

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).  
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

FORM APPROVED  
 OMB NO. 0938-0050  
 worksheet 5  
 Parts I-III  
 Date/Time Prepared:  
 5/25/2016 10:01 am

**PART I - COST REPORT STATUS**

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

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

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

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

Date: 5/25/2016 Time: 10:01 am

**PART II - CERTIFICATION**

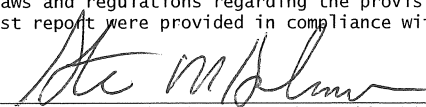
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNION HOSPITAL, INC. ( 150023 ) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 5/25/2016 Time: 10:01 am  
 jnknyS9CJagEYRQrmYtub7LEzrA0U0  
 Kt8wx0PUiukrObs83fwzsNvz8KdRPC  
 T018lwF.hH0vx7lw  
 PI: Date: 5/25/2016 Time: 10:01 am  
 0aCikfJmtBB5xfwZihL4tzj1fWYZR0  
 TDbih05go:7DRHuDi75bmi72uaSSPH  
 CdEq0vvBfs0d:Mcs

(Signed)   
 Officer or Administrator of Provider(s)  
 President & CEO  
 Title  
 Date 5/27/16

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,141,310	10,063	-89,638	-456,369	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-53,823	6		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	1,087,487	10,069	-89,638	-456,369	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 10:01 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 47804-		4.00 County: VIGO				
1.00 Street: 1606 NORTH SEVENTH ST		2.00 City: TERRE HAUTE								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	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 - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)					2				21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,213	4,865	1,220	489	5,649	17		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.	149	163	34	0	14			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 10:01 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	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 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.81	6.21	0.115385
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	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
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	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N 0
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 a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	
				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
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N		110.00
					1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	928,586	0				118.01
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 10:01 am	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	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	
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.	Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
				CBSA	FTE/Campus
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50		169.00	
		Beginning		Ending	
		1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2015		12/31/2015	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 10:01 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 10:01 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	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 nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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 co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/30/2016	Y	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
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/25/2016 10:01 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
34.00	Are 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
<b>Home Office Costs</b>					
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
<b>Cost Report Preparer Contact Information</b>					
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.	LANDON		HACKETT	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.	317-713-7929		LHACKETT@BLUEANDCO.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	03/30/2016	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)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	MANAGER	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: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	191	69,715	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)		191	69,715	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	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)		242	88,330	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		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						26.25
27.00 Total (sum of lines 14-26)		264				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)		17	6,205			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,539	2,213	47,733			1.00
2.00 HMO and other (see instructions)	3,394	12,223				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	211				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	24,539	2,213	47,733			7.00
8.00 INTENSIVE CARE UNIT	5,360	0	9,032			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY	0	0	3,528			12.00
13.00 NURSERY			3,606			13.00
14.00 Total (see instructions)	29,899	2,213	63,899	20.98	1,413.75	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,719	149	3,899	0.00	23.73	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				20.98	1,437.48	27.00
28.00 Observation Bed Days		0	9,212			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	17	30			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			346			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,646	418	14,455	1.00
2.00 HMO and other (see instructions)			674	2,722		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				17		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	6,646	418	14,455	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	203	10	294	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						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150023		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 10:01 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	101,330,647	0	101,330,647	2,989,564.00	33.89	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		25,000	0	25,000	167.00	149.70	4.00
4.01	Physicians - Part A - Teaching		1,061,414	0	1,061,414	9,405.00	112.86	4.01
5.00	Physician-Part B		15,953,161	0	15,953,161	54,371.00	293.41	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,244,062	1,244,062	43,634.00	28.51	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		11,727,482	-2,228,525	9,498,957	174,418.00	54.46	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		5,067,258	0	5,067,258	97,661.00	51.89	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		765,607	0	765,607	6,265.00	122.20	13.00
14.00	Home office salaries & wage-related costs		18,172,431	0	18,172,431	352,824.00	51.51	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		21,832,647	0	21,832,647			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,204,213	0	2,204,213			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		5,024	0	5,024			22.00
22.01	Physician Part A - Teaching		221,016	0	221,016			22.01
23.00	Physician Part B		2,229,630	0	2,229,630			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		367,199	0	367,199			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	275,653	529,709	805,362	30,849.00	26.11	26.00
