

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 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/21/2024 12:12 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/21/2024	Time: 12:12 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 01/01/2023 and ending 12/31/2023 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	302,368	-247,627	0	-4,409,574
2.00	SUBPROVIDER - IPF	0	0	0		0
3.00	SUBPROVIDER - IRF	0	-49,667	-1		16,124
5.00	SWING BED - SNF	0	0	0		0
6.00	SWING BED - NF	0				0
200.00	TOTAL	0	252,701	-247,628	0	-4,393,450

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 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/21/2024 12:12 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:		1.00
2.00	City: TERRE HAUTE		State: IN	Zip Code: 47804-	2.00
				County: VIGO	

	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)					01/01/2023	12/31/2023	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 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/21/2024 12:12 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.	2,164	752	62	470	15,360	91		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.	15	25	0	18	259			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 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	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings				
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 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	64.00
			Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 3/ (col . 3 + col . 4))
			1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.91	20.14	0.043230	65.00
			Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 3/ (col . 3 + col . 4))
			1.00	2.00	3.00	4.00	5.00
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	66.00
			Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 3/ (col . 3 + col . 4))
			1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.22	20.59	0.010572	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/21/2024 12:12 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)?				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
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)				0
			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
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
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
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.				
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
			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.		N		0
		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
			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	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 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/21/2024 12:12 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 1V? 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	
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01	
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
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
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
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 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/21/2024 12:12 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	751,391	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.		N		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 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/21/2024 12:12 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											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Part A</th> <th style="width: 25%;">Part B</th> <th style="width: 25%;">Title V</th> <th style="width: 25%;">Title XIX</th> </tr> <tr> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.00</td> <td style="text-align: center;">3.00</td> <td style="text-align: center;">4.00</td> </tr> </table>								Part A	Part B	Title V	Title XIX	1.00	2.00	3.00	4.00				
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	N	155.00												
156.00	Subprovider - IPF	N	N	N	N	N	156.00												
157.00	Subprovider - IRF	N	N	N	N	N	157.00												
158.00	SUBPROVIDER	N	N	N	N	N	158.00												
159.00	SNF	N	N	N	N	N	159.00												
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00												
161.00	CMHC	N	N	N	N	N	161.00												
1.00																			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 15%;">County</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip Code</th> <th style="width: 10%;">CBSA</th> <th style="width: 15%;">FTE/Campus</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.00</td> <td style="text-align: center;">3.00</td> <td style="text-align: center;">4.00</td> <td style="text-align: center;">5.00</td> </tr> </tbody> </table>								Name	County	State	Zip Code	CBSA	FTE/Campus	0	1.00	2.00	3.00	4.00	5.00
Name	County	State	Zip Code	CBSA	FTE/Campus														
0	1.00	2.00	3.00	4.00	5.00														
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00											
1.00																			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act																			
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						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											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Beginning</th> <th style="width: 50%;">Ending</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.00</td> </tr> </tbody> </table>								Beginning	Ending	1.00	2.00								
Beginning	Ending																		
1.00	2.00																		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Beginning</th> <th style="width: 50%;">Ending</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.00</td> </tr> </tbody> </table>								Beginning	Ending	1.00	2.00								
Beginning	Ending																		
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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	171.00											

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/21/2024 12:12 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	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	02/21/2024	Y	02/21/2024	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/21/2024 12:12 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 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/21/2024 12:12 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.	DI RECTOR		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 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2024 12:12 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH/REH 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	221	80,665	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)		221	80,665	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)		260	94,900	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
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)		275				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 01/01/2023 To 12/31/2023	Worksheet S-3 Part I Date/Time Prepared: 5/21/2024 12:12 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)	19,811	1,593	55,965		1.00
2.00	HMO and other (see instructions)	7,356	16,644			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	190	302			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)	19,811	1,593	55,965		7.00
8.00	INTENSIVE CARE UNIT	1,910	84	6,692		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	364	4,536		12.00
13.00	NURSERY		123	2,788		13.00
14.00	Total (see instructions)	21,721	2,164	69,981	20.59	1,495.01
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	1,648	15	3,229	0.00	16.78
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)			18		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)				20.59	1,511.79
28.00	Observation Bed Days		1,986	10,457		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	91	135		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
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 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
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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	4,957	444	16,537	1.00
2.00	HMO and other (see instructions)			942	4,483		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				24		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	4,957	444	16,537	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	121	1	219	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 01/01/2023
To 12/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2024 12:12 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	120,596,951	0	120,596,951	3,123,230.50	38.61 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		590,375	0	590,375	4,056.00	145.56 4.01
5.00	Physician and Non-Physician-Part B		3,431,958	0	3,431,958	9,735.00	352.54 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,451,588	1,451,588	46,654.00	31.11 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		19,579,222	-2,224,867	17,354,355	265,303.00	65.41 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		25,635,403	0	25,635,403	272,194.00	94.18 11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract Labor: Physician-Part A - Administrative		185,500	0	185,500	1,237.00	149.96 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		26,255,078	0	26,255,078	547,637.00	47.94 14.01
14.02	Related organization salaries		6,652,078	0	6,652,078	180,991.00	36.75 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		27,842,504	0	27,842,504		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,091,697	0	3,091,697		
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		69,674	0	69,674		
23.00	Physician Part B		241,611	0	241,611		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		394,247	0	394,247		
25.50	Home office wage-related (core)		5,748,205	0	5,748,205		
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 01/01/2023
To 12/31/2023

Worksheet S-3
Part II
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	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	97,396	920,289	1,017,685	34,870.90	29.18	26.00
27.00	Administrative & General	6,208,000	298,592	6,506,592	212,342.37	30.64	27.00
28.00	Administrative & General under contract (see inst.)	2,676,369	0	2,676,369	12,367.00	216.41	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	79,216	-448	78,768	3,216.40	24.49	30.00
31.00	Laundry & Linen Service	866,140	-4,900	861,240	43,954.39	19.59	31.00
32.00	Housekeeping	2,664,460	-15,075	2,649,385	143,243.80	18.50	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,116,681	-1,740,580	376,101	20,105.94	18.71	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,725,858	1,725,858	95,565.00	18.06	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,034,535	-11,511	2,023,024	59,400.13	34.06	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	0	0	0	0.00	0.00	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 01/01/2023
To 12/31/2023

Worksheet S-3
Part III
Date/Time Prepared:
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	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	119,250,987	-1,451,588	117,799,399	3,075,152.50	38.31	1.00
2.00	Excluded area salaries (see instructions)	19,579,222	-2,224,867	17,354,355	265,303.00	65.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	99,671,765	773,279	100,445,044	2,809,849.50	35.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	58,728,059	0	58,728,059	1,002,059.00	58.61	4.00
5.00	Subtotal wage-related costs (see inst.)	35,272,421	0	35,272,421	0.00	35.12	5.00
6.00	Total (sum of lines 3 thru 5)	193,672,245	773,279	194,445,524	3,811,908.50	51.01	6.00
7.00	Total overhead cost (see instructions)	16,742,797	1,172,225	17,915,022	625,065.93	28.66	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2024 12:12 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	4,113,042	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)	18,684,409	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	-134,834	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	56,724	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)	231,270	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	83,286	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	8,335,202	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	269,815	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,638,914	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 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/21/2024 12:12 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	25,627,596	31,619,694	1.00
2.00	Hospital	25,627,596	31,619,694	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 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/21/2024 12:12 pm
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				1.00		
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA						
Uncompensated and Indigent Care Cost-to-Charge Ratio						
1.00	Cost to charge ratio (see instructions)			0.207085	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			33,156,790	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			275,027,792	6.00	
7.00	Medicaid cost (line 1 times line 6)			56,954,130	7.00	
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			23,797,340	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			147,757	9.00	
10.00	Stand-alone CHIP charges			367,951	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			76,197	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			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 (see instructions)			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)			23,797,340	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)						
20.00	Charity care charges and uninsured discounts (see instructions)	10,308,464	0	10,308,464	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,134,728	0	2,134,728	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 (see instructions)	2,134,728	0	2,134,728	23.00	
				1.00		
24.00	Does the amount on line 20 col. 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	
25.01	Charges for insured patients' liability (see instructions)			0	25.01	
26.00	Bad debt amount (see instructions)			34,588,029	26.00	
27.00	Medicare reimbursable bad debts (see instructions)			326,459	27.00	
27.01	Medicare allowable bad debts (see instructions)			502,244	27.01	
28.00	Non-Medicare bad debt amount (see instructions)			34,085,785	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			7,234,440	29.00	
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			9,369,168	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			33,166,508	31.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/21/2024 12:12 pm
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			1.00	
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.205981	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			5.00
6.00	Medicaid charges			6.00
7.00	Medicaid cost (line 1 times line 6)			7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			9.00
10.00	Stand-alone CHIP charges			10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			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)			13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			14.00
15.00	State or local indigent care program cost (line 1 times line 14)			15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			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			17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	10,303,230	0	10,303,230
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,122,270	0	2,122,270
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	2,122,270	0	2,122,270
			1.00	
24.00	Does the amount on line 20 col. 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
25.01	Charges for insured patients' liability (see instructions)		0	25.01
26.00	Bad debt amount (see instructions)		34,498,178	26.00
27.00	Medicare reimbursable bad debts (see instructions)		326,459	27.00
27.01	Medicare allowable bad debts (see instructions)		502,244	27.01
28.00	Non-Medicare bad debt amount (see instructions)		33,995,934	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		7,178,301	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		9,300,571	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,300,571	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period: From 01/01/2023 To 12/31/2023

Worksheet A

Date/Time Prepared: 5/21/2024 12:12 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		15,435,547	15,435,547	5,407,710	20,843,257	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		8,020,972	8,020,972	2,659,100	10,680,072	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	97,396	9,523	106,919	5,259,435	5,366,354	4.00
5.01 00540 NONPATIENT TELEPHONES	503,562	248,834	752,396	-2,849	749,547	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	1,284,819	194,259	1,479,078	-7,269	1,471,809	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590 OTHER ADMIN AND GENERAL	4,419,619	50,789,078	55,208,697	-7,994,029	47,214,668	5.06
7.00 00700 OPERATION OF PLANT	79,216	505,060	584,276	-448	583,828	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	866,140	471,382	1,337,522	-4,900	1,332,622	8.00
9.00 00900 HOUSEKEEPING	2,664,460	1,576,753	4,241,213	-15,075	4,226,138	9.00
10.00 01000 DIETARY	2,116,681	3,277,396	5,394,077	-4,432,352	961,725	10.00
11.00 01100 CAFETERIA	0	0	0	4,417,630	4,417,630	11.00
13.00 01300 NURSING ADMINISTRATION	2,034,535	284,141	2,318,676	-11,511	2,307,165	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	20,838	20,838	0	20,838	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,604,022	1,604,022	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,384,850	1,384,850	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	90,713	90,713	23.00
23.01 02341 OTHER MED ED	1,349,339	181,091	1,530,430	42,592	1,573,022	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	23,050,340	22,279,471	45,329,811	-1,512,110	43,817,701	30.00
31.00 03100 INTENSIVE CARE UNIT	5,565,594	5,482,772	11,048,366	59,813	11,108,179	31.00
35.00 02040 INTENSIVE NURSERY	2,848,744	1,531,992	4,380,736	45,810	4,426,546	35.00
41.00 04100 SUBPROVIDER - IIRF	1,781,027	329,609	2,110,636	34,034	2,144,670	41.00
43.00 04300 NURSERY	0	0	0	1,187,108	1,187,108	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,466,520	28,058,923	31,525,443	-8,883,872	22,641,571	50.00
50.01 05001 CARDIAC SURGERY	1,824,612	2,984,742	4,809,354	-68,003	4,741,351	50.01
50.02 05002 WVSC	4,227,789	12,347,453	16,575,242	-3,245,465	13,329,777	50.02
51.00 05100 RECOVERY ROOM	1,900,200	550,555	2,450,755	-10,738	2,440,017	51.00
51.02 05101 O/P TREATMENT ROOM	392,111	124,669	516,780	-2,218	514,562	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,376,344	4,269,255	8,645,599	-19,234	8,626,365	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,101,857	6,032,555	11,134,412	30,601	11,165,013	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	387,759	4,561,027	4,948,786	-2,194	4,946,592	55.00
56.00 05600 RADIO SOTOPE	275,468	1,713,964	1,989,432	-1,558	1,987,874	56.00
57.00 05700 CT SCAN	1,374,098	1,923,286	3,297,384	-7,748	3,289,636	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,012,438	679,298	1,691,736	-5,728	1,686,008	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,241,924	20,817,118	24,059,042	-2,603,767	21,455,275	59.00
60.00 06000 LABORATORY	5,803,401	11,410,712	17,214,113	-32,833	17,181,280	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,654,880	1,654,880	0	1,654,880	62.00
65.00 06500 RESPIRATORY THERAPY	3,187,656	1,719,718	4,907,374	19,658	4,927,032	65.00
66.00 06600 PHYSICAL THERAPY	0	5,411,708	5,411,708	0	5,411,708	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	2,886,244	2,886,244	0	2,886,244	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	986,916	986,916	0	986,916	68.00
69.00 06900 ELECTROCARDIOLOGY	2,697,051	1,460,540	4,157,591	-15,259	4,142,332	69.00
69.01 06901 CARDIAC REHAB	361,635	65,232	426,867	-2,046	424,821	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	2,402,256	2,116,232	4,518,488	-13,591	4,504,897	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,079,475	1,079,475	-1,079,476	-1	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,655,108	15,655,108	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,941,326	83,298,852	89,240,178	-5,115,848	84,124,330	73.00
76.00 03020 RENAL ACUTE	0	1,737,571	1,737,571	0	1,737,571	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	224,185	58,572	282,757	-1,268	281,489	90.00
90.05 09005 PATIENT NUTRITION	0	3,562	3,562	0	3,562	90.05
90.07 09007 WOUND CLINIC	458,418	1,275,733	1,734,151	-48,169	1,685,982	90.07
91.00 09100 EMERGENCY	6,829,575	7,473,991	14,303,566	-31,406	14,272,160	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)	104,148,095	317,341,501	421,489,596	2,727,220	424,216,816	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
194.00 07950 RURAL HEALTH	2,304,501	4,278,990	6,583,491	130,697	6,714,188	194.00
194.01 07951 RENTAL PROPERTY	0	32,315	32,315	0	32,315	194.01
194.02 07954 FAMILY PRACTICE	5,284,394	2,083,469	7,367,863	-3,018,769	4,349,094	194.02
194.03 07952 WELLNESS	0	0	0	297,963	297,963	194.03
194.04 07955 PHYSICIAN PRACTICES	8,224,820	31,660,685	39,885,505	-46,533	39,838,972	194.04
194.06 07953 SYCAMORE SPORTS MED	13,800	1,404,269	1,418,069	-78	1,417,991	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2023 To 12/31/2023		Worksheet A Date/Time Prepared: 5/21/2024 12:12 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	621,341	90,484	711,825	-90,500	621,325	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	120,596,951	356,891,713	477,488,664	0	477,488,664	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/21/2024 12:12 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	-3,347,267	17,495,990	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-1,462,365	9,217,707	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,018,596	24,384,950	4.00
5.01	00540	NONPATIENT TELEPHONES	-57,586	691,961	5.01
5.02	00550	DATA PROCESSING	18,579,072	18,579,072	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,043,404	2,043,404	5.03
5.04	00570	ADMINITTING	0	1,471,809	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	25,128,683	25,128,683	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-14,334,675	32,879,993	5.06
7.00	00700	OPERATION OF PLANT	9,838,250	10,422,078	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,180	1,326,442	8.00
9.00	00900	HOUSEKEEPING	-61,181	4,164,957	9.00
10.00	01000	DIETARY	-295,540	666,185	10.00
11.00	01100	CAFETERIA	-1,851,389	2,566,241	11.00
13.00	01300	NURSING ADMINISTRATION	1,930,085	4,237,250	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,177	3,661	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,604,022	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,384,850	22.00
23.00	02300	PARAMED PRGM	0	90,713	23.00
23.01	02341	OTHER MED ED	-1,381,047	191,975	23.01
23.02	02301	PARAMED PRGM	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,911,640	39,906,061	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,108,179	31.00
35.00	02040	INTENSIVE NURSERY	-911,563	3,514,983	35.00
41.00	04100	SUBPROVIDER - IRF	-411,770	1,732,900	41.00
43.00	04300	NURSERY	0	1,187,108	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,383,981	18,257,590	50.00
50.01	05001	CARDIAC SURGERY	-2,508,742	2,232,609	50.01
50.02	05002	WVSC	-2,840,850	10,488,927	50.02
51.00	05100	RECOVERY ROOM	0	2,440,017	51.00
51.02	05101	O/P TREATMENT ROOM	0	514,562	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,176,478	5,449,887	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	509,559	11,674,572	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,946,592	55.00
56.00	05600	RADIOISOTOPE	0	1,987,874	56.00
57.00	05700	CT SCAN	0	3,289,636	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,686,008	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,455,275	59.00
60.00	06000	LABORATORY	0	17,181,280	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,654,880	62.00
65.00	06500	RESPIRATORY THERAPY	0	4,927,032	65.00
66.00	06600	PHYSICAL THERAPY	-1,486,469	3,925,239	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	-1,019,364	1,866,880	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,540,447	2,540,447	67.00
68.00	06800	SPEECH PATHOLOGY	231,199	1,218,115	68.00
69.00	06900	ELECTROCARDIOLOGY	32,369	4,174,701	69.00
69.01	06901	CARDIAC REHAB	0	424,821	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-3,139,957	1,364,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-45	-46	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,655,108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,422,874	85,547,204	73.00
76.00	03020	RENAL ACUTE	0	1,737,571	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-13,576	267,913	90.00
90.05	09005	PATIENT NUTRITION	0	3,562	90.05
90.07	09007	WOUND CLINIC	0	1,685,982	90.07
91.00	09100	EMERGENCY	-3,571,911	10,700,249	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,083,785	455,300,601	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	6,714,188	194.00
194.01	07951	RENTAL PROPERTY	0	32,315	194.01
194.02	07954	FAMILY PRACTICE	0	4,349,094	194.02
194.03	07952	WELLNESS	0	297,963	194.03
194.04	07955	PHYSICIAN PRACTICES	-410,000	39,428,972	194.04
194.06	07953	SYCAMORE SPORTS MED	-1,382,992	34,999	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	621,325	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/21/2024 12:12 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)	29,290,793	506,779,457		200.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
5/21/2024 12:12 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	74,539	16,596	1.00	
	O		74,539	16,596		
B - FITNESS ACTIVITY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	112,014	29,613	1.00	
2.00	WELLNESS	194.03	236,721	62,581	2.00	
	O		348,735	92,194		
C - CLAY CITY RURAL HEALTH RECLASS						
1.00	RURAL HEALTH	194.00	0	49,789	1.00	
	O		0	49,789		
D - CORK MEDICAL RURAL HEALTH RECLASS						
1.00	RURAL HEALTH	194.00	0	77,453	1.00	
	O		0	77,453		
E - BRAZIL MEDICAL CENTER RECLASS						
1.00	RURAL HEALTH	194.00	0	16,493	1.00	
	O		0	16,493		
F - HOUSE NURSE ASSISTANT RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	81,261	10,500	1.00	
2.00	INTENSIVE NURSERY	35.00	55,117	7,122	2.00	
3.00	SUBPROVIDER - IRF	41.00	39,259	5,073	3.00	
	O		175,637	22,695		
G - EMPLOYEE ACCESS RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	76,304	11,112	1.00	
	O		76,304	11,112		
H - TUBE FEEDING RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	2,762	0	1.00	
	O		2,762	0		
I - FAMILY MEDICINE RECLASS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,459,847	152,434	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	986,217	404,213	2.00	
	O		2,446,064	556,647		
J - LOBBY PHARMACY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	737,761	4,298,421	1.00	
	O		737,761	4,298,421		
K - IMPLANTABLE DEVICES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,655,108	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	15,655,108		
L - INTEREST RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,551,445	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,659,100	2.00	
	O		0	8,210,545		
M - NURSERY RECLASS						
1.00	NURSERY	43.00	984,511	208,167	1.00	
	O		984,511	208,167		
N - PHARMACY PARAMED RECLASS						
1.00	OTHER MED ED	23.01	45,725	4,760	1.00	
	O		45,725	4,760		
O - CAFE RECLASS						
1.00	CAFETERIA	11.00	1,735,678	2,691,772	1.00	
	O		1,735,678	2,691,772		
P - CENTRAL SUPPLY RECLASS						
1.00	OPERATING ROOM	50.00	0	232,818	1.00	
2.00	CARDIAC SURGERY	50.01	0	6,976	2.00	
3.00	WVSC	50.02	0	81,149	3.00	
4.00	RECOVERY ROOM	51.00	0	13	4.00	
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,526	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	150,196	6.00	
7.00	CT SCAN	57.00	0	26	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	557,846	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	37,693	9.00	
10.00	EMERGENCY	91.00	0	7,233	10.00	
	O		0	1,079,476		

