	956,480	193,504 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.260117	13,938,290	3,625,586 59.00
60.00	06000	LABORATORY	0.131032	21,962,101	2,877,738 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	1,123,613	548,019 62.00
65.00	06500	RESPIRATORY THERAPY	0.172097	15,166,414	2,610,094 65.00
66.00	06600	PHYSICAL THERAPY	0.339965	2,957,829	1,005,558 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.326179	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.252520	2,010,176	507,610 67.00
68.00	06800	SPEECH PATHOLOGY	0.314321	425,872	133,861 68.00
69.00	06900	ELECTROCARDIOLOGY	0.086128	7,554,710	650,672 69.00
69.01	06901	CARDIAC REHAB	0.611790	41,450	25,359 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.521713	437,303	228,147 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239667	7,292,635	1,747,804 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213078	18,100,448	3,856,807 73.00
76.00	03020	RENAL ACUTE	0.585172	1,625,328	951,096 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.489778	0	0 90.00
90.05	09005	PATIENT NUTRITION	1.637921	0	0 90.05
90.07	09007	WOUND CLINIC	0.257581	3,687	950 90.07
91.00	09100	EMERGENCY	0.131192	14,664,557	1,923,873 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	2,148,151	1,570,169 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		152,871,501	29,657,347 200.00
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)		152,871,501	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/23/2023 2:23 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	INTENSIVE NURSERY			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY		1,612,721	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.141171	61,972	50.00
50.01	05001	CARDIAC SURGERY	0.511548	0	50.01
50.02	05002	WVSC	0.136778	5	50.02
51.00	05100	RECOVERY ROOM	0.311809	3,200	51.00
51.02	05101	O/P TREATMENT ROOM	0.913474	82	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335603	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201155	56,175	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171609	0	55.00
56.00	05600	RADIOISOTOPE	0.253082	24,220	56.00
57.00	05700	CT SCAN	0.084235	33,924	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.202308	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.260117	1,088	59.00
60.00	06000	LABORATORY	0.131032	286,541	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	11,830	62.00
65.00	06500	RESPIRATORY THERAPY	0.172097	387,326	65.00
66.00	06600	PHYSICAL THERAPY	0.339965	753,864	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.326179	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.252520	773,994	67.00
68.00	06800	SPEECH PATHOLOGY	0.314321	117,991	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086128	22,222	69.00
69.01	06901	CARDIAC REHAB	0.611790	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.521713	1,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239667	10,519	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213078	221,089	73.00
76.00	03020	RENAL ACUTE	0.585172	53,414	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.489778	0	90.00
90.05	09005	PATIENT NUTRITION	1.637921	0	90.05
90.07	09007	WOUND CLINIC	0.257581	0	90.07
91.00	09100	EMERGENCY	0.131192	13,305	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,834,361	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,834,361	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/23/2023 2:23 pm
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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		2,417,098	30.00
31.00	03100	INTENSIVE CARE UNIT		551,773	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		51,152	41.00
43.00	04300	NURSERY		1,690,210	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.141094	1,166,649	164,607 50.00
50.01	05001	CARDIAC SURGERY	0.511548	0	0 50.01
50.02	05002	WVSC	0.136778	0	0 50.02
51.00	05100	RECOVERY ROOM	0.311809	52,217	16,282 51.00
51.02	05101	O/P TREATMENT ROOM	0.913474	0	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335603	246,903	82,861 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201155	261,933	52,689 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171609	0	0 55.00
56.00	05600	RADIOISOTOPE	0.253082	9,394	2,377 56.00
57.00	05700	CT SCAN	0.084235	323,296	27,233 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.202308	36,807	7,446 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.260117	53,089	13,809 59.00
60.00	06000	LABORATORY	0.131032	1,281,734	167,948 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	43,737	21,332 62.00
65.00	06500	RESPIRATORY THERAPY	0.172097	893,356	153,744 65.00
66.00	06600	PHYSICAL THERAPY	0.339965	130,592	44,397 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.326179	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.252520	117,138	29,580 67.00
68.00	06800	SPEECH PATHOLOGY	0.314321	31,345	9,852 68.00
69.00	06900	ELECTROCARDIOLOGY	0.086128	285,906	24,625 69.00
69.01	06901	CARDIAC REHAB	0.611790	1,108	678 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.521713	29,957	15,629 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239667	180,549	43,272 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213078	1,039,820	221,563 73.00
76.00	03020	RENAL ACUTE	0.585172	52,680	30,827 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.489778	0	0 90.00
90.05	09005	PATIENT NUTRITION	1.637921	0	0 90.05
90.07	09007	WOUND CLINIC	0.257581	0	0 90.07
91.00	09100	EMERGENCY	0.130907	617,046	80,776 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,855,256	1,211,527 200.00
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)		6,855,256	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/23/2023 2:23 pm
		Title XIX	Subprovider - IRF	Cost
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			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 INTENSIVE NURSERY			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY		295	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.141094	6,719	948 50.00
50.01	05001 CARDIAC SURGERY	0.511548	0	0 50.01
50.02	05002 WVSC	0.136778	0	0 50.02
51.00	05100 RECOVERY ROOM	0.311809	301	94 51.00
51.02	05101 O/P TREATMENT ROOM	0.913474	0	0 51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335603	1,422	477 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201155	1,509	304 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171609	0	0 55.00
56.00	05600 RADIOISOTOPE	0.253082	54	14 56.00
57.00	05700 CT SCAN	0.084235	1,862	157 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.202308	212	43 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.260117	306	80 59.00