27.00	Administrative & General	5.00	6,864,858	-425,289	6,439,569	237,172.00	27.15	27.00
28.00	Administrative & General under contract (see inst.)		2,203,190	0	2,203,190	12,492.00	176.37	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	915,499	0	915,499	38,134.00	24.01	30.00
31.00	Laundry & Linen Service	8.00	661,194	0	661,194	43,422.00	15.23	31.00
32.00	Housekeeping	9.00	1,878,284	0	1,878,284	129,338.00	14.52	32.00
33.00	Housekeeping under contract (see instructions)		351,837	0	351,837	28,588.00	12.31	33.00
34.00	Dietary	10.00	1,508,725	-6,972	1,501,753	98,807.00	15.20	34.00
35.00	Dietary under contract (see instructions)		196,434	0	196,434	16,449.00	11.94	35.00
36.00	Cafeteria	11.00	425,493	0	425,493	32,108.00	13.25	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,259,863	0	1,259,863	28,218.00	44.65	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2016 10:01 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	2,029,534	0	2,029,534	90,945.00	22.32	41.00
42.00	Social Service	17.00	144,181	0	144,181	4,080.00	35.34	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/25/2016 10:01 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	87,067,533	-1,244,062	85,823,471	2,939,683.00	29.19	1.00
2.00	Excluded area salaries (see instructions)	11,727,482	-2,228,525	9,498,957	174,418.00	54.46	2.00
3.00	Subtotal salaries (line 1 minus line 2)	75,340,051	984,463	76,324,514	2,765,265.00	27.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,005,296	0	24,005,296	456,750.00	52.56	4.00
5.00	Subtotal wage-related costs (see inst.)	21,837,671	0	21,837,671	0.00	28.61	5.00
6.00	Total (sum of lines 3 thru 5)	121,183,018	984,463	122,167,481	3,222,015.00	37.92	6.00
7.00	Total overhead cost (see instructions)	18,714,745	97,448	18,812,193	790,602.00	23.79	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2016 10:01 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	2,747,348	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)	7,500,781	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	9,538,752	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	-163	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	39,570	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)	82,651	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	116,331	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,574,727	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	93,998	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	165,735	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,859,730	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/25/2016 10:01 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/25/2016 10:01 am
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.251556	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		24,705,694	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 or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		135,060,966	6.00
7.00	Medicaid cost (line 1 times line 6)		33,975,396	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		9,269,702	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,269,702	19.00
			1.00	
			1.00	
			2.00	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	21,208,340	0	21,208,340
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,335,085	0	5,335,085
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	5,335,085	0	5,335,085
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		27,731,084	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,296,096	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		26,434,988	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		6,649,880	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,984,965	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,254,667	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A  
Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		12,369,614	12,369,614	11,721,669	24,091,283	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		6,196,354	6,196,354	4,091,383	10,287,737	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	275,653	25,648	301,301	1,872,823	2,174,124	4.00
5.01	00540	NONPATIENT TELEPHONES	547,443	416,165	963,608	0	963,608	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	1,169,503	588,700	1,758,203	0	1,758,203	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	5,147,912	30,129,029	35,276,941	-16,483,012	18,793,929	5.06
7.00	00700	OPERATION OF PLANT	915,499	7,072,836	7,988,335	0	7,988,335	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	661,194	344,274	1,005,468	0	1,005,468	8.00
9.00	00900	HOUSEKEEPING	1,878,284	2,274,071	4,152,355	0	4,152,355	9.00
10.00	01000	DIETARY	1,508,725	949,937	2,458,662	-41,528	2,417,134	10.00
11.00	01100	CAFETERIA	425,493	987,268	1,412,761	0	1,412,761	11.00
13.00	01300	NURSING ADMINISTRATION	1,259,863	239,431	1,499,294	0	1,499,294	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,029,534	1,059,255	3,088,789	0	3,088,789	16.00
17.00	01700	SOCIAL SERVICE	144,181	16,234	160,415	0	160,415	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,351,285	1,351,285	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,632,790	2,632,790	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	176,839	176,839	23.00
23.01	02341	OTHER MEDICAL	422,723	31,918	454,641	73,282	527,923	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,930,458	5,808,621	26,739,079	-1,171,218	25,567,861	30.00
31.00	03100	INTENSIVE CARE UNIT	5,348,477	1,640,654	6,989,131	104,415	7,093,546	31.00
35.00	02040	INTENSIVE NURSERY	1,721,407	823,533	2,544,940	40,786	2,585,726	35.00
41.00	04100	SUBPROVIDER - I&R	1,336,737	329,705	1,666,442	45,075	1,711,517	41.00
43.00	04300	NURSERY	0	38,178	38,178	1,066,306	1,104,484	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,538,686	13,818,000	22,356,686	-6,080,789	16,275,897	50.00
50.01	05001	CARDIAC SURGERY	2,208,958	2,425,323	4,634,281	-529,266	4,105,015	50.01
50.02	05002	WASC	41,599	11,976,467	12,018,066	-792,190	11,225,876	50.02
51.00	05100	RECOVERY ROOM	1,421,459	303,249	1,724,708	0	1,724,708	51.00
51.02	05101	O/P TREATMENT ROOM	2,127,526	372,149	2,499,675	0	2,499,675	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,910,715	809,764	4,720,479	0	4,720,479	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,607,676	4,155,316	12,762,992	-176,839	12,586,153	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	385,628	4,519,515	4,905,143	0	4,905,143	55.00
56.00	05600	RADIOISOTOPE	339,601	896,629	1,236,230	0	1,236,230	56.00
57.00	05700	CT SCAN	1,026,214	976,782	2,002,996	0	2,002,996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	493,656	1,012,186	1,505,842	0	1,505,842	58.00
59.00	05900	CARDIAC CATHETERIZATION	646,199	19,864,243	20,510,442	-3,243,252	17,267,190	59.00
60.00	06000	LABORATORY	0	9,278,510	9,278,510	0	9,278,510	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,691,617	1,691,617	0	1,691,617	62.00
65.00	06500	RESPIRATORY THERAPY	2,625,970	1,081,609	3,707,579	0	3,707,579	65.00
66.00	06600	PHYSICAL THERAPY	0	3,957,184	3,957,184	0	3,957,184	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	3,307,384	3,307,384	0	3,307,384	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	395,966	395,966	0	395,966	68.00
69.00	06900	ELECTROCARDIOLOGY	1,407,971	550,612	1,958,583	0	1,958,583	69.00