		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	657,445	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
0			657,445	0	
500.00	Grand Total: Increases		7,285,161	32,991,228	500.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
5/21/2024 12:12 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	74,539	16,596	0		1.00
	O		74,539	16,596			
B - FITNESS ACTIVITY RECLASS							
1.00	OTHER ADMIN AND GENERAL	5.06	348,735	92,194	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		348,735	92,194			
C - CLAY CITY RURAL HEALTH RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	49,789	9		1.00
	O		0	49,789			
D - CORK MEDICAL RURAL HEALTH RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	77,453	9		1.00
	O		0	77,453			
E - BRAZIL MEDICAL CENTER RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,493	9		1.00
	O		0	16,493			
F - HOUSE NURSE ASSISTANT RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	175,637	22,695	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
	O		175,637	22,695			
G - EMPLOYEE ACCESS RECLASS							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	76,304	11,112	0		1.00
	O		76,304	11,112			
H - TUBE FEEDING RECLASS							
1.00	DIETARY	10.00	2,762	0	0		1.00
	O		2,762	0			
I - FAMILY MEDICINE RECLASS							
1.00	FAMILY PRACTICE	194.02	2,446,064	556,647	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		2,446,064	556,647			
J - LOBBY PHARMACY RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	737,761	4,298,421	0		1.00
	O		737,761	4,298,421			
K - IMPLANTABLE DEVICES RECLASS							
1.00	OPERATING ROOM	50.00		9,098,911	0		1.00
2.00	CARDIAC SURGERY	50.01		64,656	0		2.00
3.00	WVSC	50.02		3,302,695	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00		3,143,271	0		4.00
5.00	WOUND CLINIC	90.07		45,575	0		5.00
	O			15,655,108			
L - INTEREST RECLASS							
1.00	OTHER ADMIN AND GENERAL	5.06	0	8,210,545	11		1.00
2.00	O	0.00	0	0	11		2.00
	O		0	8,210,545			
M - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	984,511	208,167	0		1.00
	O		984,511	208,167			
N - PHARMACY PARAMED RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	45,725	4,760	0		1.00
	O		45,725	4,760			
O - CAFE RECLASS							
1.00	DIETARY	10.00	1,735,678	2,691,772	0		1.00
	O		1,735,678	2,691,772			
P - CENTRAL SUPPLY RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,079,476	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
	O			1,079,476			

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6

Date/Time Prepared:
5/21/2024 12:12 pm

		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	5,790	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	2,849	0	0		2.00
3.00	ADMINISTRATIVE	5.04	7,269	0	0		3.00
4.00	OPERATION OF PLANT	7.00	448	0	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	4,900	0	0		5.00
6.00	HOUSEKEEPING	9.00	15,075	0	0		6.00
7.00	DIETARY	10.00	2,140	0	0		7.00
8.00	CAFETERIA	11.00	9,820	0	0		8.00
9.00	NURSING ADMINISTRATION	13.00	11,511	0	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	8,259	0	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	5,580	0	0		11.00
12.00	PARAMEDICAL PRGM	23.00	422	0	0		12.00
13.00	OTHER MEDICAL	23.01	7,893	0	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	123,862	0	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	31,948	0	0		15.00
16.00	INTENSIVE NURSERY	35.00	16,429	0	0		16.00
17.00	SUBPROVIDER - IRF	41.00	10,298	0	0		17.00
18.00	NURSERY	43.00	5,570	0	0		18.00
19.00	OPERATING ROOM	50.00	17,779	0	0		19.00
20.00	CARDIAC SURGERY	50.01	10,323	0	0		20.00
21.00	WVSC	50.02	23,919	0	0		21.00
22.00	RECOVERY ROOM	51.00	10,751	0	0		22.00
23.00	O/P TREATMENT ROOM	51.02	2,218	0	0		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	24,760	0	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	28,460	0	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	2,194	0	0		26.00
27.00	RADIOISOTOPE	56.00	1,558	0	0		27.00
28.00	CT SCAN	57.00	7,774	0	0		28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	5,728	0	0		29.00
30.00	CARDIAC CATHETERIZATION	59.00	18,342	0	0		30.00
31.00	LABORATORY	60.00	32,833	0	0		31.00
32.00	RESPIRATORY THERAPY	65.00	18,035	0	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	15,259	0	0		33.00
34.00	CARDIAC REHAB	69.01	2,046	0	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	13,591	0	0		35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	29,181	0	0		36.00
37.00	CLINIC	90.00	1,268	0	0		37.00
38.00	WOUND CLINIC	90.07	2,594	0	0		38.00
39.00	EMERGENCY	91.00	38,639	0	0		39.00
40.00	RURAL HEALTH	194.00	13,038	0	0		40.00
41.00	FAMILY PRACTICE	194.02	16,058	0	0		41.00
42.00	WELLNESS	194.03	1,339	0	0		42.00
43.00	PHYSICIAN PRACTICES	194.04	46,533	0	0		43.00
44.00	SYCAMORE SPORTS MED	194.06	78	0	0		44.00
45.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	3,084	0	0		45.00
0			657,445	0			
500.00	Grand Total: Decreases		7,285,161	32,991,228			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part I
Date/Time Prepared:
5/21/2024 12:12 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	18,871,495	131,087	0	131,087	0	1.00
2.00	Land Improvements	21,208,798	184,543	0	184,543	0	2.00
3.00	Buildings and Fixtures	307,982,453	8,310	0	8,310	0	3.00
4.00	Building Improvements	107,844,802	1,785,852	0	1,785,852	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	205,501,253	13,885,598	0	13,885,598	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	661,408,801	15,995,390	0	15,995,390	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	661,408,801	15,995,390	0	15,995,390	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,002,582	0				1.00
2.00	Land Improvements	21,393,341	0				2.00
3.00	Buildings and Fixtures	307,990,763	0				3.00
4.00	Building Improvements	109,630,654	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	219,386,851	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	677,404,191	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	677,404,191	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part II
Date/Time Prepared:
5/21/2024 12:12 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	15,435,547	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	8,020,972	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,456,519	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	15,435,547				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	8,020,972				2.00
3.00	Total (sum of lines 1-2)	0	23,456,519				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part III
Date/Time Prepared:
5/21/2024 12:12 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	458,017,340	0	458,017,340	0.676136	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	219,386,851	0	219,386,851	0.323864	0	2.00
3.00	Total (sum of lines 1-2)	677,404,191	0	677,404,191	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	13,492,109	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,299,878	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,791,987	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	4,003,881	0	0	0	17,495,990	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,917,829	0	0	0	9,217,707	2.00
3.00	Total (sum of lines 1-2)	5,921,710	0	0	0	26,713,697	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	-1,547,564	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-741,271	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	-6,334	OTHER ADMIN AND GENERAL	5.06	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-390,989	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	-28,462	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	-25,836,085			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	103,609,485			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,807,758	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	-45	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients	A	-5,247	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-937	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	-11,902	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8

Date/Time Prepared:
5/21/2024 12:12 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 TELEPHONE DEPRECIATION	A	-53		NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
33.01 VENDING HOUSEKEEPING	A	-13,589		HOUSEKEEPING	9.00	0	33.01
33.02 HAMILTON CENTER OPERATION OF PLANT	A	-117,000		OPERATION OF PLANT	7.00	0	33.02
33.03 HAMILTON CENTER NUTRITION	A	-255,896		DIETARY	10.00	0	33.03
33.04 FITNESS ACTIVITY	B	-57,665		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05 UHF - HOUSEKEEPING	A	-1,464		HOUSEKEEPING	9.00	0	33.05
33.06 MISCELLANEOUS	B	-349,916		OTHER ADMIN AND GENERAL	5.06	0	33.06
33.07 CATERING	B	-43,631		CAFETERIA	11.00	0	33.07
33.08 MANAGEMENT SERVICES	B	-1,611,625		OTHER ADMIN AND GENERAL	5.06	0	33.08
33.09 PHYSICIAN EQUIPMENT REVENUE	B	-29,222		OPERATION OF PLANT	7.00	0	33.09
33.10 LOBBY PHARMACY	B	-280,662		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11 LOBBYING COSTS	A	-29,997		OTHER ADMIN AND GENERAL	5.06	0	33.11
33.12 AP&S REVENUE	B	-120,902		NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.12
33.13 AP&S REVENUE	B	-146,828		DATA PROCESSING	5.02	0	33.13
33.14 COH REVENUE	B	-18,408		NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.14
33.15 COH REVENUE	B	-4,650		NONPATIENT TELEPHONES	5.01	0	33.15
33.16 PHYSICIAN RENTAL	A	-435,586		NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.16
33.17 PHYSICIAN RENTAL	A	-288,352		OPERATION OF PLANT	7.00	0	33.17
33.18 ACCELERATED DEPRECIATION	A	13,280		NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.18
33.19 CHILD BIRTH CLASS	B	-420		DELIVERY ROOM & LABOR ROOM	52.00	0	33.19
33.20 CONTINUING EDUCATION	B	-1,500		OTHER ADMIN AND GENERAL	5.06	0	33.20
33.21 EDUCATION SERVICES	B	-24,603		OTHER ADMIN AND GENERAL	5.06	0	33.21
33.22 TRANSCRIPTION	B	-17,003		MEDICAL RECORDS & LIBRARY	16.00	0	33.22
33.23 LAUNDRY	B	-6,180		LAUNDRY & LINEN SERVICE	8.00	0	33.23
33.24 LANDSBAUM	B	-100,689		OPERATION OF PLANT	7.00	0	33.24
33.25 MAPLE CENTER	B	-149,252		OTHER ADMIN AND GENERAL	5.06	0	33.25
33.26 AP&S A/P PD SPACE/EQUIP RENT R	B	-1,065,245		NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.26
33.27 HAF	A	-37,936,816		OTHER ADMIN AND GENERAL	5.06	0	33.27
33.28 DIETARY EXPENSES	A	-822,650		DIETARY	10.00	0	33.28
33.29 RECUITMENT EXPENSE	A	-25,574		NURSING ADMINISTRATION	13.00	0	33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		29,290,793					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-1

Date/Time Prepared:
5/21/2024 12:12 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	149,383	1,530,430 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,607,941	1,780,783 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	3,429,170	4,150,211 3.00
4.00	50.00	OPERATING ROOM	HOME OFFICE	282,511	0 4.00
4.01	50.00	OPERATING ROOM	HOME OFFICE	63,606	0 4.01
4.02	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	540,176	0 4.02
4.03	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	140,109	0 4.03
4.04	69.00	ELECTROCARDIOLOGY	HOME OFFICE	138,951	0 4.04
4.05	69.00	ELECTROCARDIOLOGY	HOME OFFICE	115,393	0 4.05
4.06	66.00	PHYSICAL THERAPY	HOME OFFICE	373,144	0 4.06
4.07	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	1,134,761	0 4.07
4.08	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	293,360	0 4.08
4.09	7.00	OPERATION OF PLANT	HOME OFFICE	2,238,212	0 4.09
4.10	7.00	OPERATION OF PLANT	HOME OFFICE	8,157,564	0 4.10
4.11	10.00	DIETARY	HOME OFFICE	783,006	0 4.11
4.12	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	797,191	0 4.12
4.13	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	1,637,202	0 4.13
4.14	5.02	DATA PROCESSING	HOME OFFICE	5,405,395	0 4.14
4.15	5.02	DATA PROCESSING	HOME OFFICE	13,320,505	0 4.15
4.16	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	12,330,732	0 4.16
4.17	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	13,444,636	0 4.17
4.18	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,388,600	0 4.18
4.19	13.00	NURSING ADMINISTRATION	HOME OFFICE	567,059	0 4.19
4.20	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,789,836	0 4.20
4.21	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	17,567,087	0 4.21
4.22	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	763	0 4.22
4.23	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	25,128,683	0 4.23
4.24	5.01	NONPATIENT TELEPHONES	HOME OFFICE	164,748	189,222 4.24
4.25	9.00	HOUSEKEEPING	HOME OFFICE	429,124	475,252 4.25
4.26	7.00	OPERATION OF PLANT	HOME OFFICE	96,385	106,746 4.26
4.27	50.00	OPERATING ROOM	HOME OFFICE	204,703	0 4.27
4.28	50.00	OPERATING ROOM	HOME OFFICE	22,516	0 4.28
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	3,273,085	5,132,698 4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,499,522	2,518,886 4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	2,540,447	0 4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	1,111,330	880,131 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	1,382,992 4.41
5.00	0		0	122,166,836	18,557,351 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	UNION HOSPITAL	100.00	6.00
7.00	G		0.00	UNION 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
100.00	G. Other (financial or non-financial) specify:	OTHER				100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet A-8-1 Date/Time Prepared: 5/21/2024 12:12 pm
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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

(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 01/01/2023 To 12/31/2023	Worksheet A-8-1 Date/Time Prepared: 5/21/2024 12:12 pm
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	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	-1,381,047	0		1.00
2.00	-172,842	9		2.00
3.00	-721,041	9		3.00
4.00	282,511	0		4.00
4.01	63,606	0		4.01
4.02	540,176	0		4.02
4.03	140,109	9		4.03
4.04	138,951	9		4.04
4.05	115,393	0		4.05
4.06	373,144	0		4.06
4.07	1,134,761	0		4.07
4.08	293,360	0		4.08
4.09	2,238,212	0		4.09
4.10	8,157,564	0		4.10
4.11	783,006	0		4.11
4.12	797,191	0		4.12
4.13	1,637,202	0		4.13
4.14	5,405,395	0		4.14
4.15	13,320,505	0		4.15
4.16	12,330,732	0		4.16
4.17	13,444,636	0		4.17
4.18	1,388,600	0		4.18
4.19	567,059	0		4.19
4.20	1,789,836	0		4.20
4.21	17,567,087	0		4.21
4.22	763	0		4.22
4.23	25,128,683	0		4.23
4.24	-24,474	0		4.24
4.25	-46,128	0		4.25
4.26	-10,361	0		4.26
4.27	204,703	0		4.27
4.28	22,516	0		4.28
4.36	-1,859,613	0		4.36
4.37	-1,019,364	0		4.37
4.38	2,540,447	0		4.38
4.39	231,199	0		4.39
4.40	-410,000	0		4.40
4.41	-1,382,992	0		4.41
5.00	103,609,485			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 01/01/2023 To 12/31/2023	Worksheet A-8-1 Date/Time Prepared: 5/21/2024 12:12 pm
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	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 01/01/2023
To 12/31/2023