60.00	06000 LABORATORY	0.131032	7,382	967 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	252	123 62.00
65.00	06500 RESPIRATORY THERAPY	0.172097	5,145	885 65.00
66.00	06600 PHYSICAL THERAPY	0.339965	752	256 66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602 O/P PHYSICAL THERAPY	0.326179	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.252520	675	170 67.00
68.00	06800 SPEECH PATHOLOGY	0.314321	181	57 68.00
69.00	06900 ELECTROCARDIOLOGY	0.086128	1,647	142 69.00
69.01	06901 CARDIAC REHAB	0.611790	6	4 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.521713	173	90 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.239667	1,040	249 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213078	5,988	1,276 73.00
76.00	03020 RENAL ACUTE	0.585172	303	177 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.489778	0	0 90.00
90.05	09005 PATIENT NUTRITION	1.637921	0	0 90.05
90.07	09007 WOUND CLINIC	0.257581	0	0 90.07
91.00	09100 EMERGENCY	0.130907	3,554	465 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		39,483	6,978 200.00
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)		39,483	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/23/2023 2:23 pm
		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)		36,335,486	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,340,811	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)			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
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		280,236	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		14,214	2.04
3.00	Managed Care Simulated Payments		24,327,013	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		226.22	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.22	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
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 § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		12.22	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.00	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)		12.22	12.00
13.00	Total allowable FTE count for the prior year.		12.22	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.		12.22	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.22	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		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		12.22	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.054018	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.057317	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.054018	21.00
22.00	IME payment adjustment (see instructions)		1,415,117	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		707,235	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		8.45	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.78	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)		8.45	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.037353	26.00
27.00	IME payments adjustment factor. (see instructions)		0.009876	27.00
28.00	IME add-on adjustment amount (see instructions)		480,727	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		240,254	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,895,844	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		947,489	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.71	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.40	31.00
32.00	Sum of lines 30 and 31		29.11	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.23	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Hospital	PPS
				1.00
34.00	Disproportionate share adjustment (see instructions)			1,609,968 34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000544339	0.000471231	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	3,914,891	3,239,432	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	2,928,123	816,515	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	3,744,638		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	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 (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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	56,221,197		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)		57,168,686	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,081,837	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).		741,614	52.00
53.00	Nursing and Allied Health Managed Care payment		7,008	53.00
54.00	Special add-on payments for new technologies		153,835	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
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)		31,351	58.00
59.00	Total (sum of amounts on lines 49 through 58)		62,184,331	59.00
60.00	Primary payer payments		21,137	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		62,163,194	61.00
62.00	Deductibles billed to program beneficiaries		4,648,802	62.00
63.00	Coinurance billed to program beneficiaries		181,339	63.00
64.00	Allowable bad debts (see instructions)		341,084	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		221,705	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		57,554,758	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-221,758	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/23/2023 2:23 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			57,333,000	71.00
71.01	Sequestration adjustment (see instructions)			722,396	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			55,549,458	72.00
72.01	Interim payments-PARHM or CHART			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,061,146	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,007,913	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	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	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2023 2:23 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	36,335,486	0	36,335,486	36,335,486	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,340,811	0	12,340,811	12,340,811	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	280,236	0	280,236	280,236	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	14,214	0	14,214	14,214	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	24,327,013	0	18,426,754	5,900,259	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.054018	0.054018	0.054018	0.054018	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,415,117	0	1,056,345	358,772	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	707,235	0	535,703	171,532	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.009876	0.009876	0.009876	0.009876	7.00	