69.01	06901	CARDIAC REHAB	260,207	49,171	309,378	0	309,378	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,426,120	789,893	3,216,013	0	3,216,013	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	914,347	914,347	-43,836	870,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,645,497	10,645,497	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,662,925	31,960,534	35,623,459	-1,623,141	34,000,313	73.00
76.00	03020	RENAL ACUTE	0	1,647,933	1,647,933	0	1,647,933	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	232,418	41,826	274,244	0	274,244	90.00
90.05	09005	PATIENT NUTRITION	303,885	45,510	349,395	0	349,395	90.05
90.07	09007	WOUND CLINIC	324,461	857,095	1,181,556	0	1,181,556	90.07
91.00	09100	EMERGENCY	4,647,665	3,462,589	8,110,254	0	8,110,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	91,362,625	192,502,828	283,865,453	3,637,079	287,502,532	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	1,129,693	1,633,577	2,763,270	67,730	2,831,000	194.00
194.01	07951	RENTAL PROPERTY	83,143	156,453	239,596	0	239,596	194.01
194.02	07954	FAMILY PRACTICE	3,968,805	1,713,456	5,682,261	-3,984,075	1,698,186	194.02
194.03	07952	WELLNESS	0	0	0	360,134	360,134	194.03
194.04	07955	PHYSICIAN PRACTICES	4,419,748	4,678,170	9,097,918	0	9,097,918	194.04
194.06	07953	SYCAMORE SPORTS MED	11,300	700,360	711,660	0	711,660	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150023		Period: From 01/01/2015 To 12/31/2015		Worksheet A Date/Time Prepared: 5/25/2016 10:01 am	
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	355,333	346,215	701,548	-80,868	620,680	194.07
200.00		TOTAL (SUM OF LINES 118-199)	101,330,647	201,731,059	303,061,706	0	303,061,706	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A  
Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,361,416	22,729,867	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-595,885	9,691,852	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,609,250	19,783,374	4.00
5.01	00540	NONPATIENT TELEPHONES	-124,148	839,460	5.01
5.02	00550	DATA PROCESSING	11,189,026	11,189,026	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,129,933	1,129,933	5.03
5.04	00570	ADMINISTRATIVE	0	1,758,203	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,412,988	6,412,988	5.05
5.06	00590	OTHER ADMIN AND GENERAL	1,361,900	20,155,829	5.06
7.00	00700	OPERATION OF PLANT	949,746	8,938,081	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-23,402	982,066	8.00
9.00	00900	HOUSEKEEPING	-222,551	3,929,804	9.00
10.00	01000	DIETARY	-137,121	2,280,013	10.00
11.00	01100	CAFETERIA	-1,486,927	-74,166	11.00
13.00	01300	NURSING ADMINISTRATION	1,233,363	2,732,657	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	539,538	3,628,327	16.00
17.00	01700	SOCIAL SERVICE	0	160,415	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,351,285	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-94,920	2,537,870	22.00
23.00	02300	PARAMED ED PRGM	0	176,839	23.00
23.01	02341	OTHER MED ED	-302,376	225,547	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,488,674	24,079,187	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,093,546	31.00
35.00	02040	INTENSIVE NURSERY	-483,933	2,101,793	35.00
41.00	04100	SUBPROVIDER - IIRF	0	1,711,517	41.00
43.00	04300	NURSERY	0	1,104,484	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-5,400,308	10,875,589	50.00
50.01	05001	CARDIAC SURGERY	-2,093,043	2,011,972	50.01
50.02	05002	WVSC	102,771	11,328,647	50.02
51.00	05100	RECOVERY ROOM	4,422	1,729,130	51.00
51.02	05101	O/P TREATMENT ROOM	0	2,499,675	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,294,047	3,426,432	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,375,343	7,210,810	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,905,143	55.00
56.00	05600	RADIOISOTOPE	-19,250	1,216,980	56.00
57.00	05700	CT SCAN	203,008	2,206,004	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,472	1,557,314	58.00
59.00	05900	CARDIAC CATHETERIZATION	243,088	17,510,278	59.00
60.00	06000	LABORATORY	-45,091	9,233,419	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,691,617	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,707,579	65.00
66.00	06600	PHYSICAL THERAPY	-1,611,954	2,345,230	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	-1,282,055	2,025,329	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,362,854	1,362,854	67.00
68.00	06800	SPEECH PATHOLOGY	108,470	504,436	68.00
69.00	06900	ELECTROCARDIOLOGY	-48,616	1,909,967	69.00
69.01	06901	CARDIAC REHAB	3,037	312,415	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,322,938	893,075	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-13,607	856,904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,645,497	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,470	34,022,788	73.00
76.00	03020	RENAL ACUTE	0	1,647,933	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	274,244	90.00
90.05	09005	PATIENT NUTRITION	-3,279	346,116	90.05
90.07	09007	WOUND CLINIC	5,320	1,186,876	90.07
91.00	09100	EMERGENCY	-1,518,880	6,591,374	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,182,892	302,685,424	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	2,831,000	194.00
194.01	07951	RENTAL PROPERTY	0	239,596	194.01
194.02	07954	FAMILY PRACTICE	0	1,698,186	194.02
194.03	07952	WELLNESS	0	360,134	194.03
194.04	07955	PHYSICIAN PRACTICES	0	9,097,918	194.04
194.06	07953	SYCAMORE SPORTS MED	-567,138	144,522	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	620,680	194.07
200.00		TOTAL (SUM OF LINES 118-199)	14,615,754	317,677,460	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>B - PARAMED</b>					
1.00	PARAMED ED PRGM	23.00	145,367	31,472	1.00
	O		145,367	31,472	
<b>C - FITNESS ACTIVITY</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	170,966	71,130	1.00
2.00	WELLNESS	194.03	254,323	105,811	2.00
	O		425,289	176,941	
<b>D - CLAY CITY RURAL HEALTH</b>					
1.00	RURAL HEALTH	194.00	0	44,500	1.00
	O		0	44,500	
<b>E - CORK MEDICAL RURAL HEALTH</b>					
1.00	RURAL HEALTH	194.00	0	23,230	1.00
	O		0	23,230	
<b>F - HOUSE NURSE ASSISTANT</b>					
1.00	INTENSIVE CARE UNIT	31.00	93,635	10,780	1.00
2.00	INTENSIVE NURSERY	35.00	36,575	4,211	2.00
3.00	SUBPROVIDER - IRF	41.00	40,421	4,654	3.00
	O		170,631	19,645	
<b>G - EMPLOYEE ACCESS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	68,362	12,506	1.00
	O		68,362	12,506	
<b>H - TUBE FEEDING</b>					
1.00	ADULTS & PEDIATRICS	30.00	6,972	34,556	1.00
	O		6,972	34,556	
<b>I - FAMILY MEDICINE</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,244,062	107,223	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,422,956	1,209,834	2.00
	O		2,667,018	1,317,057	
<b>J - LOBBY PHARMACY</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	290,381	1,259,478	1.00
	O		290,381	1,259,478	
<b>K - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,645,497	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
	O		0	10,645,497	
<b>L - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	11,789,399	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,091,383	2.00
	O		0	15,880,782	
<b>M - PLUM PUMPS AND OTHER</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	43,836	1.00
	O		0	43,836	
<b>N - NURSERY</b>					
1.00	NURSERY	43.00	1,029,950	36,356	1.00
	O		1,029,950	36,356	
<b>O - PHARMACY PARAMED</b>					
1.00	OTHER MED ED	23.01	66,744	6,538	1.00
	O		66,744	6,538	
500.00	Grand Total: Increases		4,870,714	29,532,394	500.00