Worksheet A-8-2
Date/Time Prepared:
5/21/2024 12:12 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	3,911,640	3,911,640	0	169,700	0	1.00
2.00	35.00	INTENSIVE NURSERY	911,563	911,563	0	169,700	0	2.00
3.00	41.00	SUBPROVIDER - IRF	411,770	411,770	0	211,500	0	3.00
4.00	50.00	OPERATING ROOM	5,024,840	4,939,340	85,500	246,400	570	4.00
5.00	50.01	CARDIAC SURGERY	2,508,742	2,508,742	0	246,400	0	5.00
6.00	50.02	WVSC	2,840,850	2,840,850	0	246,400	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	3,176,058	3,176,058	0	237,100	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,328,000	0	1,328,000	271,900	8,853	8.00
9.00	69.00	ELECTROCARDIOLOGY	221,975	221,975	0	271,900	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	3,139,957	3,139,957	0	179,000	0	10.00
11.00	90.00	CLINIC	13,576	13,576	0	179,000	0	11.00
12.00	91.00	EMERGENCY	3,629,311	3,529,311	100,000	179,000	667	12.00
200.00			27,118,282	25,604,782	1,513,500		10,090	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	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	67,523	3,376	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	54.00	RADIOLOGY-DIAGNOSTIC	1,157,274	57,864	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	57,400	2,870	0	0	0	12.00
200.00			1,282,197	64,110	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	3,911,640	1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	911,563	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	411,770	3.00
4.00	50.00	OPERATING ROOM	0	67,523	17,977	4,957,317	4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	2,508,742	5.00
6.00	50.02	WVSC	0	0	0	2,840,850	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	3,176,058	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,157,274	170,726	170,726	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	221,975	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	3,139,957	10.00
11.00	90.00	CLINIC	0	0	0	13,576	11.00
12.00	91.00	EMERGENCY	0	57,400	42,600	3,571,911	12.00
200.00			0	1,282,197	231,303	25,836,085	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/21/2024 12:12 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	17,495,990	17,495,990			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	9,217,707		9,217,707		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	24,384,950	109,861	0	24,494,811	4.00
5.01 00540	NONPATIENT TELEPHONES	691,961	11,708	2,186	103,623	809,478
5.02 00550	DATA PROCESSING	18,579,072	0	0	0	0
5.03 00560	PURCHASING RECEIVING AND STORES	2,043,404	0	0	0	0
5.04 00570	ADMINISTRATIVE	1,471,809	54,565	0	264,390	29,353
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	25,128,683	0	0	0	0
5.06 00590	OTHER ADMIN AND GENERAL	32,879,993	310,160	17,535	978,532	75,664
7.00 00700	OPERATION OF PLANT	10,422,078	5,967,542	1,013	16,301	46,312
8.00 00800	LAUNDRY & LINEN SERVICE	1,326,442	106,707	66,632	178,234	11,741
9.00 00900	HOUSEKEEPING	4,164,957	27,586	6,401	548,293	5,218
10.00 01000	DIETARY	666,185	195,594	82,591	77,834	3,261
11.00 01100	CAFETERIA	2,566,241	139,567	1,621	357,168	16,307
13.00 01300	NURSING ADMINISTRATION	4,237,250	42,341	0	418,667	5,871
16.00 01600	MEDICAL RECORDS & LIBRARY	3,661	94,144	769	0	19,568
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,604,022	0	0	300,408	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,384,850	0	0	202,944	0
23.00 02300	PARAMED ED PRGM	90,713	0	0	15,339	0
23.01 02341	OTHER MED ED	191,975	12,831	0	34,882	0
23.02 02301	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	39,906,061	3,428,545	507,213	4,505,089	111,541
31.00 03100	INTENSIVE CARE UNIT	11,108,179	409,685	428,530	1,162,011	18,916
35.00 02040	INTENSIVE NURSERY	3,514,983	70,069	184,003	597,557	11,741
41.00 04100	SUBPROVIDER - I RF	1,732,900	274,840	10,973	374,579	20,221
43.00 04300	NURSERY	1,187,108	13,508	0	202,593	2,609
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,257,590	747,858	1,781,534	713,720	53,487
50.01 05001	CARDIAC SURGERY	2,232,609	32,736	163,624	375,469	3,914
50.02 05002	WVSC	10,488,927	542,748	659,458	869,995	0
51.00 05100	RECOVERY ROOM	2,440,017	25,518	130,667	391,023	11,741
51.02 05101	O/P TREATMENT ROOM	514,562	426,365	18,022	80,689	17,612
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,449,887	422,587	166,883	900,565	15,002
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,674,572	576,928	1,356,085	1,034,519	70,446
55.00 05500	RADIOLOGY-THERAPEUTIC	4,946,592	470,327	786,695	79,793	26,743
56.00 05600	RADIOISOTOPE	1,987,874	156,817	222,115	56,686	0
57.00 05700	CT SCAN	3,289,636	38,705	134,463	282,762	4,566
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,686,008	46,208	368,840	208,340	2,609
59.00 05900	CARDIAC CATHETERIZATION	21,455,275	640,528	470,730	667,124	22,177
60.00 06000	LABORATORY	17,181,280	0	360,747	1,194,225	5,218
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,654,880	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	4,927,032	92,255	193,722	655,956	9,132
66.00 06600	PHYSICAL THERAPY	3,925,239	180,875	2,087	0	15,002
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02 06602	O/P PHYSICAL THERAPY	1,866,880	0	11,342	0	652
67.00 06700	OCCUPATIONAL THERAPY	2,540,447	29,546	0	0	3,261
68.00 06800	SPEECH PATHOLOGY	1,218,115	58,593	0	0	652
69.00 06900	ELECTROCARDIOLOGY	4,174,701	56,686	460,578	555,000	2,609
69.01 06901	CARDIAC REHAB	424,821	116,437	20,451	74,417	3,914
70.00 07000	ELECTROENCEPHALOGRAPHY	1,364,940	0	31,357	494,337	11,089
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-46	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,655,108	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	85,547,204	369,145	63,989	1,061,381	32,614
76.00 03020	RENAL ACUTE	1,737,571	62,816	0	0	2,609
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	267,913	12,438	0	46,133	0
90.05 09005	PATIENT NUTRITION	3,562	34,393	31	0	0
90.07 09007	WOUND CLINIC	1,685,982	159,526	12,024	94,333	8,480
91.00 09100	EMERGENCY	10,700,249	429,626	289,347	1,405,391	41,094
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	455,300,601	16,998,914	9,014,258	21,580,302	742,946
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00 07950	RURAL HEALTH	6,714,188	0	19,497	474,221	652
194.01 07951	RENTAL PROPERTY	32,315	0	293	0	0
194.02 07954	FAMILY PRACTICE	4,349,094	213,842	62,914	584,072	46,312

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/21/2024 12:12 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	297,963	232,161	0	48,713	0	194.03
194.04 07955 PHYSICIAN PRACTICES	39,428,972	0	120,477	1,692,505	14,350	194.04
194.06 07953 SYCAMORE SPORTS MED	34,999	0	0	2,840	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	621,325	51,073	268	112,158	5,218	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)	506,779,457	17,495,990	9,217,707	24,494,811	809,478	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/21/2024 12:12 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	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	18,579,072				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,043,404			5.03
5.04	00570	ADMINING	109,536	6,440	1,936,093		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	25,128,683	5.05
5.06	00590	OTHER ADMIN AND GENERAL	412,868	11	0	0	34,674,763
7.00	00700	OPERATION OF PLANT	0	0	0	0	16,453,246
8.00	00800	LAUNDRY & LINEN SERVICE	42,129	3,380	0	0	1,735,265
9.00	00900	HOUSEKEEPING	75,833	126	0	0	4,828,414
10.00	01000	DIETARY	33,704	790	0	0	1,059,959
11.00	01100	CAFETERIA	151,666	0	0	0	3,232,570
13.00	01300	NURSING ADMINISTRATION	8,426	0	0	0	4,712,555
16.00	01600	MEDICAL RECORDS & LIBRARY	547,682	122	0	0	665,946
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,904,430
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,587,794
23.00	02300	PARAMED PRGM	0	0	0	0	106,052
23.01	02341	OTHER MED ED	0	0	0	0	239,688
23.02	02301	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,979,698	252,096	422,195	1,885,127	55,997,565
31.00	03100	INTENSIVE CARE UNIT	8,426	99,352	88,185	362,506	13,685,790
35.00	02040	INTENSIVE NURSERY	160,092	16,642	64,937	266,938	4,886,962
41.00	04100	SUBPROVIDER - IRF	0	7,913	16,677	68,553	2,506,656
43.00	04300	NURSERY	0	0	8,721	35,850	1,450,389
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	867,866	817,472	182,471	2,334,000	25,755,998
50.01	05001	CARDIAC SURGERY	84,259	79,516	17,855	73,462	3,063,444
50.02	05002	WVSC	960,551	318,406	432	1,662,591	15,503,108
51.00	05100	RECOVERY ROOM	370,739	23,110	10,311	144,163	3,547,289
51.02	05101	O/P TREATMENT ROOM	42,129	9,838	73	27,870	1,137,160
52.00	05200	DELIVERY ROOM & LABOR ROOM	454,998	43,924	78,107	383,944	7,915,897
54.00	05400	RADIOLOGY-DIAGNOSTIC	556,108	17,381	73,322	1,107,064	16,466,425
55.00	05500	RADIOLOGY-THERAPEUTIC	539,257	479	8,122	732,321	7,590,329
56.00	05600	RADIOISOTOPE	67,407	1,509	3,740	208,786	2,704,934
57.00	05700	CT SCAN	0	36,676	67,137	769,066	4,623,011
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,852	2,202	11,658	203,159	2,545,876
59.00	05900	CARDIAC CATHETERIZATION	808,885	7,597	109,206	1,376,863	25,558,385
60.00	06000	LABORATORY	0	83,784	213,084	2,366,334	21,404,672
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	8,132	41,649	1,704,661
65.00	06500	RESPIRATORY THERAPY	185,369	41,378	117,982	523,077	6,745,903
66.00	06600	PHYSICAL THERAPY	404,442	687	25,113	177,917	4,731,362
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	75,833	515	0	81,510	2,036,732
67.00	06700	OCCUPATIONAL THERAPY	0	0	20,464	138,092	2,731,810
68.00	06800	SPEECH PATHOLOGY	0	0	4,723	60,409	1,342,492
69.00	06900	ELECTROCARDIOLOGY	412,868	90	62,620	1,157,688	6,882,840
69.01	06901	CARDIAC REHAB	33,704	234	331	28,399	702,708
70.00	07000	ELECTROENCEPHALOGRAPHY	294,906	352	2,183	63,439	2,262,603
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	-46
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	71,821	960,681	16,687,610
73.00	07300	DRUGS CHARGED TO PATIENTS	1,643,047	31,607	101,560	5,895,049	94,745,596
76.00	03020	RENAL ACUTE	0	13,951	10,005	42,730	1,869,682
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	25,278	58	0	6,308	358,128
90.05	09005	PATIENT NUTRITION	42,129	0	0	3,985	84,100
90.07	09007	WOUND CLINIC	143,240	16,805	58	115,705	2,236,153
91.00	09100	EMERGENCY	1,137,494	103,121	134,868	1,823,448	16,064,638
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,697,421	2,037,564	1,936,093	25,128,683	448,731,544
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	901,569	2,064	0	0	8,112,191
194.01	07951	RENTAL PROPERTY	0	0	0	0	32,608
194.02	07954	FAMILY PRACTICE	505,553	21	0	0	5,761,808
194.03	07952	WELLNESS	0	0	0	0	578,837
194.04	07955	PHYSICIAN PRACTICES	1,432,400	3,732	0	0	42,692,436
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	37,839
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	42,129	23	0	0	832,194

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023			Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/21/2024 12:12 pm	
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)	18,579,072	2,043,404	1,936,093	25,128,683	506,779,457	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/21/2024 12:12 pm
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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	34,674,763				5.06
7.00	00700	OPERATION OF PLANT	1,208,442	17,661,688			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	127,450	170,676	2,033,391		8.00
9.00	00900	HOUSEKEEPING	354,633	44,123	138,690	5,365,860	9.00
10.00	01000	DIETARY	77,851	312,848	8,490	96,218	1,555,366
11.00	01100	CAFETERIA	237,423	223,235	0	68,657	0
13.00	01300	NURSING ADMINISTRATION	346,123	67,723	0	20,828	0
16.00	01600	MEDICAL RECORDS & LIBRARY	48,912	150,581	0	46,312	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	139,875	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	116,619	0	0	0	0
23.00	02300	PARAMED ED PRGM	7,789	0	0	0	0
23.01	02341	OTHER MED ED	17,604	20,522	0	6,312	0
23.02	02301	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,112,853	5,483,884	655,573	1,686,589	1,235,809
31.00	03100	INTENSIVE CARE UNIT	1,005,180	655,283	86,110	201,535	147,372
35.00	02040	INTENSIVE NURSERY	358,933	112,074	10,444	34,469	0
41.00	04100	SUBPROVIDER - IRF	184,106	439,601	18,334	135,201	71,106
43.00	04300	NURSERY	106,527	21,605	0	6,645	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,891,701	1,196,184	117,686	367,891	0
50.01	05001	CARDIAC SURGERY	225,001	52,360	55	16,104	0
50.02	05002	WVSC	1,138,657	868,115	133,930	266,992	0
51.00	05100	RECOVERY ROOM	260,538	40,816	88,114	12,553	0
51.02	05101	O/P TREATMENT ROOM	83,521	681,962	9,099	209,740	94,465
52.00	05200	DELIVERY ROOM & LABOR ROOM	581,399	675,919	104,157	207,882	31
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,209,410	922,783	70,058	283,806	0
55.00	05500	RADIOLOGY-THERAPEUTIC	557,487	752,279	20,123	231,366	0
56.00	05600	RADIOISOTOPE	198,669	250,826	11,027	77,143	0
57.00	05700	CT SCAN	339,546	61,908	0	19,040	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	186,987	73,908	86,907	22,731	0
59.00	05900	CARDIAC CATHETERIZATION	1,877,187	1,024,510	67,941	315,092	6,583
60.00	06000	LABORATORY	1,572,109	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	125,202	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	495,466	147,560	0	45,383	0
66.00	06600	PHYSICAL THERAPY	347,504	289,305	7,199	88,977	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	149,592	0	16,760	0	0
67.00	06700	OCCUPATIONAL THERAPY	200,643	47,258	0	14,534	0
68.00	06800	SPEECH PATHOLOGY	98,602	93,718	0	28,823	0
69.00	06900	ELECTROCARDIOLOGY	505,524	90,668	42,301	27,885	0
69.01	06901	CARDIAC REHAB	51,612	186,238	722	57,278	0
70.00	07000	ELECTROENCEPHALOGRAPHY	166,181	0	7,223	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,225,655	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,958,864	590,439	9,789	181,592	0
76.00	03020	RENAL ACUTE	137,323	100,473	7,808	30,901	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	26,303	19,895	0	6,119	0
90.05	09005	PATIENT NUTRITION	6,177	55,011	0	16,919	0
90.07	09007	WOUND CLINIC	164,239	255,158	15,760	78,475	0
91.00	09100	EMERGENCY	1,179,899	687,178	287,474	211,344	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,411,318	16,866,626	2,021,774	5,121,336	1,555,366
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	595,816	0	1,110	0	0
194.01	07951	RENTAL PROPERTY	2,395	0	0	0	0
194.02	07954	FAMILY PRACTICE	423,188	342,036	1,838	105,194	0
194.03	07952	WELLNESS	42,514	371,337	0	114,206	0
194.04	07955	PHYSICIAN PRACTICES	3,135,631	0	8,669	0	0
194.06	07953	SYCAMORE SPORTS MED	2,779	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,122	81,689	0	25,124	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/21/2024 12:12 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)	34,674,763	17,661,688	2,033,391	5,365,860	1,555,366	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
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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		16.00
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	3,761,885					11.00	
13.00 01300 NURSING ADMINISTRATION	88,265	5,235,494				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	911,751			16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,044,305		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	9,226	0	0	0	1,713,639	22.00	
23.00 02300 PARAMED ED PRGM	2,768	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	30,754	70,980	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	854,668	1,833,415	68,446	1,035,414	867,936	30.00	
31.00 03100 INTENSIVE CARE UNIT	187,910	433,689	13,162	5,862	4,914	31.00	
35.00 02040 INTENSIVE NURSERY	96,569	222,878	9,692	25,962	21,763	35.00	
41.00 04100 SUBPROVIDER - IRF	54,128	124,925	2,489	0	0	41.00	
43.00 04300 NURSERY	40,596	93,694	1,302	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	143,623	331,477	84,744	101,894	85,413	50.00	
50.01 05001 CARDIAC SURGERY	12,302	7,098	2,667	0	0	50.01	
50.02 05002 WVSC	183,297	0	60,366	0	0	50.02	
51.00 05100 RECOVERY ROOM	79,346	183,129	5,234	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	12,917	29,812	1,012	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	154,387	333,607	13,940	172,801	144,851	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	217,434	0	40,196	17,587	14,742	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	17,222	0	26,589	14,796	12,402	55.00	
56.00 05600 RADIO SOTOPE	8,611	0	7,581	0	0	56.00	
57.00 05700 CT SCAN	39,673	0	27,924	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	31,370	0	7,376	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	124,248	0	49,992	0	0	59.00	
60.00 06000 LABORATORY	378,280	0	85,918	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,512	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	120,865	259,077	18,992	5,862	4,914	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	6,460	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	2,960	56,949	47,738	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	5,014	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	2,193	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	127,323	293,858	42,034	11,725	9,828	69.00	
69.01 06901 CARDIAC REHAB	14,455	33,361	1,031	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	26,449	27,682	2,303	1,396	1,170	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	34,881	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	169,457	303,085	213,409	279	234	73.00	
76.00 03020 RENAL ACUTE	0	0	1,551	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	6,458	14,906	229	374,915	314,272	90.00	
90.05 09005 PATIENT NUTRITION	0	0	145	0	0	90.05	
90.07 09007 WOUND CLINIC	19,068	44,008	4,201	9,492	7,956	90.07	
91.00 09100 EMERGENCY	257,722	594,813	66,206	81,515	68,330	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)	3,509,391	5,235,494	911,751	1,916,449	1,606,463	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	155,002	0	0	127,856	107,176	194.02	
194.03 07952 WELLNESS	0	0	0	0	0	194.03	
194.04 07955 PHYSICIAN PRACTICES	77,194	0	0	0	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/21/2024 12:12 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	0	0	0 194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,298	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	3,761,885	5,235,494	911,751	2,044,305	1,713,639	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/21/2024 12:12 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	116,609					23.00
23.01	02341	OTHER MED ED		385,860				23.01
23.02	02301	PARAMED ED PRGM			0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	73,832,152	-1,903,350	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	16,426,807	-10,776	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	5,779,746	-47,725	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,536,546	0	41.00
43.00	04300	NURSERY	0	0	0	1,720,758	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	30,076,611	-187,307	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	3,379,031	0	50.01
50.02	05002	WVSC	0	0	0	18,154,465	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	4,217,019	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,259,688	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,304,871	-317,652	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,609	0	0	19,359,050	-32,329	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,222,593	-27,198	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,258,791	0	56.00
57.00	05700	CT SCAN	0	0	0	5,111,102	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,955,155	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	29,023,938	0	59.00
60.00	06000	LABORATORY	0	0	0	23,440,979	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,831,375	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,844,022	-10,776	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,470,807	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	2,310,731	-104,687	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,999,259	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,565,828	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,033,986	-21,553	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,047,405	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,495,007	-2,566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	-46	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,948,146	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	385,860	0	103,558,604	-513	73.00
76.00	03020	RENAL ACUTE	0	0	0	2,147,738	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,121,225	-689,187	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	162,352	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	2,834,510	-17,448	90.07
91.00	09100	EMERGENCY	0	0	0	19,499,119	-149,845	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)	116,609	385,860	0	442,929,370	-3,522,912	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	8,709,117	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	35,003	0	194.01
194.02	07954	FAMILY PRACTICE	0	0	0	7,024,098	-235,032	194.02
194.03	07952	WELLNESS	0	0	0	1,106,894	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	0	0	45,913,930	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/21/2024 12:12 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	40,618	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,020,427	0	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)	116,609	385,860	0	506,779,457	-3,757,944	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/21/2024 12:12 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 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		23.01
23.02	02301 PARAMED ED PRGM		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	71,928,802	30.00
31.00	03100 INTENSIVE CARE UNIT	16,416,031	31.00
35.00	02040 INTENSIVE NURSERY	5,732,021	35.00
41.00	04100 SUBPROVIDER - IRF	3,536,546	41.00
43.00	04300 NURSERY	1,720,758	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	29,889,304	50.00
50.01	05001 CARDIAC SURGERY	3,379,031	50.01
50.02	05002 WVSC	18,154,465	50.02
51.00	05100 RECOVERY ROOM	4,217,019	51.00
51.02	05101 O/P TREATMENT ROOM	2,259,688	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,987,219	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,326,721	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	9,195,395	55.00
56.00	05600 RADIOISOTOPE	3,258,791	56.00
57.00	05700 CT SCAN	5,111,102	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,955,155	58.00
59.00	05900 CARDIAC CATHETERIZATION	29,023,938	59.00
60.00	06000 LABORATORY	23,440,979	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,831,375	62.00
65.00	06500 RESPIRATORY THERAPY	7,833,246	65.00
66.00	06600 PHYSICAL THERAPY	5,470,807	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,206,044	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,999,259	67.00
68.00	06800 SPEECH PATHOLOGY	1,565,828	68.00
69.00	06900 ELECTROCARDIOLOGY	8,012,433	69.00
69.01	06901 CARDIAC REHAB	1,047,405	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	2,492,441	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-46	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,948,146	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	103,558,091	73.00
76.00	03020 RENAL ACUTE	2,147,738	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	432,038	90.00
90.05	09005 PATIENT NUTRITION	162,352	90.05
90.07	09007 WOUND CLINIC	2,817,062	90.07
91.00	09100 EMERGENCY	19,349,274	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)	439,406,458	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	8,709,117	194.00
194.01	07951 RENTAL PROPERTY	35,003	194.01
194.02	07954 FAMILY PRACTICE	6,789,066	194.02
194.03	07952 WELLNESS	1,106,894	194.03
194.04	07955 PHYSICIAN PRACTICES	45,913,930	194.04
194.06	07953 SYCAMORE SPORTS MED	40,618	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,020,427	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 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/21/2024 12:12 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	503,021,513		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/21/2024 12:12 pm