8.00	IME adjustment (see instructions)	28.00	480,727	0	358,849	121,878	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	240,254	0	181,983	58,271	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,895,844	0	1,415,194	480,650	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	947,489	0	717,686	229,803	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1323	0.1323	0.1323	0.1323	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,609,968	0	1,201,796	408,172	11.00	
11.01	Uncompensated care payments	36.00	3,744,638	0	2,928,123	816,515	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	56,221,197	0	42,160,835	14,060,362	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	57,168,686	0	42,878,521	14,290,165	15.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2023 2:23 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,081,837	0	3,063,217	1,018,620	4,081,837	16.00
17.00	Special add-on payments for new technologies	54.00	153,835	0	125,126	28,710	153,836	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	46,066,864	15,337,495	61,404,359	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,685,722	0	2,759,273	926,449	3,685,722	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	47,815	0	43,193	4,622	47,815	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0338	0.0338	0.0338	0.0338		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,577	0	93,263	31,314	124,577	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0607	0.0607	0.0607	0.0607		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	223,723	0	167,488	56,235	223,723	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,081,837	0	3,063,217	1,018,620	4,081,837	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2023 2:23 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	36,335,486	36,335,486		36,335,486	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,340,811		12,340,811	12,340,811	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	280,236	280,236		280,236	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	14,214		14,214	14,214	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	24,327,013	18,426,754	5,900,259	24,327,013	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.054018	0.054018	0.054018		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,415,117	1,056,345	358,772	1,415,117	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	707,235	535,703	171,532	707,235	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.009876	0.009876	0.009876		7.00
8.00	IME adjustment (see instructions)	28.00	480,727	358,849	121,878	480,727	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	240,254	181,983	58,271	240,254	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,895,844	1,415,194	480,650	1,895,844	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	947,489	717,686	229,803	947,489	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1323	0.1323	0.1323		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,609,968	1,201,796	408,172	1,609,968	11.00
11.01	Uncompensated care payments	36.00	3,744,638	2,928,123	816,515	3,744,638	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	56,221,197	42,160,835	14,060,362	56,221,197	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	57,168,686	42,878,521	14,290,165	57,168,686	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,081,837	3,063,217	1,018,620	4,081,837	16.00
17.00	Special add-on payments for new technologies	54.00	153,835	125,125	28,710	153,835	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			46,066,863	15,337,495	61,404,358	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2023 2:23 pm
Title XVIII			Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,685,722	2,759,273	926,449	3,685,722	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	47,815	43,193	4,622	47,815	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0338	0.0338	0.0338		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,577	93,263	31,314	124,577	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0607	0.0607	0.0607		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	223,723	167,488	56,235	223,723	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,081,837	3,063,217	1,018,620	4,081,837	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-221,758	-189,596	-32,162	-221,758	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,794	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		66,728,922	2.00
3.00	OPPS payments		62,840,060	3.00
4.00	Outlier payment (see instructions)		21,770	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		164,305	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,794	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		40,824	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)		40,824	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)		40,824	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		32,030	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,794	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		63,026,135	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		10,851,984	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)		52,182,945	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		798,544	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)		52,981,489	30.00
31.00	Primary payer payments		3,341	31.00
32.00	Subtotal (line 30 minus line 31)		52,978,148	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)		469,218	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		304,992	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		53,283,140	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		53,283,140	40.00
40.01	Sequestration adjustment (see instructions)		671,368	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		52,609,896	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		1,876	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/23/2023 2:23 pm
Title XVIII		Hospital	PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		60	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		532	2.00
3.00	OPPS payments		215	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		2	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		60	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		281	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)		281	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)		281	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		221	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		60	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		217	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		20	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)		257	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)		257	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		257	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		257	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		257	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments		250	41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		3	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