		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>B - PARAMED</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	145,367	31,472	0		1.00
	O		145,367	31,472			
<b>C - FITNESS ACTIVITY</b>							
1.00	OTHER ADMIN AND GENERAL	5.06	425,289	176,941	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		425,289	176,941			
<b>D - CLAY CITY RURAL HEALTH</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	44,500	9		1.00
	O		0	44,500			
<b>E - CORK MEDICAL RURAL HEALTH</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23,230	9		1.00
	O		0	23,230			
<b>F - HOUSE NURSE ASSISTANT</b>							
1.00	ADULTS & PEDIATRICS	30.00	170,631	19,645	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
	O		170,631	19,645			
<b>G - EMPLOYEE ACCESS</b>							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	68,362	12,506	0		1.00
	O		68,362	12,506			
<b>H - TUBE FEEDING</b>							
1.00	DIETARY	10.00	6,972	34,556	0		1.00
	O		6,972	34,556			
<b>I - FAMILY MEDICINE</b>							
1.00	FAMILY PRACTICE	194.02	2,667,018	1,317,057	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		2,667,018	1,317,057			
<b>J - LOBBY PHARMACY</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	290,381	1,259,478	0		1.00
	O		290,381	1,259,478			
<b>K - IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	6,080,789	0		1.00
2.00	CARDIAC SURGERY	50.01	0	529,266	0		2.00
3.00	WVSC	50.02	0	792,190	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,243,252	0		4.00
	O		0	10,645,497			
<b>L - INTEREST</b>							
1.00	OTHER ADMIN AND GENERAL	5.06	0	15,880,782	11		1.00
2.00	O	0.00	0	0	11		2.00
	O		0	15,880,782			
<b>M - PLUM PUMPS AND OTHER</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	43,836	0		1.00
	O		0	43,836			
<b>N - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,029,950	36,356	0		1.00
	O		1,029,950	36,356			
<b>O - PHARMACY PARAMED</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	66,744	6,538	0		1.00
	O		66,744	6,538			
500.00	Grand Total: Decreases		4,870,714	29,532,394			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	17,436,649	0	0	0	5,178	1.00
2.00	Land Improvements	19,528,558	67,264	0	67,264	92,863	2.00
3.00	Buildings and Fixtures	326,258,727	2,164,747	0	2,164,747	14,497	3.00
4.00	Building Improvements	1,526,209	73,585	0	73,585	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	129,289,251	6,367,585	0	6,367,585	2,277,378	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	494,039,394	8,673,181	0	8,673,181	2,389,916	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	494,039,394	8,673,181	0	8,673,181	2,389,916	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	17,431,471	0				1.00
2.00	Land Improvements	19,502,959	0				2.00
3.00	Buildings and Fixtures	328,408,977	0				3.00
4.00	Building Improvements	1,599,794	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	133,379,458	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	500,322,659	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	500,322,659	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/25/2016 10:01 am