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	109,861	0	109,861	4.00
5.01 00540	NONPATIENT TELEPHONES	0	11,708	2,186	13,894	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	ADMINISTRATIVE	2,157	54,565	0	56,722	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	22,026	310,160	17,535	349,721	5.06
7.00 00700	OPERATION OF PLANT	26,000	5,967,542	1,013	5,994,555	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,854	106,707	66,632	176,193	8.00
9.00 00900	HOUSEKEEPING	0	27,586	6,401	33,987	9.00
10.00 01000	DIETARY	3,539	195,594	82,591	281,724	10.00
11.00 01100	CAFETERIA	0	139,567	1,621	141,188	11.00
13.00 01300	NURSING ADMINISTRATION	0	42,341	0	42,341	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,169	94,144	769	103,082	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	0	12,831	0	12,831	23.01
23.02 02301	PARAMED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	224,274	3,428,545	507,213	4,160,032	30.00
31.00 03100	INTENSIVE CARE UNIT	184,170	409,685	428,530	1,022,385	31.00
35.00 02040	INTENSIVE NURSERY	1,613	70,069	184,003	255,685	35.00
41.00 04100	SUBPROVIDER - IIRF	5,223	274,840	10,973	291,036	41.00
43.00 04300	NURSERY	0	13,508	0	13,508	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	629,863	747,858	1,781,534	3,159,255	50.00
50.01 05001	CARDIAC SURGERY	16,248	32,736	163,624	212,608	50.01
50.02 05002	WVSC	627,756	542,748	659,458	1,829,962	50.02
51.00 05100	RECOVERY ROOM	2,651	25,518	130,667	158,836	51.00
51.02 05101	O/P TREATMENT ROOM	1,309	426,365	18,022	445,696	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,994	422,587	166,883	605,464	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	103,364	576,928	1,356,085	2,036,377	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	37,092	470,327	786,695	1,294,114	55.00
56.00 05600	RADIOISOTOPE	407	156,817	222,115	379,339	56.00
57.00 05700	CT SCAN	79,314	38,705	134,463	252,482	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	124	46,208	368,840	415,172	58.00
59.00 05900	CARDIAC CATHETERIZATION	146,256	640,528	470,730	1,257,514	59.00
60.00 06000	LABORATORY	135,661	0	360,747	496,408	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	165,838	92,255	193,722	451,815	65.00
66.00 06600	PHYSICAL THERAPY	1,032	180,875	2,087	183,994	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	4,925	0	11,342	16,267	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	29,546	0	29,546	67.00
68.00 06800	SPEECH PATHOLOGY	0	58,593	0	58,593	68.00
69.00 06900	ELECTROCARDIOLOGY	187,016	56,686	460,578	704,280	69.00
69.01 06901	CARDIAC REHAB	1,027	116,437	20,451	137,915	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	20,405	0	31,357	51,762	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	746,459	369,145	63,989	1,179,593	73.00
76.00 03020	RENAL ACUTE	1,116	62,816	0	63,932	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	12,438	0	12,438	90.00
90.05 09005	PATIENT NUTRITION	0	34,393	31	34,424	90.05
90.07 09007	WOUND CLINIC	1,852	159,526	12,024	173,402	90.07
91.00 09100	EMERGENCY	43,939	429,626	289,347	762,912	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)	3,449,673	16,998,914	9,014,258	29,462,845	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	166,953	0	19,497	186,450	194.00
194.01 07951	RENTAL PROPERTY	0	0	293	293	194.01
194.02 07954	FAMILY PRACTICE	10,463	213,842	62,914	287,219	194.02
194.03 07952	WELLNESS	0	232,161	0	232,161	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/21/2024 12:12 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			
	0	1.00	2.00	2A	4.00	
194.04 07955 PHYSICIAN PRACTICES	1,214,800	0	120,477	1,335,277	7,589	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	13	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,654	51,073	268	54,995	503	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)	4,845,543	17,495,990	9,217,707	31,559,240	109,861	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/21/2024 12:12 pm
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS 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	14,359				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	ADMINISTRATIVE	521	0	0	58,429	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	1,342	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	822	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	208	0	0	0	8.00
9.00	00900	HOUSEKEEPING	93	0	0	0	9.00
10.00	01000	DIETARY	58	0	0	0	10.00
11.00	01100	CAFETERIA	289	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	104	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	347	0	0	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 ED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	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	1,977	0	0	12,712	30.00
31.00	03100	INTENSIVE CARE UNIT	336	0	0	2,663	31.00
35.00	02040	INTENSIVE NURSERY	208	0	0	1,961	35.00
41.00	04100	SUBPROVIDER - IRF	359	0	0	504	41.00
43.00	04300	NURSERY	46	0	0	263	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	949	0	0	5,510	50.00
50.01	05001	CARDIAC SURGERY	69	0	0	539	50.01
50.02	05002	WVSC	0	0	0	13	50.02
51.00	05100	RECOVERY ROOM	208	0	0	311	51.00
51.02	05101	O/P TREATMENT ROOM	312	0	0	2	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	266	0	0	2,359	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,250	0	0	2,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	474	0	0	245	55.00
56.00	05600	RADIOISOTOPE	0	0	0	113	56.00
57.00	05700	CT SCAN	81	0	0	2,027	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	46	0	0	352	58.00
59.00	05900	CARDIAC CATHETERIZATION	393	0	0	3,298	59.00
60.00	06000	LABORATORY	93	0	0	6,435	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	246	62.00
65.00	06500	RESPIRATORY THERAPY	162	0	0	3,563	65.00
66.00	06600	PHYSICAL THERAPY	266	0	0	758	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	12	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	58	0	0	618	67.00
68.00	06800	SPEECH PATHOLOGY	12	0	0	143	68.00
69.00	06900	ELECTROCARDIOLOGY	46	0	0	1,891	69.00
69.01	06901	CARDIAC REHAB	69	0	0	10	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	197	0	0	66	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	2,169	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	579	0	0	3,067	73.00
76.00	03020	RENAL ACUTE	46	0	0	302	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	150	0	0	2	90.07
91.00	09100	EMERGENCY	729	0	0	4,073	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)	13,177	0	0	58,429	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	12	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	822	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	255	0	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	93	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/21/2024 12:12 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)	14,359	0	0	58,429	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/21/2024 12:12 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	355,451				5.06
7.00	00700	OPERATION OF PLANT	12,389	6,007,839			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,307	58,057	236,564		8.00
9.00	00900	HOUSEKEEPING	3,636	15,009	16,135	71,319	9.00
10.00	01000	DIETARY	798	106,419	988	1,279	391,615
11.00	01100	CAFETERIA	2,434	75,936	0	913	0
13.00	01300	NURSING ADMINISTRATION	3,549	23,037	0	277	0
16.00	01600	MEDICAL RECORDS & LIBRARY	501	51,222	0	616	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,434	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,196	0	0	0	0
23.00	02300	PARAMED ED PRGM	80	0	0	0	0
23.01	02341	OTHER MED ED	180	6,981	0	84	0
23.02	02301	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,166	1,865,407	76,270	22,415	311,156
31.00	03100	INTENSIVE CARE UNIT	10,305	222,903	10,018	2,679	37,106
35.00	02040	INTENSIVE NURSERY	3,680	38,123	1,215	458	0
41.00	04100	SUBPROVIDER - I&R	1,888	149,536	2,133	1,797	17,903
43.00	04300	NURSERY	1,092	7,349	0	88	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,394	406,897	13,692	4,890	0
50.01	05001	CARDIAC SURGERY	2,307	17,811	6	214	0
50.02	05002	WVSC	11,674	295,300	15,581	3,549	0
51.00	05100	RECOVERY ROOM	2,671	13,884	10,251	167	0
51.02	05101	O/P TREATMENT ROOM	856	231,978	1,059	2,788	23,785
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,961	229,922	12,118	2,763	8
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,399	313,896	8,150	3,772	0
55.00	05500	RADIOLOGY-THERAPEUTIC	5,716	255,897	2,341	3,075	0
56.00	05600	RADIOISOTOPE	2,037	85,322	1,283	1,025	0
57.00	05700	CT SCAN	3,481	21,059	0	253	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,917	25,141	10,111	302	0
59.00	05900	CARDIAC CATHETERIZATION	19,245	348,500	7,904	4,188	1,657
60.00	06000	LABORATORY	16,118	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,284	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,080	50,194	0	603	0
66.00	06600	PHYSICAL THERAPY	3,563	98,411	837	1,183	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	1,534	0	1,950	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,057	16,075	0	193	0
68.00	06800	SPEECH PATHOLOGY	1,011	31,879	0	383	0
69.00	06900	ELECTROCARDIOLOGY	5,183	30,842	4,921	371	0
69.01	06901	CARDIAC REHAB	529	63,351	84	761	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,704	0	840	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,566	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	71,297	200,845	1,139	2,414	0
76.00	03020	RENAL ACUTE	1,408	34,177	908	411	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	270	6,768	0	81	0
90.05	09005	PATIENT NUTRITION	63	18,713	0	225	0
90.07	09007	WOUND CLINIC	1,684	86,795	1,833	1,043	0
91.00	09100	EMERGENCY	12,097	233,752	33,445	2,809	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	311,741	5,737,388	235,212	68,069	391,615
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	6,108	0	129	0	0
194.01	07951	RENTAL PROPERTY	25	0	0	0	0
194.02	07954	FAMILY PRACTICE	4,339	116,348	214	1,398	0
194.03	07952	WELLNESS	436	126,315	0	1,518	0
194.04	07955	PHYSICIAN PRACTICES	32,147	0	1,009	0	0
194.06	07953	SYCAMORE SPORTS MED	28	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	627	27,788	0	334	0
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/21/2024 12:12 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	201.00
202.00	TOTAL (sum lines 118 through 201)	355,451	6,007,839	236,564	71,319	391,615	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/21/2024 12:12 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	222,362				11.00
13.00 01300	NURSING ADMINISTRATION	5,217	76,402			13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	155,768		16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,781	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	545	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	164	0	0	0	23.00
23.01 02341	OTHER MED ED	1,818	1,036	0	0	23.01
23.02 02301	PARAMED ED PRGM	0	0	0	0	23.02
23.02 02301	PARAMED ED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	50,520	26,756	11,620		30.00
31.00 03100	INTENSIVE CARE UNIT	11,107	6,329	2,234		31.00
35.00 02040	INTENSIVE NURSERY	5,708	3,252	1,645		35.00
41.00 04100	SUBPROVIDER - IRF	3,199	1,823	423		41.00
43.00 04300	NURSERY	2,400	1,367	221		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,489	4,837	14,387		50.00
50.01 05001	CARDIAC SURGERY	727	104	453		50.01
50.02 05002	WVSC	10,835	0	10,248		50.02
51.00 05100	RECOVERY ROOM	4,690	2,672	889		51.00
51.02 05101	O/P TREATMENT ROOM	764	435	172		51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,126	4,868	2,367		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,852	0	6,824		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,018	0	4,514		55.00
56.00 05600	RADIOISOTOPE	509	0	1,287		56.00
57.00 05700	CT SCAN	2,345	0	4,741		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,854	0	1,252		58.00
59.00 05900	CARDIAC CATHETERIZATION	7,344	0	8,487		59.00
60.00 06000	LABORATORY	22,360	0	14,586		60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	257		62.00
65.00 06500	RESPIRATORY THERAPY	7,144	3,781	3,224		65.00
66.00 06600	PHYSICAL THERAPY	0	0	1,097		66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		66.01
66.02 06602	O/P PHYSICAL THERAPY	0	0	502		66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	851		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	372		68.00
69.00 06900	ELECTROCARDIOLOGY	7,526	4,288	7,136		69.00
69.01 06901	CARDIAC REHAB	854	487	175		69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,563	404	391		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	5,922		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,016	4,423	37,211		73.00
76.00 03020	RENAL ACUTE	0	0	263		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	382	218	39		90.00
90.05 09005	PATIENT NUTRITION	0	0	25		90.05
90.07 09007	WOUND CLINIC	1,127	642	713		90.07
91.00 09100	EMERGENCY	15,234	8,680	11,240		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)	207,437	76,402	155,768	0	118.00
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	9,162	0	0		194.02
194.03 07952	WELLNESS	0	0	0		194.03
194.04 07955	PHYSICIAN PRACTICES	4,563	0	0		194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/21/2024 12:12 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	1,200	0	0			194.07
200.00 Cross Foot Adjustments				2,781	2,651	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	222,362	76,402	155,768	2,781	2,651	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/21/2024 12:12 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	313			23.00
23.01	02341	OTHER MED ED		23,086		23.01
23.02	02301	PARAMED ED PRGM			0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			6,601,256	0 30.00
31.00	03100	INTENSIVE CARE UNIT			1,333,276	0 31.00
35.00	02040	INTENSIVE NURSERY			314,615	0 35.00
41.00	04100	SUBPROVIDER - IRF			472,281	0 41.00
43.00	04300	NURSERY			27,242	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			3,641,500	0 50.00
50.01	05001	CARDIAC SURGERY			236,522	0 50.01
50.02	05002	WVSC			2,181,063	0 50.02
51.00	05100	RECOVERY ROOM			196,332	0 51.00
51.02	05101	O/P TREATMENT ROOM			708,209	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM			879,260	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,402,373	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,567,752	0 55.00
56.00	05600	RADIOISOTOPE			471,169	0 56.00
57.00	05700	CT SCAN			287,737	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			457,081	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			1,661,521	0 59.00
60.00	06000	LABORATORY			561,355	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			1,787	0 62.00
65.00	06500	RESPIRATORY THERAPY			528,507	0 65.00
66.00	06600	PHYSICAL THERAPY			290,109	0 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY			20,265	0 66.02
67.00	06700	OCCUPATIONAL THERAPY			49,398	0 67.00
68.00	06800	SPEECH PATHOLOGY			92,393	0 68.00
69.00	06900	ELECTROCARDIOLOGY			768,973	0 69.00
69.01	06901	CARDIAC REHAB			204,569	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY			59,144	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			20,657	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,515,343	0 73.00
76.00	03020	RENAL ACUTE			101,447	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			20,403	0 90.00
90.05	09005	PATIENT NUTRITION			53,450	0 90.05
90.07	09007	WOUND CLINIC			267,814	0 90.07
91.00	09100	EMERGENCY			1,091,273	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	29,086,076 0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0 190.00
194.00	07950	RURAL HEALTH			194,825	0 194.00
194.01	07951	RENTAL PROPERTY			318	0 194.01
194.02	07954	FAMILY PRACTICE			422,121	0 194.02
194.03	07952	WELLNESS			360,648	0 194.03
194.04	07955	PHYSICIAN PRACTICES			1,380,840	0 194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/21/2024 12:12 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				41	0	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				85,540	0	194.07
200.00	Cross Foot Adjustments	313	23,086	0	28,831	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	313	23,086	0	31,559,240	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/21/2024 12:12 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 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		23.01
23.02	02301 PARAMED ED PRGM		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	6,601,256	30.00
31.00	03100 INTENSIVE CARE UNIT	1,333,276	31.00
35.00	02040 INTENSIVE NURSERY	314,615	35.00
41.00	04100 SUBPROVIDER - IRF	472,281	41.00
43.00	04300 NURSERY	27,242	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,641,500	50.00
50.01	05001 CARDIAC SURGERY	236,522	50.01
50.02	05002 WVSC	2,181,063	50.02
51.00	05100 RECOVERY ROOM	196,332	51.00
51.02	05101 O/P TREATMENT ROOM	708,209	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	879,260	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,402,373	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,567,752	55.00
56.00	05600 RADIOISOTOPE	471,169	56.00
57.00	05700 CT SCAN	287,737	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	457,081	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,661,521	59.00
60.00	06000 LABORATORY	561,355	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,787	62.00
65.00	06500 RESPIRATORY THERAPY	528,507	65.00
66.00	06600 PHYSICAL THERAPY	290,109	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	20,265	66.02
67.00	06700 OCCUPATIONAL THERAPY	49,398	67.00
68.00	06800 SPEECH PATHOLOGY	92,393	68.00
69.00	06900 ELECTROCARDIOLOGY	768,973	69.00
69.01	06901 CARDIAC REHAB	204,569	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	59,144	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,657	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,515,343	73.00
76.00	03020 RENAL ACUTE	101,447	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	20,403	90.00
90.05	09005 PATIENT NUTRITION	53,450	90.05
90.07	09007 WOUND CLINIC	267,814	90.07
91.00	09100 EMERGENCY	1,091,273	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)	29,086,076	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	194,825	194.00
194.01	07951 RENTAL PROPERTY	318	194.01
194.02	07954 FAMILY PRACTICE	422,121	194.02
194.03	07952 WELLNESS	360,648	194.03
194.04	07955 PHYSICIAN PRACTICES	1,380,840	194.04
194.06	07953 SYCAMORE SPORTS MED	41	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	85,540	194.07
200.00	Cross Foot Adjustments	28,831	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/21/2024 12:12 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	31,559,240	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/21/2024 12:12 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	981,809				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		6,943,814			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,165	0	118,360,648		4.00
5.01 00540	NONPATIENT TELEPHONES	657	1,647	500,713	1,241	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	2,205 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.04 00570	ADMITTING	3,062	0	1,277,550	45	13 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0 5.05
5.06 00590	OTHER ADMIN AND GENERAL	17,405	13,209	4,728,329	116	49 5.06
7.00 00700	OPERATION OF PLANT	334,876	763	78,768	71	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,988	50,195	861,240	18	5 8.00
9.00 00900	HOUSEKEEPING	1,548	4,822	2,649,385	8	9 9.00
10.00 01000	DIETARY	10,976	62,217	376,101	5	4 10.00
11.00 01100	CAFETERIA	7,832	1,221	1,725,858	25	18 11.00
13.00 01300	NURSING ADMINISTRATION	2,376	0	2,023,024	9	1 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,283	579	0	30	65 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,451,588	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	980,637	0	0 22.00
23.00 02300	PARAMED ED PRGM	0	0	74,117	0	0 23.00
23.01 02341	OTHER MED ED	720	0	168,554	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	192,397	382,090	21,769,091	171	591 30.00
31.00 03100	INTENSIVE CARE UNIT	22,990	322,817	5,614,907	29	1 31.00
35.00 02040	INTENSIVE NURSERY	3,932	138,612	2,887,432	18	19 35.00
41.00 04100	SUBPROVIDER - I R F	15,423	8,266	1,809,988	31	0 41.00
43.00 04300	NURSERY	758	0	978,941	4	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,967	1,342,051	3,448,741	82	103 50.00
50.01 05001	CARDIAC SURGERY	1,837	123,260	1,814,289	6	10 50.01
50.02 05002	WVSC	30,457	496,778	4,203,870	0	114 50.02
51.00 05100	RECOVERY ROOM	1,432	98,433	1,889,449	18	44 51.00
51.02 05101	O/P TREATMENT ROOM	23,926	13,576	389,893	27	5 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	23,714	125,715	4,351,584	23	54 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,375	1,021,556	4,998,858	108	66 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	26,393	592,627	385,565	41	64 55.00
56.00 05600	RADIOISOTOPE	8,800	167,322	273,910	0	8 56.00
57.00 05700	CT SCAN	2,172	101,293	1,366,324	7	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	277,852	1,006,710	4	2 58.00
59.00 05900	CARDIAC CATHETERIZATION	35,944	354,607	3,223,582	34	96 59.00
60.00 06000	LABORATORY	0	271,755	5,770,568	8	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	5,177	145,933	3,169,621	14	22 65.00
66.00 06600	PHYSICAL THERAPY	10,150	1,572	0	23	48 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 66.01
66.02 06602	O/P PHYSICAL THERAPY	0	8,544	0	1	9 66.02
67.00 06700	OCCUPATIONAL THERAPY	1,658	0	0	5	0 67.00
68.00 06800	SPEECH PATHOLOGY	3,288	0	0	1	0 68.00
69.00 06900	ELECTROCARDIOLOGY	3,181	346,959	2,681,792	4	49 69.00
69.01 06901	CARDIAC REHAB	6,534	15,406	359,589	6	4 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	23,622	2,388,665	17	35 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	20,715	48,204	5,128,659	50	195 73.00
76.00 03020	RENAL ACUTE	3,525	0	0	4	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	698	0	222,917	0	3 90.00
90.05 09005	PATIENT NUTRITION	1,930	23	0	0	5 90.05
90.07 09007	WOUND CLINIC	8,952	9,058	455,824	13	17 90.07
91.00 09100	EMERGENCY	24,109	217,969	6,790,936	63	135 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	953,915	6,790,553	104,277,569	1,139	1,863 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00 07950	RURAL HEALTH	0	14,687	2,291,463	1	107 194.00
194.01 07951	RENTAL PROPERTY	0	221	0	0	0 194.01
194.02 07954	FAMILY PRACTICE	12,000	47,394	2,822,272	71	60 194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/21/2024 12:12 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	
194.03	07952	WELLNESS	13,028	0	235,382	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	90,757	8,178,287	22	170	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	13,722	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	202	541,953	8	5	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)	17,495,990	9,217,707	24,494,811	809,478	18,579,072	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.820156	1.327470	0.206951	652.278807	8,425.882993	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			109,861	14,359	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000928	11.570508	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 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
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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	14,859,617				5.03	
5.04	00570	ADMITTING	46,830	672,063,967			5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,121,860,832		5.05	
5.06	00590	OTHER ADMIN AND GENERAL	82	0	0	-34,674,763	5.06	
7.00	00700	OPERATION OF PLANT	0	0	0	16,453,246	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	24,582	0	0	1,735,265	8.00	
9.00	00900	HOUSEKEEPING	918	0	0	4,828,414	9.00	
10.00	01000	DIETARY	5,747	0	0	1,059,959	10.00	
11.00	01100	CAFETERIA	0	0	0	3,232,570	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,712,555	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	889	0	0	665,946	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,904,430	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,587,794	22.00	
23.00	02300	PARAMED PRGM	0	0	0	106,052	23.00	
23.01	02341	OTHER MED ED	0	0	0	239,688	23.01	
23.02	02301	PARAMED PRGM	0	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,833,237	146,587,752	159,176,508	0	55,997,565	30.00
31.00	03100	INTENSIVE CARE UNIT	722,489	30,609,278	30,609,278	0	13,685,790	31.00
35.00	02040	INTENSIVE NURSERY	121,023	22,539,741	22,539,741	0	4,886,962	35.00
41.00	04100	SUBPROVIDER - IRF	57,541	5,788,465	5,788,465	0	2,506,656	41.00
43.00	04300	NURSERY	0	3,027,100	3,027,100	0	1,450,389	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,944,654	63,335,860	197,078,460	0	25,755,998	50.00
50.01	05001	CARDIAC SURGERY	578,237	6,197,505	6,203,005	0	3,063,444	50.01
50.02	05002	WVSC	2,315,442	150,000	140,385,991	0	15,503,108	50.02
51.00	05100	RECOVERY ROOM	168,056	3,579,082	12,172,804	0	3,547,289	51.00
51.02	05101	O/P TREATMENT ROOM	71,540	25,230	2,353,255	0	1,137,160	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	319,413	27,111,168	32,419,504	0	7,915,897	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	126,394	25,450,304	93,478,376	0	16,466,425	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,483	2,819,074	61,835,759	0	7,590,329	55.00
56.00	05600	RADIO SOTOPE	10,972	1,298,094	17,629,483	0	2,704,934	56.00
57.00	05700	CT SCAN	266,705	23,303,324	64,938,478	0	4,623,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,010	4,046,346	17,154,339	0	2,545,876	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,243	37,905,475	116,259,648	0	25,558,385	59.00
60.00	06000	LABORATORY	609,279	73,961,894	199,808,666	0	21,404,672	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,822,613	3,516,803	0	1,704,661	62.00
65.00	06500	RESPIRATORY THERAPY	300,899	40,951,790	44,167,631	0	6,745,903	65.00
66.00	06600	PHYSICAL THERAPY	4,993	8,716,730	15,022,945	0	4,731,362	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	3,747	0	6,882,568	0	2,036,732	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7,103,144	11,660,251	0	2,731,810	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,639,281	5,100,829	0	1,342,492	68.00
69.00	06900	ELECTROCARDIOLOGY	657	21,735,586	97,752,918	0	6,882,840	69.00
69.01	06901	CARDIAC REHAB	1,699	114,745	2,397,947	0	702,708	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,562	757,695	5,356,656	0	2,262,603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	46	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,929,337	81,118,042	0	16,687,610	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	229,847	35,251,549	497,809,905	0	94,745,596	73.00
76.00	03020	RENAL ACUTE	101,451	3,472,674	3,608,056	0	1,869,682	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	425	125	532,645	0	358,128	90.00
90.05	09005	PATIENT NUTRITION	0	0	336,479	0	84,100	90.05
90.07	09007	WOUND CLINIC	122,203	20,000	9,769,908	0	2,236,153	90.07
91.00	09100	EMERGENCY	749,892	46,813,006	153,968,389	0	16,064,638	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)	14,817,141	672,063,967	2,121,860,832	-34,674,717	414,056,827	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	15,012	0	0	0	8,112,191	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	32,608	194.01
194.02	07954	FAMILY PRACTICE	156	0	0	0	5,761,808	194.02
194.03	07952	WELLNESS	0	0	0	0	578,837	194.03
194.04	07955	PHYSICIAN PRACTICES	27,138	0	0	0	42,692,436	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/21/2024 12:12 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	37,839	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	170	0	0	0	832,194	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)	2,043,404	1,936,093	25,128,683		34,674,763	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.137514	0.002881	0.011843		0.073447	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	58,429	0		355,451	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000087	0.000000		0.000753	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 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/21/2024 12:12 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	619,644				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,258,123			8.00
9.00	00900	HOUSEKEEPING	1,548	85,812	612,108		9.00
10.00	01000	DIETARY	10,976	5,253	10,976	197,761	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	405,623	192,397	157,130	2,779
31.00	03100	INTENSIVE CARE UNIT	22,990	53,279	22,990	18,738	611
35.00	02040	INTENSIVE NURSERY	3,932	6,462	3,932	0	314
41.00	04100	SUBPROVIDER - IRF	15,423	11,344	15,423	9,041	176
43.00	04300	NURSERY	758	0	758	0	132
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,967	72,816	41,967	0	467
50.01	05001	CARDIAC SURGERY	1,837	34	1,837	0	40
50.02	05002	WVSC	30,457	82,867	30,457	0	596
51.00	05100	RECOVERY ROOM	1,432	54,519	1,432	0	258
51.02	05101	O/P TREATMENT ROOM	23,926	5,630	23,926	12,011	42
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,714	64,445	23,714	4	502
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,375	43,347	32,375	0	707
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	12,451	26,393	0	56
56.00	05600	RADIOISOTOPE	8,800	6,823	8,800	0	28
57.00	05700	CT SCAN	2,172	0	2,172	0	129
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	53,772	2,593	0	102
59.00	05900	CARDIAC CATHETERIZATION	35,944	42,037	35,944	837	404
60.00	06000	LABORATORY	0	0	0	0	1,230
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	393
66.00	06600	PHYSICAL THERAPY	10,150	4,454	10,150	0	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	10,370	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	26,173	3,181	0	414
69.01	06901	CARDIAC REHAB	6,534	447	6,534	0	47
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,469	0	0	86
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	6,057	20,715	0	551
76.00	03020	RENAL ACUTE	3,525	4,831	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	9,751	8,952	0	62
91.00	09100	EMERGENCY	24,109	177,869	24,109	0	838
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	591,750	1,250,935	584,214	197,761	11,411
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	687	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	12,000	1,137	12,000	0	504
194.03	07952	WELLNESS	13,028	0	13,028	0	0
194.04	07955	PHYSICIAN PRACTICES	0	5,364	0	0	251
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/21/2024 12:12 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	
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	0	2,866	0	66	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)	17,661,688	2,033,391	5,365,860	1,555,366	3,761,885	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.502960	1.616210	8.766198	7.864877	307.544555	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,007,839	236,564	71,319	391,615	222,362	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.695630	0.188029	0.116514	1.980244	18.178712	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 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/21/2024 12:12 pm