MEDI CARE PART B ANCILLARY COSTS				
200.00	Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet E-1 Part I Date/Time Prepared: 5/23/2023 2: 23 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		54,687,491		51,344,265	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	12/21/2022	861,967	12/21/2022	1,265,631		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)		861,967		1,265,631		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)		55,549,458		52,609,896		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		1,061,146		1,876		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		56,610,604		52,611,772		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: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part I Date/Time Prepared: 5/23/2023 2: 23 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				250 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,394,134		0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			0		0 3.02
3.03			0		0 3.03
3.04			0		0 3.04
3.05			0		0 3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0 3.50
3.51			0		0 3.51
3.52			0		0 3.52
3.53			0		0 3.53
3.54			0		0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,394,134		250 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		6,092		3 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		2,400,226		253 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part III Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		2,310,437	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0324	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		125,919	3.00
4.00	Outlier Payments		12,787	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		21.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		9.550685	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		2,449,143	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		2,449,143	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,449,143	19.00
20.00	Deductibles		18,600	20.00
21.00	Subtotal (line 19 minus line 20)		2,430,543	21.00
22.00	Coinsurance		0	22.00
23.00	Subtotal (line 21 minus line 22)		2,430,543	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		2,430,543	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		312	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.98	Recovery of accelerated depreciation.		0	31.98
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		2,430,855	32.00
32.01	Sequestration adjustment (see instructions)		30,629	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		2,394,134	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		6,092	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		12,787	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2023 2:23 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,057,962		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,057,962	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,057,962	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		4,710,233		8.00
9.00	Ancillary service charges		6,855,256	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		11,565,489	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		11,565,489	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		9,507,527	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,057,962	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,057,962	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,057,962	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,057,962	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,057,962	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,057,962	0	40.00
41.00	Interim payments		4,700,305	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-2,642,343	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2023 2:23 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	73,076		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	73,076	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	73,076	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	295		8.00
9.00	Ancillary service charges	39,483	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	39,778	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	39,778	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	33,298	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	39,778	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	39,778	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	33,298	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	39,778	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	39,778	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	39,778	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	39,778	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	39,778	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/23/2023 2:23 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.92	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)				2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27			14.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.00	6.00
7.00	Enter the lesser of line 5 or line 6			14.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.00	0.00	21.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	14.92	0.00	14.92	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.92	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.92	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.92	0.00		17.00
18.00	Per resident amount	150,498.00	150,498.00		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	2,245,430	0	2,245,430	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.75	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			119,608.04	23.00
24.00	Multiply line 22 time line 23			687,746	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,933,176	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/23/2023 2:23 pm
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	23,326	12,597		26.00
27.00	Total Inpatient Days (see instructions)	67,632	67,632		27.00
28.00	Ratio of inpatient days to total inpatient days	0.344896	0.186258		28.00
29.00	Program direct GME amount	1,011,641	546,327	1,557,968	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		17,810	17,810	30.00