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	12,369,614	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,196,354	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,565,968	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	12,369,614				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	6,196,354				2.00
3.00	Total (sum of lines 1-2)	0	18,565,968				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/25/2016 10:01 am

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	373,900,584	0	373,900,584	0.747319	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	126,422,075	0	126,422,075	0.252681	0	2.00
3.00	Total (sum of lines 1-2)	500,322,659	0	500,322,659	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	11,087,695	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,651,076	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,738,771	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	11,642,172	0	0	0	22,729,867	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,040,776	0	0	0	9,691,852	2.00
3.00	Total (sum of lines 1-2)	15,682,948	0	0	0	32,421,719	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-147,227	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-50,607	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	-4,628	PURCHASING RECEIVING AND STORES	5.03	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-70,537	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	-18,920	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	-19,282,251			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	54,868,363			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,329,493	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	A	-13,607	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients	A	-37,521	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-44,216	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	A	-12,849	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
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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
33.00 TELEPHONE DEPRECIATION	A	-238	NEW CAP REL COSTS-MVBLE		2.00		9	33.00
			EQUIP					
34.00 VENDING HOUSEKEEPING	A	-20,982	HOUSEKEEPING		9.00		0	34.00
35.00 MEALS SOLD	B	-48,357	DIETARY		10.00		0	35.00
36.00 VISITORS MEALS	A	-379,043	CAFETERIA		11.00		0	36.00
38.00 LAB - BLDG	B	-146,995	NEW CAP REL COSTS-BLDG & FIXT		1.00		9	38.00
39.00 LAB - ADMINISTRATION	B	-492	OTHER ADMIN AND GENERAL		5.06		0	39.00
40.00 LAB - LAUNDRY	B	-4,967	LAUNDRY & LINEN SERVICE		8.00		0	40.00
41.00 LAB - HOUSEKEEPING	B	-78,979	HOUSEKEEPING		9.00		0	41.00
42.00 LAB - OPERATION OF PLANT	B	-216,040	OPERATION OF PLANT		7.00		0	42.00
42.01 HAMILTON CENTER OPERATION OF PLANT	A	-72,958	HOUSEKEEPING		9.00		0	42.01
45.00 HAMILTON CENTER NUTRITION	A	-231,841	DIETARY		10.00		0	45.00
45.01 FITNESS ACTIVITY	B	-173,720	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	45.01
45.02 EQUIPMENT RENTAL	B	-7,533	NEW CAP REL COSTS-MVBLE		2.00		9	45.02
			EQUIP					
45.03 UHF - HOUSEKEEPING	A	-960	HOUSEKEEPING		9.00		0	45.03
45.04 MISCELLANEOUS	B	-341,607	OTHER ADMIN AND GENERAL		5.06		0	45.04
45.05 CATERING	B	-8,802	CAFETERIA		11.00		0	45.05
45.06 MANAGEMENT SERVICES	B	-24,000	OTHER ADMIN AND GENERAL		5.06		0	45.06
45.07 PHYSICIAN MEALS	B	-616	CAFETERIA		11.00		0	45.07
45.08 OTHER RENTAL	B	-119,734	OPERATION OF PLANT		7.00		0	45.08
45.09 PHYSICIAN EQUIPMENT REVENUE	B	-22,972	OPERATION OF PLANT		7.00		0	45.09
45.24 UHF - ADMINISTRATION	B	-4,953	OTHER ADMIN AND GENERAL		5.06		0	45.24
45.26 LOBBY PHARMACY	B	-247,975	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	45.26
45.27 LOBBYING COSTS	A	-7,316	OTHER ADMIN AND GENERAL		5.06		0	45.27
45.29 AP&S REVENUE	B	-68,175	NONPATIENT TELEPHONES		5.01		0	45.29
45.32 AP&S REVENUE	B	-208,826	NEW CAP REL COSTS-BLDG & FIXT		1.00		9	45.32
45.37 AP&S REVENUE	B	-614,712	DATA PROCESSING		5.02		0	45.37
45.38 AP&S REVENUE	B	-3,420	OTHER ADMIN AND GENERAL		5.06		0	45.38
45.39 COH REVENUE	B	-37,568	NEW CAP REL COSTS-BLDG & FIXT		1.00		9	45.39
45.40 COH REVENUE	B	-4,650	NONPATIENT TELEPHONES		5.01		0	45.40
45.42 PHYSICIAN RENTAL	A	-537,816	NEW CAP REL COSTS-BLDG & FIXT		1.00		9	45.42
45.43 PHYSICIAN RENTAL	A	-418,148	OPERATION OF PLANT		7.00		0	45.43
45.44 ACCELERATED DEPRECIATION	A	-88,368	NEW CAP REL COSTS-BLDG & FIXT		1.00		9	45.44
45.45 CHILD BIRTH CLASS	B	-19,362	DELIVERY ROOM & LABOR ROOM		52.00		0	45.45
45.47 CONTINUING EDUCATION	B	-9,987	OTHER ADMIN AND GENERAL		5.06		9	45.47
45.48 EDUCATION SERVICES	B	-17,658	OTHER ADMIN AND GENERAL		5.06		0	45.48
45.49 TRANSCRIPTION	B	-1,094	MEDICAL RECORDS & LIBRARY		16.00		0	45.49
46.00 VHA	B	-200,855	DRUGS CHARGED TO PATIENTS		73.00		0	46.00
46.01 EMPLOYEE BENEFITS	B	-49	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	46.01
46.02 TIME SAVERS	B	-48,308	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	46.02
46.03 HOUSEKEEPING	B	-6,000	HOUSEKEEPING		9.00		0	46.03
46.04 LANDSBAUM	B	-83,803	OPERATION OF PLANT		7.00		0	46.04
46.07 MAPLE CENTER	B	-221,735	OTHER ADMIN AND GENERAL		5.06		0	46.07
46.08 PROF SUPPORT UHS	B	-1,222	OTHER ADMIN AND GENERAL		5.06		0	46.08
46.09 AP&S OTHER CHG/LAUNDRY REVENUE	B	-18,435	LAUNDRY & LINEN SERVICE		8.00		0	46.09
46.10 AP&S A/P PD SPACE/EQUIP RENT R	B	-15,958	NEW CAP REL COSTS-BLDG & FIXT		1.00		9	46.10
46.11 CODING CLASS REVENUE	B	-8,850	MEDICAL RECORDS & LIBRARY		16.00		0	46.11
46.12 WVHC ST ANN/ASH PHARMACY REVEN	B	-62,256	DRUGS CHARGED TO PATIENTS		73.00		0	46.12
46.13 HAF	A	-13,107,733	OTHER ADMIN AND GENERAL		5.06		0	46.13
46.14 CRNA S&W/BENEFITS	A	-1,274,685	DELIVERY ROOM & LABOR ROOM		52.00		0	46.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		14,615,754						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: 150023

Period: From 01/01/2015 To 12/31/2015

Worksheet A-8-1

Date/Time Prepared: 5/25/2016 10:01 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	23.01	OTHER MED ED	PARAMED	0	302,376 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,957,123 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	4,349,284 3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	244,858 4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,073,186 4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	467,409 4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,778,465	0 4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	3,811,777	0 4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	18,079,302	0 4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	212,455	0 4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	11,803,738	0 4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	1,205,098	0 4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	6,412,988	0 4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	15,102,023	0 4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	2,896,478	0 4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	424,737	0 4.12
4.13	10.00	DIETARY	HOME OFFICE	143,077	0 4.13
4.14	11.00	CAFETERIA	HOME OFFICE	231,027	0 4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,233,363	0 4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	593,698	0 4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	159,839	0 4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	12,721	0 4.18
4.19	50.02	WVSC	HOME OFFICE	102,771	0 4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	4,422	0 4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	151,501	0 4.21
4.22	57.00	CT SCAN	HOME OFFICE	203,008	0 4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (	HOME OFFICE	51,472	0 4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	243,088	0 4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	13,999	0 4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	13,821	0 4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	14,216	0 4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	4,313	0 4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	42,584	0 4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	3,037	0 4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	21,331	0 4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	323,102	0 4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	5,320	0 4.33
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,124,884	3,750,837 4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,311,120	2,606,996 4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	1,348,638	0 4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	409,135	304,978 4.39
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	567,138 4.41
5.00	0			70,492,548	15,624,185 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:  
5/25/2016 10:01 am

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
100.00	G. Other (financial or non-financial) specify:	OTHER				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.