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 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	7,376					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	2,121,860,832				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	7,323			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		7,323		22.00
23.00 02300 PARAMED ED PRGM	0	0			100	23.00
23.01 02341 OTHER MED ED	100	0				23.01
23.02 02301 PARAMED ED PRGM	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,583	159,176,508	3,709	3,709	0	30.00
31.00 03100 INTENSIVE CARE UNIT	611	30,609,278	21	21	0	31.00
35.00 02040 INTENSIVE NURSERY	314	22,539,741	93	93	0	35.00
41.00 04100 SUBPROVIDER - IRF	176	5,788,465	0	0	0	41.00
43.00 04300 NURSERY	132	3,027,100	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	467	197,078,460	365	365	0	50.00
50.01 05001 CARDIAC SURGERY	10	6,203,005	0	0	0	50.01
50.02 05002 WVSC	0	140,385,991	0	0	0	50.02
51.00 05100 RECOVERY ROOM	258	12,172,804	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	42	2,353,255	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	470	32,419,504	619	619	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	93,478,376	63	63	100	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	61,835,759	53	53	0	55.00
56.00 05600 RADIO SOTOPE	0	17,629,483	0	0	0	56.00
57.00 05700 CT SCAN	0	64,938,478	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	17,154,339	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	116,259,648	0	0	0	59.00
60.00 06000 LABORATORY	0	199,808,666	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,516,803	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	365	44,167,631	21	21	0	65.00
66.00 06600 PHYSICAL THERAPY	0	15,022,945	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	6,882,568	204	204	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	11,660,251	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	5,100,829	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	414	97,752,918	42	42	0	69.00
69.01 06901 CARDIAC REHAB	47	2,397,947	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	39	5,356,656	5	5	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	81,118,042	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	427	497,809,905	1	1	0	73.00
76.00 03020 RENAL ACUTE	0	3,608,056	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	21	532,645	1,343	1,343	0	90.00
90.05 09005 PATIENT NUTRITION	0	336,479	0	0	0	90.05
90.07 09007 WOUND CLINIC	62	9,769,908	34	34	0	90.07
91.00 09100 EMERGENCY	838	153,968,389	292	292	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)	7,376	2,121,860,832	6,865	6,865	100
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	0	0	458	458	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/21/2024 12:12 pm

Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMETERED PRGM (PARAMETERED RADIOLOGY)	
			SERVICES-SALARY & FRINGES (INTERNS)	SERVICES-OTHER 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	0	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)	5,235,494	911,751	2,044,305	1,713,639	116,609	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	709.801247	0.000430	279.162229	234.007784	1,166.090000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	76,402	155,768	2,781	2,651	313	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	10.358189	0.000073	0.379762	0.362010	3.130000	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:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/21/2024 12:12 pm

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	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	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 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/21/2024 12:12 pm

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)	385,860	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,858.600000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	23,086	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	230.860000	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 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/21/2024 12:12 pm
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,928,802		71,928,802	0	71,928,802	30.00
31.00	03100	INTENSIVE CARE UNIT	16,416,031		16,416,031	0	16,416,031	31.00
35.00	02040	INTENSIVE NURSERY	5,732,021		5,732,021	0	5,732,021	35.00
41.00	04100	SUBPROVIDER - IRF	3,536,546		3,536,546	0	3,536,546	41.00
43.00	04300	NURSERY	1,720,758		1,720,758	0	1,720,758	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,889,304		29,889,304	17,977	29,907,281	50.00
50.01	05001	CARDIAC SURGERY	3,379,031		3,379,031	0	3,379,031	50.01
50.02	05002	WVSC	18,154,465		18,154,465	0	18,154,465	50.02
51.00	05100	RECOVERY ROOM	4,217,019		4,217,019	0	4,217,019	51.00
51.02	05101	O/P TREATMENT ROOM	2,259,688		2,259,688	0	2,259,688	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,987,219		9,987,219	0	9,987,219	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,326,721		19,326,721	170,726	19,497,447	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,195,395		9,195,395	0	9,195,395	55.00
56.00	05600	RADIOISOTOPE	3,258,791		3,258,791	0	3,258,791	56.00
57.00	05700	CT SCAN	5,111,102		5,111,102	0	5,111,102	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,955,155		2,955,155	0	2,955,155	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,023,938		29,023,938	0	29,023,938	59.00
60.00	06000	LABORATORY	23,440,979		23,440,979	0	23,440,979	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,831,375		1,831,375	0	1,831,375	62.00
65.00	06500	RESPIRATORY THERAPY	7,833,246	0	7,833,246	0	7,833,246	65.00
66.00	06600	PHYSICAL THERAPY	5,470,807	0	5,470,807	0	5,470,807	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,206,044	0	2,206,044	0	2,206,044	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,999,259	0	2,999,259	0	2,999,259	67.00
68.00	06800	SPEECH PATHOLOGY	1,565,828	0	1,565,828	0	1,565,828	68.00
69.00	06900	ELECTROCARDIOLOGY	8,012,433		8,012,433	0	8,012,433	69.00
69.01	06901	CARDIAC REHAB	1,047,405		1,047,405	0	1,047,405	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,492,441		2,492,441	0	2,492,441	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,948,146		17,948,146	0	17,948,146	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,558,091		103,558,091	0	103,558,091	73.00
76.00	03020	RENAL ACUTE	2,147,738		2,147,738	0	2,147,738	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	432,038		432,038	0	432,038	90.00
90.05	09005	PATIENT NUTRITION	162,352		162,352	0	162,352	90.05
90.07	09007	WOUND CLINIC	2,817,062		2,817,062	0	2,817,062	90.07
91.00	09100	EMERGENCY	19,349,274		19,349,274	42,600	19,391,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,323,990		11,323,990	0	11,323,990	92.00
200.00		Subtotal (see instructions)	450,730,494	0	450,730,494	231,303	450,961,797	200.00
201.00		Less Observation Beds	11,323,990		11,323,990	0	11,323,990	201.00
202.00		Total (see instructions)	439,406,504	0	439,406,504	231,303	439,637,807	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/21/2024 12:12 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	135,100,029		135,100,029	30.00
31.00	03100	INTENSIVE CARE UNIT	30,609,278		30,609,278	31.00
35.00	02040	INTENSIVE NURSERY	22,539,741		22,539,741	35.00
41.00	04100	SUBPROVIDER - IRF	5,788,465		5,788,465	41.00
43.00	04300	NURSERY	3,027,100		3,027,100	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	63,335,860	133,742,600	197,078,460	50.00
50.01	05001	CARDIAC SURGERY	6,197,505	5,500	6,203,005	50.01
50.02	05002	WVSC	150,000	140,235,991	140,385,991	50.02
51.00	05100	RECOVERY ROOM	3,579,082	8,593,722	12,172,804	51.00
51.02	05101	O/P TREATMENT ROOM	25,230	2,328,025	2,353,255	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,111,168	5,308,336	32,419,504	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,450,304	68,028,072	93,478,376	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,819,074	59,016,685	61,835,759	55.00
56.00	05600	RADIOISOTOPE	1,298,094	16,331,389	17,629,483	56.00
57.00	05700	CT SCAN	23,303,324	41,635,154	64,938,478	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,046,346	13,107,993	17,154,339	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,905,475	78,354,173	116,259,648	59.00
60.00	06000	LABORATORY	73,961,894	125,846,772	199,808,666	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,822,613	694,190	3,516,803	62.00
65.00	06500	RESPIRATORY THERAPY	40,951,790	3,215,841	44,167,631	65.00
66.00	06600	PHYSICAL THERAPY	8,716,730	6,306,215	15,022,945	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,882,568	6,882,568	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,103,144	4,557,107	11,660,251	67.00
68.00	06800	SPEECH PATHOLOGY	1,639,281	3,461,548	5,100,829	68.00
69.00	06900	ELECTROCARDIOLOGY	21,735,586	76,017,332	97,752,918	69.00
69.01	06901	CARDIAC REHAB	114,745	2,283,202	2,397,947	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	757,695	4,598,961	5,356,656	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,929,337	56,188,705	81,118,042	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,251,549	462,558,356	497,809,905	73.00
76.00	03020	RENAL ACUTE	3,472,674	135,382	3,608,056	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	125	532,520	532,645	90.00
90.05	09005	PATIENT NUTRITION	0	336,479	336,479	90.05
90.07	09007	WOUND CLINIC	20,000	9,749,908	9,769,908	90.07
91.00	09100	EMERGENCY	46,813,006	107,155,383	153,968,389	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,487,723	12,588,756	24,076,479	92.00
200.00		Subtotal (see instructions)	672,063,967	1,449,796,865	2,121,860,832	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	672,063,967	1,449,796,865	2,121,860,832	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/21/2024 12:12 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
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	0.151753		50.00
50.01	05001 CARDIAC SURGERY	0.544741		50.01
50.02	05002 WVSC	0.129318		50.02
51.00	05100 RECOVERY ROOM	0.346430		51.00
51.02	05101 O/P TREATMENT ROOM	0.960239		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.308062		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.208577		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.148707		55.00
56.00	05600 RADIOISOTOPE	0.184849		56.00
57.00	05700 CT SCAN	0.078707		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.172269		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.249648		59.00
60.00	06000 LABORATORY	0.117317		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520750		62.00
65.00	06500 RESPIRATORY THERAPY	0.177353		65.00
66.00	06600 PHYSICAL THERAPY	0.364163		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.320526		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.257221		67.00
68.00	06800 SPEECH PATHOLOGY	0.306975		68.00
69.00	06900 ELECTROCARDIOLOGY	0.081966		69.00
69.01	06901 CARDIAC REHAB	0.436792		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.465298		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.221260		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208027		73.00
76.00	03020 RENAL ACUTE	0.595262		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.811118		90.00
90.05	09005 PATIENT NUTRITION	0.482503		90.05
90.07	09007 WOUND CLINIC	0.288341		90.07
91.00	09100 EMERGENCY	0.125947		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.470334		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 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/21/2024 12:12 pm
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		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	71,928,802		71,928,802	0	71,928,802	30.00
31.00	03100	INTENSIVE CARE UNIT	16,416,031		16,416,031	0	16,416,031	31.00
35.00	02040	INTENSIVE NURSERY	5,732,021		5,732,021	0	5,732,021	35.00
41.00	04100	SUBPROVIDER - IRF	3,536,546		3,536,546	0	3,536,546	41.00
43.00	04300	NURSERY	1,720,758		1,720,758	0	1,720,758	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,889,304		29,889,304	17,977	29,907,281	50.00
50.01	05001	CARDIAC SURGERY	3,379,031		3,379,031	0	3,379,031	50.01
50.02	05002	WVSC	18,154,465		18,154,465	0	18,154,465	50.02
51.00	05100	RECOVERY ROOM	4,217,019		4,217,019	0	4,217,019	51.00
51.02	05101	O/P TREATMENT ROOM	2,259,688		2,259,688	0	2,259,688	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,987,219		9,987,219	0	9,987,219	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,326,721		19,326,721	170,726	19,497,447	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,195,395		9,195,395	0	9,195,395	55.00
56.00	05600	RADIOISOTOPE	3,258,791		3,258,791	0	3,258,791	56.00
57.00	05700	CT SCAN	5,111,102		5,111,102	0	5,111,102	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,955,155		2,955,155	0	2,955,155	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,023,938		29,023,938	0	29,023,938	59.00
60.00	06000	LABORATORY	23,440,979		23,440,979	0	23,440,979	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,831,375		1,831,375	0	1,831,375	62.00
65.00	06500	RESPIRATORY THERAPY	7,833,246	0	7,833,246	0	7,833,246	65.00
66.00	06600	PHYSICAL THERAPY	5,470,807	0	5,470,807	0	5,470,807	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,206,044	0	2,206,044	0	2,206,044	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,999,259	0	2,999,259	0	2,999,259	67.00
68.00	06800	SPEECH PATHOLOGY	1,565,828	0	1,565,828	0	1,565,828	68.00
69.00	06900	ELECTROCARDIOLOGY	8,012,433		8,012,433	0	8,012,433	69.00
69.01	06901	CARDIAC REHAB	1,047,405		1,047,405	0	1,047,405	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,492,441		2,492,441	0	2,492,441	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,948,146		17,948,146	0	17,948,146	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,558,091		103,558,091	0	103,558,091	73.00
76.00	03020	RENAL ACUTE	2,147,738		2,147,738	0	2,147,738	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	432,038		432,038	0	432,038	90.00
90.05	09005	PATIENT NUTRITION	162,352		162,352	0	162,352	90.05
90.07	09007	WOUND CLINIC	2,817,062		2,817,062	0	2,817,062	90.07
91.00	09100	EMERGENCY	19,349,274		19,349,274	42,600	19,391,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,323,990		11,323,990	0	11,323,990	92.00
200.00		Subtotal (see instructions)	450,730,494	0	450,730,494	231,303	450,961,797	200.00
201.00		Less Observation Beds	11,323,990		11,323,990	0	11,323,990	201.00
202.00		Total (see instructions)	439,406,504	0	439,406,504	231,303	439,637,807	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/21/2024 12:12 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	135,100,029		135,100,029		30.00
31.00	03100	INTENSIVE CARE UNIT	30,609,278		30,609,278		31.00
35.00	02040	INTENSIVE NURSERY	22,539,741		22,539,741		35.00
41.00	04100	SUBPROVIDER - IRF	5,788,465		5,788,465		41.00
43.00	04300	NURSERY	3,027,100		3,027,100		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	63,335,860	133,742,600	197,078,460	0.151662	50.00
50.01	05001	CARDIAC SURGERY	6,197,505	5,500	6,203,005	0.544741	50.01
50.02	05002	WVSC	150,000	140,235,991	140,385,991	0.129318	50.02
51.00	05100	RECOVERY ROOM	3,579,082	8,593,722	12,172,804	0.346430	51.00
51.02	05101	O/P TREATMENT ROOM	25,230	2,328,025	2,353,255	0.960239	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,111,168	5,308,336	32,419,504	0.308062	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,450,304	68,028,072	93,478,376	0.206751	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,819,074	59,016,685	61,835,759	0.148707	55.00
56.00	05600	RADIOISOTOPE	1,298,094	16,331,389	17,629,483	0.184849	56.00
57.00	05700	CT SCAN	23,303,324	41,635,154	64,938,478	0.078707	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,046,346	13,107,993	17,154,339	0.172269	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,905,475	78,354,173	116,259,648	0.249648	59.00
60.00	06000	LABORATORY	73,961,894	125,846,772	199,808,666	0.117317	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,822,613	694,190	3,516,803	0.520750	62.00
65.00	06500	RESPIRATORY THERAPY	40,951,790	3,215,841	44,167,631	0.177353	65.00
66.00	06600	PHYSICAL THERAPY	8,716,730	6,306,215	15,022,945	0.364163	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,882,568	6,882,568	0.320526	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,103,144	4,557,107	11,660,251	0.257221	67.00
68.00	06800	SPEECH PATHOLOGY	1,639,281	3,461,548	5,100,829	0.306975	68.00
69.00	06900	ELECTROCARDIOLOGY	21,735,586	76,017,332	97,752,918	0.081966	69.00
69.01	06901	CARDIAC REHAB	114,745	2,283,202	2,397,947	0.436792	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	757,695	4,598,961	5,356,656	0.465298	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	24,929,337	56,188,705	81,118,042	0.221260	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,251,549	462,558,356	497,809,905	0.208027	73.00
76.00	03020	RENAL ACUTE	3,472,674	135,382	3,608,056	0.595262	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	125	532,520	532,645	0.811118	90.00
90.05	09005	PATIENT NUTRITION	0	336,479	336,479	0.482503	90.05
90.07	09007	WOUND CLINIC	20,000	9,749,908	9,769,908	0.288341	90.07
91.00	09100	EMERGENCY	46,813,006	107,155,383	153,968,389	0.125670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,487,723	12,588,756	24,076,479	0.470334	92.00
200.00		Subtotal (see instructions)	672,063,967	1,449,796,865	2,121,860,832		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	672,063,967	1,449,796,865	2,121,860,832		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/21/2024 12:12 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 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/21/2024 12:12 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	6,601,256	0	6,601,256	66,422	99.38	30.00
31.00	INTENSIVE CARE UNIT	1,333,276		1,333,276	6,692	199.23	31.00
35.00	INTENSIVE NURSERY	314,615		314,615	4,536	69.36	35.00
41.00	SUBPROVIDER - IRF	472,281	0	472,281	3,229	146.26	41.00
43.00	NURSERY	27,242		27,242	2,788	9.77	43.00
200.00	Total (lines 30 through 199)	8,748,670		8,748,670	83,667		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	19,811	1,968,817				
31.00	INTENSIVE CARE UNIT	1,910	380,529				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	1,648	241,036				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	23,369	2,590,382				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/21/2024 12:12 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	3,641,500	197,078,460	0.018477	22,600,959	417,598	50.00
50.01	05001	CARDIAC SURGERY	236,522	6,203,005	0.038130	2,631,966	100,357	50.01
50.02	05002	WVSC	2,181,063	140,385,991	0.015536	102,784	1,597	50.02
51.00	05100	RECOVERY ROOM	196,332	12,172,804	0.016129	1,284,498	20,718	51.00
51.02	05101	O/P TREATMENT ROOM	708,209	2,353,255	0.300949	265	80	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	879,260	32,419,504	0.027121	109,601	2,972	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,402,373	93,478,376	0.025700	10,158,010	261,061	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,567,752	61,835,759	0.025353	714,800	18,122	55.00
56.00	05600	RADIOISOTOPE	471,169	17,629,483	0.026726	451,249	12,060	56.00
57.00	05700	CT SCAN	287,737	64,938,478	0.004431	8,964,480	39,722	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	457,081	17,154,339	0.026645	1,148,030	30,589	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,661,521	116,259,648	0.014291	15,361,948	219,538	59.00
60.00	06000	LABORATORY	561,355	199,808,666	0.002809	24,306,934	68,278	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,787	3,516,803	0.000508	1,039,541	528	62.00
65.00	06500	RESPIRATORY THERAPY	528,507	44,167,631	0.011966	12,801,592	153,184	65.00
66.00	06600	PHYSICAL THERAPY	290,109	15,022,945	0.019311	2,772,161	53,533	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	20,265	6,882,568	0.002944	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	49,398	11,660,251	0.004236	1,947,025	8,248	67.00
68.00	06800	SPEECH PATHOLOGY	92,393	5,100,829	0.018113	510,755	9,251	68.00
69.00	06900	ELECTROCARDIOLOGY	768,973	97,752,918	0.007866	8,112,409	63,812	69.00
69.01	06901	CARDIAC REHAB	204,569	2,397,947	0.085310	45,150	3,852	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	59,144	5,356,656	0.011041	293,753	3,243	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	20,657	81,118,042	0.000255	9,515,982	2,427	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,515,343	497,809,905	0.003044	12,311,995	37,478	73.00
76.00	03020	RENAL ACUTE	101,447	3,608,056	0.028117	1,446,801	40,680	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,403	532,645	0.038305	0	0	90.00
90.05	09005	PATIENT NUTRITION	53,450	336,479	0.158851	0	0	90.05
90.07	09007	WOUND CLINIC	267,814	9,769,908	0.027412	0	0	90.07
91.00	09100	EMERGENCY	1,091,273	153,968,389	0.007088	15,523,899	110,033	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,039,259	24,076,479	0.043165	2,297,391	99,167	92.00
200.00		Total (lines 50 through 199)	21,376,665	1,924,796,219		156,453,978	1,778,128	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/21/2024 12:12 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	66,422	0.00	19,811	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	6,692	0.00	1,910	31.00	
35.00	02040	INTENSIVE NURSERY	0	0	4,536	0.00	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,229	0.00	1,648	41.00	
43.00	04300	NURSERY	0	0	2,788	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	83,667		23,369	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 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/21/2024 12:12 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	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	116,609	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	385,860	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	502,469	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/21/2024 12:12 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	197,078,460	0.000000	50.00
50.01 05001 CARDIAC SURGERY	0	0	0	6,203,005	0.000000	50.01
50.02 05002 WVSC	0	0	0	140,385,991	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	12,172,804	0.000000	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	0	2,353,255	0.000000	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	32,419,504	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	116,609	116,609	93,478,376	0.001247	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	61,835,759	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	17,629,483	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	64,938,478	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	17,154,339	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	116,259,648	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	199,808,666	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,516,803	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	44,167,631	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	15,022,945	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	6,882,568	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,660,251	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,100,829	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	97,752,918	0.000000	69.00
69.01 06901 CARDIAC REHAB	0	0	0	2,397,947	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,356,656	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	81,118,042	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	385,860	385,860	497,809,905	0.000775	73.00
76.00 03020 RENAL ACUTE	0	0	0	3,608,056	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	532,645	0.000000	90.00
90.05 09005 PATIENT NUTRITION	0	0	0	336,479	0.000000	90.05
90.07 09007 WOUND CLINIC	0	0	0	9,769,908	0.000000	90.07
91.00 09100 EMERGENCY	0	0	0	153,968,389	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	24,076,479	0.000000	92.00
200.00 Total (lines 50 through 199)	0	502,469	502,469	1,924,796,219		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/21/2024 12:12 pm
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	22,600,959	0	33,347,792	0	50.00
50.01	05001 CARDIAC SURGERY	0.000000	2,631,966	0	5,049	0	50.01
50.02	05002 WVSC	0.000000	102,784	0	27,178,214	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	1,284,498	0	2,217,433	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.000000	265	0	660,605	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	109,601	0	1,091	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.001247	10,158,010	12,667	12,852,233	16,027	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	714,800	0	19,331,212	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	451,249	0	5,255,741	0	56.00
57.00	05700 CT SCAN	0.000000	8,964,480	0	10,570,167	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,148,030	0	2,512,500	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	15,361,948	0	28,883,245	0	59.00
60.00	06000 LABORATORY	0.000000	24,306,934	0	9,969,250	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,039,541	0	267,490	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	12,801,592	0	503,046	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,772,161	0	73,835	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	1,947,025	0	15,410	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	510,755	0	18,405	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,112,409	0	23,002,819	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	45,150	0	985,530	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	293,753	0	809,518	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	9,515,982	0	17,779,097	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000775	12,311,995	9,542	154,892,534	120,042	73.00
76.00	03020 RENAL ACUTE	0.000000	1,446,801	0	34,754	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	245,621	0	90.00
90.05	09005 PATIENT NUTRITION	0.000000	0	0	160	0	90.05
90.07	09007 WOUND CLINIC	0.000000	0	0	3,355,665	0	90.07
91.00	09100 EMERGENCY	0.000000	15,523,899	0	13,529,023	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	2,297,391	0	1,519,759	0	92.00
200.00	Total (lines 50 through 199)		156,453,978	22,209	369,817,198	136,069	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/21/2024 12:12 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	0.151662	33,347,792	0	0	5,057,593	50.00
50.01	05001	CARDIAC SURGERY	0.544741	5,049	0	0	2,750	50.01
50.02	05002	WVSC	0.129318	27,178,214	0	0	3,514,632	50.02
51.00	05100	RECOVERY ROOM	0.346430	2,217,433	0	0	768,185	51.00
51.02	05101	O/P TREATMENT ROOM	0.960239	660,605	0	0	634,339	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.308062	1,091	0	0	336	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206751	12,852,233	0	0	2,657,212	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148707	19,331,212	0	0	2,874,687	55.00
56.00	05600	RADIO SOTOPE	0.184849	5,255,741	0	0	971,518	56.00
57.00	05700	CT SCAN	0.078707	10,570,167	0	0	831,946	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.172269	2,512,500	0	0	432,826	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.249648	28,883,245	0	0	7,210,644	59.00
60.00	06000	LABORATORY	0.117317	9,969,250	0	0	1,169,563	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520750	267,490	0	0	139,295	62.00
65.00	06500	RESPIRATORY THERAPY	0.177353	503,046	0	0	89,217	65.00
66.00	06600	PHYSICAL THERAPY	0.364163	73,835	0	0	26,888	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.320526	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.257221	15,410	0	0	3,964	67.00
68.00	06800	SPEECH PATHOLOGY	0.306975	18,405	0	0	5,650	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081966	23,002,819	0	0	1,885,449	69.00
69.01	06901	CARDIAC REHAB	0.436792	985,530	0	0	430,472	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.465298	809,518	0	0	376,667	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	0.221260	17,779,097	0	0	3,933,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208027	154,892,534	0	8,607	32,221,829	73.00
76.00	03020	RENAL ACUTE	0.595262	34,754	0	0	20,688	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.811118	245,621	0	0	199,228	90.00
90.05	09005	PATIENT NUTRITION	0.482503	160	0	0	77	90.05
90.07	09007	WOUND CLINIC	0.288341	3,355,665	0	0	967,576	90.07
91.00	09100	EMERGENCY	0.125670	13,529,023	0	164	1,700,192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470334	1,519,759	0	0	714,794	92.00
200.00		Subtotal (see instructions)		369,817,198	0	8,771	68,842,020	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		369,817,198	0	8,771	68,842,020	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/21/2024 12:12 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	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	1,790	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	21	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	1,811	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,811	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/21/2024 12:12 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	3,641,500	197,078,460	0.018477	14,038	259	50.00
50.01 05001 CARDIAC SURGERY	236,522	6,203,005	0.038130	1,505	57	50.01
50.02 05002 WVSC	2,181,063	140,385,991	0.015536	61	1	50.02
51.00 05100 RECOVERY ROOM	196,332	12,172,804	0.016129	901	15	51.00
51.02 05101 O/P TREATMENT ROOM	708,209	2,353,255	0.300949	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	879,260	32,419,504	0.027121	41	1	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,402,373	93,478,376	0.025700	48,163	1,238	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,567,752	61,835,759	0.025353	0	0	55.00
56.00 05600 RADIOISOTOPE	471,169	17,629,483	0.026726	1,089	29	56.00
57.00 05700 CT SCAN	287,737	64,938,478	0.004431	55,670	247	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	457,081	17,154,339	0.026645	9,550	254	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,661,521	116,259,648	0.014291	5,631	80	59.00
60.00 06000 LABORATORY	561,355	199,808,666	0.002809	356,937	1,003	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,787	3,516,803	0.000508	5,250	3	62.00
65.00 06500 RESPIRATORY THERAPY	528,507	44,167,631	0.011966	286,642	3,430	65.00
66.00 06600 PHYSICAL THERAPY	290,109	15,022,945	0.019311	917,967	17,727	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	20,265	6,882,568	0.002944	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	49,398	11,660,251	0.004236	957,955	4,058	67.00
68.00 06800 SPEECH PATHOLOGY	92,393	5,100,829	0.018113	230,882	4,182	68.00
69.00 06900 ELECTROCARDIOLOGY	768,973	97,752,918	0.007866	12,052	95	69.00
69.01 06901 CARDIAC REHAB	204,569	2,397,947	0.085310	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	59,144	5,356,656	0.011041	7,159	79	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	20,657	81,118,042	0.000255	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,515,343	497,809,905	0.003044	169,663	516	73.00
76.00 03020 RENAL ACUTE	101,447	3,608,056	0.028117	37,274	1,048	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	20,403	532,645	0.038305	0	0	90.00
90.05 09005 PATIENT NUTRITION	53,450	336,479	0.158851	0	0	90.05
90.07 09007 WOUND CLINIC	267,814	9,769,908	0.027412	0	0	90.07
91.00 09100 EMERGENCY	1,091,273	153,968,389	0.007088	5,017	36	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	24,076,479	0.000000	0	0	92.00
200.00 Total (lines 50 through 199)	20,337,406	1,924,796,219		3,123,447	34,358	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/21/2024 12:12 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	116,609	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	385,860	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	502,469	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/21/2024 12:12 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	197,078,460	0.000000	50.00
50.01	05001	CARDIAC SURGERY	0	0	6,203,005	0.000000	50.01
50.02	05002	WVSC	0	0	140,385,991	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	12,172,804	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	2,353,255	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	32,419,504	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	116,609	93,478,376	0.001247	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	61,835,759	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	17,629,483	0.000000	56.00
57.00	05700	CT SCAN	0	0	64,938,478	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	17,154,339	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	116,259,648	0.000000	59.00
60.00	06000	LABORATORY	0	0	199,808,666	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,516,803	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	44,167,631	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	15,022,945	0.000000	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	6,882,568	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	11,660,251	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,100,829	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	97,752,918	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	2,397,947	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,356,656	0.000000	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	0	0	81,118,042	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	385,860	385,860	0.000775	73.00
76.00	03020	RENAL ACUTE	0	0	3,608,056	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	532,645	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	0	336,479	0.000000	90.05
90.07	09007	WOUND CLINIC	0	0	9,769,908	0.000000	90.07
91.00	09100	EMERGENCY	0	0	153,968,389	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	24,076,479	0.000000	92.00
200.00		Total (lines 50 through 199)	0	502,469	502,469	1,924,796,219	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/21/2024 12:12 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	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	14,038	0	0	0	50.00
50.01 05001 CARDIAC SURGERY	0.000000	1,505	0	0	0	50.01
50.02 05002 WVSC	0.000000	61	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.000000	901	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	0.000000	0	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	41	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.001247	48,163	60	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	1,089	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	55,670	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	9,550	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	5,631	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	356,937	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	5,250	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.000000	286,642	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	917,967	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	957,955	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	230,882	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	12,052	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	7,159	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	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000775	169,663	131	0	0	73.00
76.00 03020 RENAL ACUTE	0.000000	37,274	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	5,017	0	212	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)		3,123,447	191	212	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/21/2024 12:12 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.)		
		2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.151662	0	0	0	0	50.00
50.01 05001 CARDIAC SURGERY	0.544741	0	0	0	0	50.01
50.02 05002 WVSC	0.129318	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.346430	0	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	0.960239	0	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.308062	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.206751	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.148707	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.184849	0	0	0	0	56.00
57.00 05700 CT SCAN	0.078707	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.172269	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.249648	0	0	0	0	59.00
60.00 06000 LABORATORY	0.117317	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520750	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.177353	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.364163	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	0.320526	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.257221	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.306975	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.081966	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0.436792	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.465298	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	0.221260	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.208027	0	0	342	0	73.00
76.00 03020 RENAL ACUTE	0.595262	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.811118	0	0	0	0	90.00
90.05 09005 PATIENT NUTRITION	0.482503	0	0	0	0	90.05
90.07 09007 WOUND CLINIC	0.288341	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.125670	212	0	0	27	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.470334	0	0	0	0	92.00
200.00	Subtotal (see instructions)	212	0	342	27	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		212	0	342	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/21/2024 12:12 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	71	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	71	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	71	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2024 12:12 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		66,422	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		66,422	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)		55,965	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)		19,811	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)		71,928,802	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)		71,928,802	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)		71,928,802	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)		1,082.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,453,530	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)		21,453,530	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/21/2024 12:12 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	16,416,031	6,692	2,453.08	1,910	4,685,383	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	5,732,021	4,536	1,263.67	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,118,172	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)					55,257,085	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)					2,349,346	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,800,337	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,149,683	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					51,107,402	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)					10,457	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,082.91	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/21/2024 12:12 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,323,990	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	6,601,256	71,928,802	0.091775	11,323,990	1,039,259	90.00
91.00	Nursing Program cost	0	71,928,802	0.000000	11,323,990	0	91.00
92.00	Allied health cost	0	71,928,802	0.000000	11,323,990	0	92.00
93.00	All other Medical Education	0	71,928,802	0.000000	11,323,990	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Component CCN: 15-T023		Date/Time Prepared: 5/21/2024 12:12 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)		3,229	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,229	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)		3,229	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)		1,648	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)		3,536,546	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)		3,536,546	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)		3,536,546	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)		1,095.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,804,956	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)		1,804,956	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
				Component CCN: 15-T023		Date/Time Prepared: 5/21/2024 12:12 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)					830,413	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)					2,635,369	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)					241,036	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					34,549	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					275,585	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,359,784	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 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/21/2024 12:12 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	472,281	3,536,546	0.133543	0	0 90.00			
91.00	Nursing Program cost	0	3,536,546	0.000000	0	0 91.00			
92.00	Allied health cost	0	3,536,546	0.000000	0	0 92.00			
93.00	All other Medical Education	0	3,536,546	0.000000	0	0 93.00			