31.00	Net Program direct GME amount			1,540,158	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			62,150,978	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			21,137	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			62,129,841	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			66,902,615	42.00
43.00	Primary payer payments (see instructions)			3,341	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			66,899,274	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			129,029,115	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.481518	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.518482	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			1,540,158	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			741,614	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			798,544	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/23/2023 2:23 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet G
Date/Time Prepared:
5/23/2023 2:23 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	50,045,063	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	79,248,262	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,152,506	0	0	0	7.00
8.00	Prepaid expenses	-39,544,742	0	0	0	8.00
9.00	Other current assets	0	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)	97,901,089	0	0	0	11.00
FIXED ASSETS						
12.00	Land	18,871,495	0	0	0	12.00
13.00	Land improvements	21,208,798	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	307,982,453	0	0	0	15.00
16.00	Accumulated depreciation	-389,071,354	0	0	0	16.00
17.00	Leasehold improvements	107,844,802	0	0	0	17.00
18.00	Accumulated depreciation	0	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	205,501,253	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	272,337,447	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	254,389,620	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	254,389,620	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	624,628,156	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	50,173,416	0	0	0	37.00
38.00	Salaries, wages, and fees payable	24,166,038	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,017,357	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	76,356,811	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	52,416,220	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	226,269,323	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	278,685,543	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	355,042,354	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	269,585,802				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)	269,585,802	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	624,628,156	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-1

Date/Time Prepared:
5/23/2023 2:23 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		254,920,850		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		14,664,952		0		2.00
3.00	Total (sum of line 1 and line 2)		269,585,802		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		269,585,802		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		269,585,802		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			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	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: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2023 2: 23 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	128,191,585		128,191,585	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,266,159		4,266,159	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	132,457,744		132,457,744	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	32,309,119		32,309,119	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	INTENSIVE NURSERY	22,136,470		22,136,470	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	54,445,589		54,445,589	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	186,903,333		186,903,333	17.00
18.00	Ancillary services	386,249,147	1,160,129,112	1,546,378,259	18.00
19.00	Outpatient services	40,052,790	122,597,582	162,650,372	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	RURAL HEALTH	0	7,044,630	7,044,630	27.00
27.01	RENTAL PROPERTY	0	0	0	27.01
27.02	FAMILY PRACTICE	0	1,328,672	1,328,672	27.02
27.03	WELLNESS	0	0	0	27.03
27.04	PHYSICIAN PRACTICES	1,228,639	28,324,178	29,552,817	27.04
27.05	SYCAMORE SPORTS MED	0	0	0	27.05
27.06	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	258,476	272,398	530,874	27.06
27.07	PRO FEES	2,278,657	1,906,809	4,185,466	27.07
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	616,971,042	1,321,603,381	1,938,574,423	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		451,367,025		29.00
30.00	HOME OFFICE	108,360,319			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)		108,360,319		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)		559,727,344		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-3

Date/Time Prepared:
5/23/2023 2:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,938,574,423	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,356,706,161	2.00
3.00	Net patient revenues (line 1 minus line 2)	581,868,262	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	559,727,344	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,140,918	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	26,889,487	24.00
24.01	TRANSFERS AND OTHER ALLOCATED	1,864,589	24.01
24.02	INTEREST INCOME	-38,572,098	24.02
24.03	TRANSFER FOR PROPERTY AND EQUIPMENT	0	24.03
24.04	UNREALIZED GAIN/LOSS ON INVESTMENTS	0	24.04
24.05	OTHER INCOME AND EXPENSE	10,954	24.05
24.06	OTHER INCOME AND EXPENSE	2,331,102	24.06
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	-7,475,966	25.00
26.00	Total (line 5 plus line 25)	14,664,952	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	14,664,952	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,685,722	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,815	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)		175.74	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.38	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)		124,577	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.71	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.40	8.00
9.00	Sum of lines 7 and 8		29.11	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.07	10.00
11.00	Disproportionate share adjustment (see instructions)		223,723	11.00
12.00	Total prospective capital payments (see instructions)		4,081,837	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