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

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:  
5/25/2016 10:01 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-302,376	0		1.00
2.00	-1,957,123	9		2.00
3.00	-4,349,284	9		3.00
4.00	-244,858	0		4.00
4.01	-1,073,186	0		4.01
4.02	-467,409	0		4.02
4.03	1,778,465	9		4.03
4.04	3,811,777	9		4.04
4.05	18,079,302	0		4.05
4.06	212,455	0		4.06
4.07	11,803,738	0		4.07
4.08	1,205,098	0		4.08
4.09	6,412,988	0		4.09
4.10	15,102,023	0		4.10
4.11	2,896,478	0		4.11
4.12	424,737	0		4.12
4.13	143,077	0		4.13
4.14	231,027	0		4.14
4.15	1,233,363	0		4.15
4.16	593,698	0		4.16
4.17	159,839	0		4.17
4.18	12,721	0		4.18
4.19	102,771	0		4.19
4.20	4,422	0		4.20
4.21	151,501	0		4.21
4.22	203,008	0		4.22
4.23	51,472	0		4.23
4.24	243,088	0		4.24
4.25	13,999	0		4.25
4.26	13,821	0		4.26
4.27	14,216	0		4.27
4.28	4,313	0		4.28
4.29	42,584	0		4.29
4.30	3,037	0		4.30
4.31	21,331	0		4.31
4.32	323,102	0		4.32
4.33	5,320	0		4.33
4.36	-1,625,953	0		4.36
4.37	-1,295,876	0		4.37
4.38	1,348,638	0		4.38
4.39	104,157	0		4.39
4.41	-567,138	0		4.41
5.00	54,868,363			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: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:  
5/25/2016 10:01 am