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/21/2024 12:12 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)		66,422	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		66,422	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)		55,965	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)		1,593	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)		2,788	15.00
16.00	Nursery days (title V or XIX only)		123	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)		71,928,802	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)		71,928,802	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)		71,928,802	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)		1,082.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,725,076	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)		1,725,076	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/21/2024 12:12 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)	1,720,758	2,788	617.20	123	75,916	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,416,031	6,692	2,453.08	84	206,059	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	5,732,021	4,536	1,263.67	364	459,976	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,801,242	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)					4,268,269	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)					10,457	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,082.91	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/21/2024 12:12 pm	
Cost Center Description		Title XIX		Hospital		Cost	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,323,990	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	6,601,256	71,928,802	0.091775	11,323,990	1,039,259	90.00
91.00	Nursing Program cost	0	71,928,802	0.000000	11,323,990	0	91.00
92.00	Allied health cost	0	71,928,802	0.000000	11,323,990	0	92.00
93.00	All other Medical Education	0	71,928,802	0.000000	11,323,990	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/21/2024 12:12 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)			3,229 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,229 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)			3,229 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)			15 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)			2,788 15.00
16.00	Nursery days (title V or XIX only)			123 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)			3,536,546 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)			3,536,546 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)			3,536,546 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)			1,095.24 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			16,429 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)			16,429 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-T023		Date/Time Prepared: 5/21/2024 12:12 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)					2,697	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)					19,126	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 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/21/2024 12:12 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	472,281	3,536,546	0.133543	0	0	90.00
91.00	Nursing Program cost	0	3,536,546	0.000000	0	0	91.00
92.00	Allied health cost	0	3,536,546	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,536,546	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/21/2024 12:12 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000				30.00
31.00	03100		48,716,130		31.00
35.00	02040		9,531,300		35.00
41.00	04100		0		41.00
43.00	04300		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0.151753	22,600,959	3,429,763	50.00
50.01	05001	0.544741	2,631,966	1,433,740	50.01
50.02	05002	0.129318	102,784	13,292	50.02
51.00	05100	0.346430	1,284,498	444,989	51.00
51.02	05101	0.960239	265	254	51.02
52.00	05200	0.308062	109,601	33,764	52.00
54.00	05400	0.208577	10,158,010	2,118,727	54.00
55.00	05500	0.148707	714,800	106,296	55.00
56.00	05600	0.184849	451,249	83,413	56.00
57.00	05700	0.078707	8,964,480	705,567	57.00
58.00	05800	0.172269	1,148,030	197,770	58.00
59.00	05900	0.249648	15,361,948	3,835,080	59.00
60.00	06000	0.117317	24,306,934	2,851,617	60.00
62.00	06200	0.520750	1,039,541	541,341	62.00
65.00	06500	0.177353	12,801,592	2,270,401	65.00
66.00	06600	0.364163	2,772,161	1,009,518	66.00
66.01	06601	0.000000	0	0	66.01
66.02	06602	0.320526	0	0	66.02
67.00	06700	0.257221	1,947,025	500,816	67.00
68.00	06800	0.306975	510,755	156,789	68.00
69.00	06900	0.081966	8,112,409	664,942	69.00
69.01	06901	0.436792	45,150	19,721	69.01
70.00	07000	0.465298	293,753	136,683	70.00
71.00	07100	0.000000	0	0	71.00
72.00	07200	0.221260	9,515,982	2,105,506	72.00
73.00	07300	0.208027	12,311,995	2,561,227	73.00
76.00	03020	0.595262	1,446,801	861,226	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0.811118	0	0	90.00
90.05	09005	0.482503	0	0	90.05
90.07	09007	0.288341	0	0	90.07
91.00	09100	0.125947	15,523,899	1,955,189	91.00
92.00	09200	0.470334	2,297,391	1,080,541	92.00
200.00			156,453,978	29,118,172	200.00
201.00			0	0	201.00
202.00			156,453,978	29,118,172	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/21/2024 12:12 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		2,965,935	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151753	14,038	50.00
50.01	05001	CARDIAC SURGERY	0.544741	1,505	50.01
50.02	05002	WVSC	0.129318	61	50.02
51.00	05100	RECOVERY ROOM	0.346430	901	51.00
51.02	05101	O/P TREATMENT ROOM	0.960239	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.308062	41	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208577	48,163	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148707	0	55.00
56.00	05600	RADIOISOTOPE	0.184849	1,089	56.00
57.00	05700	CT SCAN	0.078707	55,670	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.172269	9,550	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.249648	5,631	59.00
60.00	06000	LABORATORY	0.117317	356,937	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520750	5,250	62.00
65.00	06500	RESPIRATORY THERAPY	0.177353	286,642	65.00
66.00	06600	PHYSICAL THERAPY	0.364163	917,967	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.320526	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.257221	957,955	67.00
68.00	06800	SPEECH PATHOLOGY	0.306975	230,882	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081966	12,052	69.00
69.01	06901	CARDIAC REHAB	0.436792	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.465298	7,159	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221260	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208027	169,663	73.00
76.00	03020	RENAL ACUTE	0.595262	37,274	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.811118	0	90.00
90.05	09005	PATIENT NUTRITION	0.482503	0	90.05
90.07	09007	WOUND CLINIC	0.288341	0	90.07
91.00	09100	EMERGENCY	0.125947	5,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470334	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,123,447	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)		3,123,447	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/21/2024 12:12 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		3,687,028	30.00
31.00	03100	INTENSIVE CARE UNIT		1,115,180	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		68,334	41.00
43.00	04300	NURSERY		1,990,663	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151662	1,598,153	242,379 50.00
50.01	05001	CARDIAC SURGERY	0.544741	0	0 50.01
50.02	05002	WVSC	0.129318	0	0 50.02
51.00	05100	RECOVERY ROOM	0.346430	70,997	24,595 51.00
51.02	05101	O/P TREATMENT ROOM	0.960239	0	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.308062	388,348	119,635 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206751	519,317	107,369 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148707	0	0 55.00
56.00	05600	RADIOISOTOPE	0.184849	34,926	6,456 56.00
57.00	05700	CT SCAN	0.078707	623,414	49,067 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.172269	88,076	15,173 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.249648	328,371	81,977 59.00
60.00	06000	LABORATORY	0.117317	2,231,814	261,830 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520750	68,650	35,749 62.00
65.00	06500	RESPIRATORY THERAPY	0.177353	1,428,117	253,281 65.00
66.00	06600	PHYSICAL THERAPY	0.364163	151,864	55,303 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.320526	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.257221	129,534	33,319 67.00
68.00	06800	SPEECH PATHOLOGY	0.306975	33,329	10,231 68.00
69.00	06900	ELECTROCARDIOLOGY	0.081966	557,002	45,655 69.00
69.01	06901	CARDIAC REHAB	0.436792	1,462	639 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.465298	20,129	9,366 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221260	198,989	44,028 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208027	1,059,495	220,404 73.00
76.00	03020	RENAL ACUTE	0.595262	78,552	46,759 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.811118	0	0 90.00
90.05	09005	PATIENT NUTRITION	0.482503	0	0 90.05
90.07	09007	WOUND CLINIC	0.288341	0	0 90.07
91.00	09100	EMERGENCY	0.125670	1,098,328	138,027 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470334	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,708,867	1,801,242 200.00
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)		10,708,867	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/21/2024 12:12 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		102	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151662	2,391	363 50.00
50.01	05001	CARDIAC SURGERY	0.544741	0	0 50.01
50.02	05002	WVSC	0.129318	0	0 50.02
51.00	05100	RECOVERY ROOM	0.346430	106	37 51.00
51.02	05101	O/P TREATMENT ROOM	0.960239	0	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.308062	581	179 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206751	777	161 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148707	0	0 55.00
56.00	05600	RADIOISOTOPE	0.184849	52	10 56.00
57.00	05700	CT SCAN	0.078707	933	73 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.172269	132	23 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.249648	491	123 59.00
60.00	06000	LABORATORY	0.117317	3,339	392 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520750	103	54 62.00
65.00	06500	RESPIRATORY THERAPY	0.177353	2,137	379 65.00
66.00	06600	PHYSICAL THERAPY	0.364163	227	83 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.320526	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.257221	194	50 67.00
68.00	06800	SPEECH PATHOLOGY	0.306975	50	15 68.00
69.00	06900	ELECTROCARDIOLOGY	0.081966	833	68 69.00
69.01	06901	CARDIAC REHAB	0.436792	2	1 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.465298	30	14 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221260	298	66 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208027	1,585	330 73.00
76.00	03020	RENAL ACUTE	0.595262	118	70 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.811118	0	0 90.00
90.05	09005	PATIENT NUTRITION	0.482503	0	0 90.05
90.07	09007	WOUND CLINIC	0.288341	0	0 90.07
91.00	09100	EMERGENCY	0.125670	1,643	206 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470334	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		16,022	2,697 200.00
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)		16,022	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/21/2024 12:12 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)		38,523,644	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,869,888	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)		144,954	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		56,574	2.04
3.00	Managed Care Simulated Payments		14,243,205	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		231.30	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		20.59	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).		0.052832	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.054018	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.052832	21.00
22.00	IME payment adjustment (see instructions)		1,461,889	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		405,148	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)		8.37	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)		8.37	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.036187	26.00
27.00	IME payments adjustment factor. (see instructions)		0.009571	27.00
28.00	IME add-on adjustment amount (see instructions)		491,887	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		136,322	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,953,776	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		541,470	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.95	31.00
32.00	Sum of lines 30 and 31		32.04	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.65	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/21/2024 12:12 pm	
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			2,010,772	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)	6,874,403,459	5,938,006,757		35.00
35.01	Factor 3 (see instructions)	0.000471231	0.000439805		35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	3,239,432	2,611,565		35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	2,422,917	656,459		35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	3,079,376			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)	58,638,984			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)		59,180,454		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,316,315		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).		599,355		52.00
53.00	Nursing and Allied Health Managed Care payment		9,562		53.00
54.00	Special add-on payments for new technologies		15,774		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)		22,209		58.00
59.00	Total (sum of amounts on lines 49 through 58)		64,143,669		59.00
60.00	Primary payer payments		36,497		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		64,107,172		61.00
62.00	Deductibles billed to program beneficiaries		5,332,024		62.00
63.00	Coinsurance billed to program beneficiaries		28,712		63.00
64.00	Allowable bad debts (see instructions)		198,995		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		129,347		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		198,995		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		58,875,783		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)		-49,756		70.93
70.94	HRR adjustment amount (see instructions)		-167,129		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/21/2024 12:12 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		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)			58,658,898	71.00
71.01	Sequestration adjustment (see instructions)			1,173,178	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			57,183,352	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			302,368	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,177,432	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)				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 01/01/2023
To 12/31/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2024 12:12 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	38,523,644	0	38,523,644	38,523,644	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,869,888	0		12,869,888	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	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	144,954	0	144,954	144,954	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	56,574	0		56,574	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	14,243,205	0	13,259,951	983,254	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.052832	0.052832	0.052832	0.052832	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,461,889	0	1,095,805	366,084	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	405,148	0	377,179	27,969	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	0.009571	0.009571	0.009571	0.009571	7.00	
8.00	IME adjustment (see instructions)	28.00	491,887	0	368,709	123,178	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	136,322	0	126,911	9,411	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,953,776	0	1,464,514	489,262	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	541,470	0	504,090	37,380	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1565	0.1565	0.1565	0.1565	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,010,772	0	1,507,238	503,534	11.00	
11.01	Uncompensated care payments	36.00	3,079,376	0	2,422,917	656,459	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	58,638,984	0	44,063,267	14,575,717	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	59,180,454	0	44,567,357	14,613,097	15.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2024 12:12 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	4,316,315	0	3,218,070	1,098,245	4,316,315	16.00
17.00	Special add-on payments for new technologies	54.00	15,774	0	15,774	0	15,774	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	47,801,201	15,711,342	63,512,543	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	3,902,573	0	2,909,195	993,378	3,902,573	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	26,997	0	20,574	6,423	26,997	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	0.0320	0.0320	0.0320	0.0320		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,882	0	93,094	31,788	124,882	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0671	0.0671	0.0671	0.0671		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	261,863	0	195,207	66,656	261,863	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,316,315	0	3,218,070	1,098,245	4,316,315	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 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2024 12:12 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	38,523,644	38,523,644		38,523,644	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,869,888		12,869,888	12,869,888	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	144,954	144,954		144,954	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	56,574		56,574	56,574	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,243,205	13,259,951	983,254	14,243,205	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.052832	0.052832	0.052832		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,461,889	1,095,805	366,084	1,461,889	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	405,148	377,179	27,969	405,148	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	0.009571	0.009571	0.009571		7.00
8.00	IME adjustment (see instructions)	28.00	491,887	368,709	123,178	491,887	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	136,322	126,911	9,411	136,322	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,953,776	1,464,514	489,262	1,953,776	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	541,470	504,090	37,380	541,470	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1565	0.1565	0.1565		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,010,772	1,507,238	503,534	2,010,772	11.00
11.01	Uncompensated care payments	36.00	3,079,376	2,422,917	656,459	3,079,376	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	58,638,984	44,063,267	14,575,717	58,638,984	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	59,180,454	44,567,357	14,613,097	59,180,454	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,316,315	3,218,070	1,098,245	4,316,315	16.00
17.00	Special add-on payments for new technologies	54.00	15,774	15,774	0	15,774	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			47,801,201	15,711,342	63,512,543	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2024 12:12 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	3,902,573	2,909,195	993,378	3,902,573	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	26,997	20,574	6,423	26,997	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	0.0320	0.0320	0.0320		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,882	93,094	31,788	124,882	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0671	0.0671	0.0671		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	261,863	195,207	66,656	261,863	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,316,315	3,218,070	1,098,245	4,316,315	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	-49,756	0	-49,756	-49,756	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	-167,129	-100,206	-66,923	-167,129	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 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/21/2024 12:12 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,811	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		68,705,951	2.00
3.00	OPPTS or REH payments		67,804,516	3.00
4.00	Outlier payment (see instructions)		8,301	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 including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		136,069	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,811	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		8,771	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)		8,771	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)		8,771	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,960	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)		1,811	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)		67,948,886	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)		11,262,897	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)		56,687,800	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		713,098	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		57,400,898	30.00
31.00	Primary payer payments		8,278	31.00
32.00	Subtotal (line 30 minus line 31)		57,392,620	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)		303,249	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		197,112	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		303,249	36.00
37.00	Subtotal (see instructions)		57,589,732	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-76	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)		57,589,808	40.00
40.01	Sequestration adjustment (see instructions)		1,151,796	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		56,685,639	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-247,627	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/21/2024 12:12 pm
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				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 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/21/2024 12:12 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		71	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27	2.00
3.00	OPPS or REH payments		156	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 including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		71	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
<u>Reasonable charges</u>				
12.00	Ancillary service charges		342	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)		342	14.00
<u>Customary charges</u>				
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)		342	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		271	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)		71	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)		156	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)		0	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)		227	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		227	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		227	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)		227	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)		227	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		223	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-1	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/21/2024 12:12 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
MEDICARE 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 01/01/2023 To 12/31/2023		Worksheet E-1 Part I Date/Time Prepared: 5/21/2024 12:12 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		56,160,506		55,412,356	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	12/31/2023	1,022,846	12/31/2023	1,273,283		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)		1,022,846		1,273,283		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)		57,183,352		56,685,639		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		302,368		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		247,627		6.02
7.00	Total Medicare program liability (see instructions)		57,485,720		56,438,012		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 01/01/2023 To 12/31/2023	Worksheet E-1 Part I Date/Time Prepared: 5/21/2024 12:12 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				223 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		2,902,653		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)				0 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)		2,902,653		223 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)				0 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)				0 6.00
6.01	SETTLEMENT TO PROVIDER		0		0 6.01
6.02	SETTLEMENT TO PROGRAM		49,667		1 6.02
7.00	Total Medicare program liability (see instructions)		2,852,986		222 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/21/2024 12:12 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 01/01/2023 To 12/31/2023	Worksheet E-3 Part III Date/Time Prepared: 5/21/2024 12:12 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,809,447 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0354 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			114,064 3.00
4.00	Outlier Payments			5,108 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)			20.59 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)			8.846575 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)			2,928,619 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)			2,928,619 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,928,619 19.00
20.00	Deductibles			12,800 20.00
21.00	Subtotal (line 19 minus line 20)			2,915,819 21.00
22.00	Coinurance			4,800 22.00
23.00	Subtotal (line 21 minus line 22)			2,911,019 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)			2,911,019 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)			191 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)			2,911,210 32.00
32.01	Sequestration adjustment (see instructions)			58,224 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,902,653 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)			-49,667 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			5,108 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 ON OR BEFORE MAY 11, 2023 (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 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2024 12:12 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		4,268,269		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)		4,268,269	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)		4,268,269	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		6,861,206		8.00
9.00	Ancillary service charges		10,708,867	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)		17,570,073	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)		17,570,073	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		13,301,804	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)		4,268,269	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)		4,268,269	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)		4,268,269	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)		4,268,269	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		4,268,269	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)		4,268,269	0	40.00
41.00	Interim payments		8,677,843	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-4,409,574	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 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2024 12:12 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	19,126		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)	19,126	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)	19,126	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	102		8.00
9.00	Ancillary service charges	16,022	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)	16,124	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)	16,124	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)	3,002	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)	16,124	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)	16,124	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	3,002	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	16,124	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)	16,124	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	16,124	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)	16,124	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	16,124	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 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/21/2024 12:12 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)			0.00	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)			0.00	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)			0.00	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)			20.59	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.	20.59	0.00	20.59	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	155,434.28	155,434.28		18.00
18.01	Per resident amount under §131 of the CAA 2021	155,434.28	155,434.28		18.01
19.00	Approved amount for resident costs	2,319,079	0	2,319,079	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)			5.67	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.67	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			123,531.18	23.00
24.00	Multiply line 22 time line 23			700,422	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,019,501	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/21/2024 12:12 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)	23,369	7,546				26.00
27.00	Total Inpatient Days (see instructions)	70,557	70,557				27.00
28.00	Ratio of inpatient days to total inpatient days	0.331207	0.106949				28.00
29.00	Program direct GME amount	1,000,080	322,933		1,323,013		29.00
29.01	Percent reduction for MA DGME		3.27				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		10,560		10,560		30.00
31.00	Net Program direct GME amount				1,312,453		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)				57,892,454		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)				36,497		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				57,855,957		41.00
Part B Reasonable Cost							
42.00	Reasonable cost (see instructions)				68,843,929		42.00
43.00	Primary payer payments (see instructions)				8,278		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)				68,835,651		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)				126,691,608		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.456668		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.543332		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B							
48.00	Total program GME payment (line 31)				1,312,453		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)				599,355		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)				713,098		50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/21/2024 12:12 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 01/01/2023
To 12/31/2023