	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: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:  
5/25/2016 10:01 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,061,414	0	1,061,414	211,500	9,505	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,496,147	1,479,897	16,250	211,500	65	2.00
3.00	35.00	INTENSIVE NURSERY	483,933	483,933	0	237,100	0	3.00
4.00	41.00	SUBPROVIDER - IRF	97,500	0	97,500	211,500	1,300	4.00
5.00	50.00	OPERATING ROOM	5,560,147	5,560,147	0	246,400	0	5.00
6.00	50.01	CARDIAC SURGERY	2,105,764	2,105,764	0	246,400	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	5,549,119	5,524,119	25,000	271,900	167	7.00
8.00	56.00	RADIOISOTOPE	19,250	19,250	0	271,900	0	8.00
9.00	60.00	LABORATORY	617,000	0	617,000	260,300	4,570	9.00
10.00	69.00	ELECTROCARDIOLOGY	102,000	91,200	10,800	197,500	120	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	2,344,269	2,344,269	0	197,500	0	11.00
12.00	90.05	PATIENT NUTRITION	5,000	0	5,000	179,000	20	12.00
13.00	91.00	EMERGENCY	1,537,936	1,518,880	19,056	211,500	628	13.00
200.00			20,979,479	19,127,459	1,852,020		16,375	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	966,494	48,325	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	6,609	330	0	0	79,587	2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	132,188	6,609	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	110,731	5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	0	67,847	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	21,830	1,092	0	0	98,843	7.00
8.00	56.00	RADIOISOTOPE	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	571,909	28,595	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	11,394	570	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	118,936	11.00
12.00	90.05	PATIENT NUTRITION	1,721	86	0	0	0	12.00
13.00	91.00	EMERGENCY	63,857	3,193	0	0	0	13.00
200.00			1,776,002	88,800	0	0	475,944	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	966,494	94,920	94,920		1.00
2.00	30.00	ADULTS & PEDIATRICS	864	7,473	8,777	1,488,674		2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	483,933		3.00
4.00	41.00	SUBPROVIDER - IRF	0	132,188	0	0		4.00
5.00	50.00	OPERATING ROOM	0	0	0	5,560,147		5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	2,105,764		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	445	22,275	2,725	5,526,844		7.00
8.00	56.00	RADIOISOTOPE	0	0	0	19,250		8.00
9.00	60.00	LABORATORY	0	571,909	45,091	45,091		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	11,394	0	91,200		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,344,269		11.00
12.00	90.05	PATIENT NUTRITION	0	1,721	3,279	3,279		12.00
13.00	91.00	EMERGENCY	0	63,857	0	1,518,880		13.00
200.00			1,309	1,777,311	154,792	19,282,251		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	22,729,867	22,729,867			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	9,691,852		9,691,852		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	19,783,374	179,482	0	19,962,856	4.00
5.01 00540	NONPATIENT TELEPHONES	839,460	15,282	62,720	109,027	1,026,489 5.01
5.02 00550	DATA PROCESSING	11,189,026	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	1,129,933	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	1,758,203	71,225	13,746	232,914	36,689 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,412,988	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	20,155,829	431,979	127,539	940,541	94,577 5.06
7.00 00700	OPERATION OF PLANT	8,938,081	7,873,741	289,596	182,328	57,888 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	982,066	139,287	184,522	131,681	14,676 8.00
9.00 00900	HOUSEKEEPING	3,929,804	123,585	167,352	374,073	6,523 9.00
10.00 01000	DIETARY	2,280,013	255,312	325,574	299,084	24,460 10.00
11.00 01100	CAFETERIA	-74,166	182,180	24,114	84,740	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,732,657	55,268	12,908	250,910	7,338 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,628,327	122,888	18,797	404,195	24,460 16.00
17.00 01700	SOCIAL SERVICE	160,415	4,559	0	28,715	3,261 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,351,285	0	0	247,763	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,537,870	0	0	283,391	0 22.00
23.00 02300	PARAMEDICAL PRGM	176,839	0	0	9,650	0 23.00
23.01 02341	OTHER MEDICAL	225,547	16,748	2,549	46,675	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	24,079,187	4,374,131	1,148,128	3,930,761	139,422 30.00
31.00 03100	INTENSIVE CARE UNIT	7,093,546	534,769	447,972	1,083,832	23,644 31.00
35.00 02040	INTENSIVE NURSERY	2,101,793	66,992	147,462	350,113	14,676 35.00
41.00 04100	SUBPROVIDER - IRF	1,711,517	458,729	51,990	274,270	25,275 41.00
43.00 04300	NURSERY	1,104,484	91,346	9,146	205,121	3,261 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,875,589	947,535	2,018,972	1,700,535	66,856 50.00
50.01 05001	CARDIAC SURGERY	2,011,972	41,870	178,445	439,928	4,892 50.01
50.02 05002	WVSC	11,328,647	698,480	298,766	8,285	0 50.02
51.00 05100	RECOVERY ROOM	1,729,130	33,310	49,488	283,093	14,676 51.00
51.02 05101	O/P TREATMENT ROOM	2,499,675	496,482	189,782	423,711	22,014 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,426,432	483,944	312,702	778,844	18,752 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,210,810	806,225	936,446	1,704,624	88,055 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,905,143	613,857	505,263	76,800	33,428 55.00
56.00 05600	RADIOISOTOPE	1,216,980	67,782	10,931	67,634	0 56.00
57.00 05700	CT SCAN	2,206,004	50,523	651	204,377	5,707 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,557,314	60,316	44,649	98,315	3,261 58.00
59.00 05900	CARDIAC CATHETERIZATION	17,510,278	388,318	156,602	128,695	27,721 59.00
60.00 06000	LABORATORY	9,233,419	0	0	0	6,523 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,691,617	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	3,707,579	49,639	317,969	522,979	11,414 65.00
66.00 06600	PHYSICAL THERAPY	2,345,230	236,099	40,362	0	18,752 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 66.01
66.02 06602	O/P PHYSICAL THERAPY	2,025,329	0	63,671	0	815 66.02
67.00 06700	OCCUPATIONAL THERAPY	1,362,854	38,567	12,897	0	4,077 67.00
68.00 06800	SPEECH PATHOLOGY	504,436	76,482	2,282	0	815 68.00
69.00 06900	ELECTROCARDIOLOGY	1,909,967	30,356	259,324	280,407	3,261 69.00
69.01 06901	CARDIAC REHAB	312,415	167,479	38,848	51,822	4,892 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	893,075	35,008	71,254	483,178	13,860 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	856,904	132,867	198,765	0	11,414 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,645,497	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	34,022,788	298,717	60,930	651,726	40,766 73.00
76.00 03020	RENAL ACUTE	1,647,933	81,995	1,060	0	3,261 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	274,244	5,071	0	46,288	0 90.00
90.05 09005	PATIENT NUTRITION	346,116	44,894	1,708	60,521	0 90.05
90.07 09007	WOUND CLINIC	1,186,876	90,694	21,167	64,619	10,599 90.07
91.00 09100	EMERGENCY	6,591,374	559,915	288,618	925,613	51,365 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	302,685,424	21,533,928	9,115,667	18,471,778	943,326 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00 07950	RURAL HEALTH	2,831,000	0	57,659	224,986	815 194.00
194.01 07951	RENTAL PROPERTY	239,596	0	12,425	16,558	0 194.01
194.02 07954	FAMILY PRACTICE	1,698,186	862,307	415,965	259,259	57,888 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