Worksheet G
Date/Time Prepared:
5/21/2024 12:12 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	66,385,273	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	68,481,893	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	10,546,951	0	0	0	7.00
8.00	Prepaid expenses	-29,915,820	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)	115,498,297	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,002,582	0	0	0	12.00
13.00	Land improvements	21,393,341	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	307,990,763	0	0	0	15.00
16.00	Accumulated depreciation	-412,161,856	0	0	0	16.00
17.00	Leasehold improvements	109,630,654	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	219,386,851	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)	265,242,335	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	292,934,778	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	292,934,778	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	673,675,410	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	59,131,966	0	0	0	37.00
38.00	Salaries, wages, and fees payable	23,817,767	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	4,258,038	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	87,207,771	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	50,034,739	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	219,104,824	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	269,139,563	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	356,347,334	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	317,328,076				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)	317,328,076	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	673,675,410	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-1

Date/Time Prepared:
5/21/2024 12:12 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		211,724,713		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		105,603,363				2.00
3.00	Total (sum of line 1 and line 2)		317,328,076		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)		317,328,076		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)		317,328,076		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 01/01/2023
To 12/31/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2024 12:12 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	146,811,831		146,811,831	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,256,695		6,256,695	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)	153,068,526		153,068,526	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	31,096,549		31,096,549	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	22,666,541		22,666,541	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	53,763,090		53,763,090	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	206,831,616		206,831,616	17.00
18.00	Ancillary services	416,641,752	1,330,048,905	1,746,690,657	18.00
19.00	Outpatient services	48,340,522	119,998,037	168,338,559	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	7,901,986	7,901,986	27.00
27.01	RENTAL PROPERTY	0	0	0	27.01
27.02	FAMILY PRACTICE	0	1,327,111	1,327,111	27.02
27.03	WELLNESS	0	0	0	27.03
27.04	PHYSICIAN PRACTICES	1,571,156	30,472,066	32,043,222	27.04
27.05	SYCAMORE SPORTS MED	0	0	0	27.05
27.06	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	248,151	134,164	382,315	27.06
27.07	PRO FEES	2,619,605	2,624,042	5,243,647	27.07
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	676,252,802	1,492,506,311	2,168,759,113	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		477,488,664		29.00
30.00	HOME OFFICE	118,032,206			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)		118,032,206		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)		595,520,870		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-3

Date/Time Prepared:
5/21/2024 12:12 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,168,759,113	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,537,300,730	2.00
3.00	Net patient revenues (line 1 minus line 2)	631,458,383	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	595,520,870	4.00
5.00	Net income from service to patients (line 3 minus line 4)	35,937,513	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	32,338,792	24.00
24.01	TRANSFERS AND OTHER ALLOCATED	2,206,107	24.01
24.02	INTEREST INCOME	34,250,831	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	-341	24.05
24.06	OTHER INCOME AND EXPENSE	870,461	24.06
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	69,665,850	25.00
26.00	Total (line 5 plus line 25)	105,603,363	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)	105,603,363	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/21/2024 12:12 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,902,573	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		26,997	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)		184.46	3.00
4.00	Number of interns & residents (see instructions)		20.59	4.00
5.00	Indirect medical education percentage (see instructions)		3.20	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)		124,882	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.95	8.00
9.00	Sum of lines 7 and 8		32.04	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.71	10.00
11.00	Disproportionate share adjustment (see instructions)		261,863	11.00
12.00	Total prospective capital payments (see instructions)		4,316,315	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