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	360,134	266,966	0	50,650	0	194.03
194.04 07955 PHYSICIAN PRACTICES	9,097,918	0	75,233	880,222	17,937	194.04
194.06 07953 SYCAMORE SPORTS MED	144,522	0	7,965	2,251	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	620,680	66,666	6,938	57,152	6,523	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 118-201)	317,677,460	22,729,867	9,691,852	19,962,856	1,026,489	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
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	11,189,026					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,129,933				5.03
5.04	00570	ADMINING	125,955	1,139	2,239,871			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	6,412,988		5.05
5.06	00590	OTHER ADMIN AND GENERAL	671,761	49	0	0	22,422,275	5.06
7.00	00700	OPERATION OF PLANT	199,429	161	0	0	17,541,224	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,985	1,325	0	0	1,495,542	8.00
9.00	00900	HOUSEKEEPING	10,496	38,976	0	0	4,650,809	9.00
10.00	01000	DIETARY	146,948	55	0	0	3,331,446	10.00
11.00	01100	CAFETERIA	52,481	2	0	0	269,351	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,059,081	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	608,784	54	0	0	4,807,505	16.00
17.00	01700	SOCIAL SERVICE	31,489	0	0	0	228,439	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,599,048	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,821,261	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	186,489	23.00
23.01	02341	OTHER MED ED	0	0	0	0	291,519	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,910,324	248,242	382,499	518,040	36,730,734	30.00
31.00	03100	INTENSIVE CARE UNIT	251,911	141,372	125,787	149,299	9,852,132	31.00
35.00	02040	INTENSIVE NURSERY	52,481	14,879	56,722	67,304	2,872,422	35.00
41.00	04100	SUBPROVIDER - IRF	451,340	12,096	17,490	20,756	3,023,463	41.00
43.00	04300	NURSERY	41,985	1	23,073	27,377	1,505,794	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	440,843	51,079	432,175	897,923	17,431,507	50.00
50.01	05001	CARDIAC SURGERY	41,985	251,508	58,133	71,919	3,100,652	50.01
50.02	05002	WVSC	0	8,914	0	547,885	12,890,977	50.02
51.00	05100	RECOVERY ROOM	73,474	25,581	8,071	23,250	2,240,073	51.00
51.02	05101	O/P TREATMENT ROOM	0	26,194	8,536	60,579	3,726,973	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,481	62,919	61,831	102,628	5,300,533	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	818,709	12,297	50,813	298,217	11,926,196	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	41,985	502	8,389	179,805	6,365,172	55.00
56.00	05600	RADIOISOTOPE	0	1,245	4,931	57,601	1,427,104	56.00
57.00	05700	CT SCAN	0	39,416	77,756	326,014	2,910,448	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,985	852	14,939	82,654	1,904,285	58.00
59.00	05900	CARDIAC CATHETERIZATION	199,429	8,631	128,539	545,368	19,093,581	59.00
60.00	06000	LABORATORY	20,993	0	170,404	424,298	9,855,637	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	10,605	15,672	1,717,894	62.00
65.00	06500	RESPIRATORY THERAPY	73,474	26,128	60,035	77,871	4,847,088	65.00
66.00	06600	PHYSICAL THERAPY	230,918	446	27,667	56,585	2,956,059	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	83,970	843	0	34,527	2,209,155	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	18,029	35,514	1,471,938	67.00
68.00	06800	SPEECH PATHOLOGY	10,496	0	4,614	10,774	609,899	68.00
69.00	06900	ELECTROCARDIOLOGY	125,955	3,854	41,950	90,153	2,745,227	69.00
69.01	06901	CARDIAC REHAB	20,993	156	912	6,428	603,945	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	41,985	652	15,768	45,159	1,599,939	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,887	11,181	14,103	1,227,121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,645,497	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	167,940	12,898	295,105	994,744	36,545,614	73.00
76.00	03020	RENAL ACUTE	0	7,645	15,359	20,326	1,777,579	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	9	3,013	328,625	90.00
90.05	09005	PATIENT NUTRITION	0	12	0	1,625	454,876	90.05
90.07	09007	WOUND CLINIC	41,985	6,197	0	27,966	1,450,103	90.07
91.00	09100	EMERGENCY	1,773,870	113,758	108,549	577,611	10,990,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,900,839	1,121,965	2,239,871	6,412,988	297,042,904	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,489	0	0	0	31,489	190.00
194.00	07950	RURAL HEALTH	650,769	2,267	0	0	3,767,496	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	268,579	194.01
194.02	07954	FAMILY PRACTICE	1,175,582	813	0	0	4,470,000	194.02
194.03	07952	WELLNESS	0	0	0	0	677,750	194.03
194.04	07955	PHYSICIAN PRACTICES	346,377	4,860	0	0	10,422,547	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	154,738	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,970	28	0	0	841,957	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS 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 118-201)	11,189,026	1,129,933	2,239,871	6,412,988	317,677,460	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
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5/25/2016 10:01 am

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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	22,422,275				5.06
7.00	00700	OPERATION OF PLANT	1,332,116	18,873,340			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113,574	185,674	1,794,790		8.00
9.00	00900	HOUSEKEEPING	353,192	164,744	3,484	5,172,229	9.00
10.00	01000	DIETARY	252,997	340,341	0	95,035	10.00
11.00	01100	CAFETERIA	20,455	242,852	0	67,813	11.00
13.00	01300	NURSING ADMINISTRATION	232,313	73,674	0	20,572	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	365,092	163,814	0	45,742	16.00
17.00	01700	SOCIAL SERVICE	17,348	6,078	0	1,697	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	121,435	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	214,252	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	14,162	0	0	0	23.00
23.01	02341	OTHER MED ED	22,139	22,326	0	6,234	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,789,408	5,830,875	586,023	1,628,177	3,022,599
31.00	03100	INTENSIVE CARE UNIT	748,191	712,867	107,974	199,057	514,069
35.00	02040	INTENSIVE NURSERY	218,137	89,302	9,630	24,936	0
41.00	04100	SUBPROVIDER - I&R	229,608	611,503	25,706	170,752	221,909
43.00	04300	NURSERY	114,353	121,767	0	34,002	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,323,784	1,263,099	115,266	352,700	0
50.01	05001	CARDIAC SURGERY	235,470	55,814	114	15,585	0
50.02	05002	WVSC	978,967	931,100	147,483	259,995	0
51.00	05100	RECOVERY ROOM	170,116	44,403	73,216	12,399	0
51.02	05101	O/P TREATMENT ROOM	283,034	661,829	64,155	184,805	244,147
52.00	05200	DELIVERY ROOM & LABOR ROOM	402,533	645,115	90,398	180,138	81
54.00	05400	RADIOLOGY-DIAGNOSTIC	905,699	1,074,727	61,524	300,100	0
55.00	05500	RADIOLOGY-THERAPEUTIC	483,384	818,294	31,931	228,495	0
56.00	05600	RADIOISOTOPE	108,377	90,356	11,157	25,231	0
57.00	05700	CT SCAN	221,025	67,349	21	18,806	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	144,615	80,403	54,478	22,451	0
59.00	05900	CARDIAC CATHETERIZATION	1,450,005	517,643	19,141	144,543	17,014
60.00	06000	LABORATORY	748,457	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	130,460	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	368,098	66,170	0	18,477	0
66.00	06600	PHYSICAL THERAPY	224,489	314,728	16,572	87,883	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	167,768	0	36,242	0	0
67.00	06700	OCCUPATIONAL THERAPY	111,782	51,411	0	14,356	0
68.00	06800	SPEECH PATHOLOGY	46,317	101,953	0	28,469	0
69.00	06900	ELECTROCARDIOLOGY	208,478	40,465	14,238	11,299	0
69.01	06901	CARDIAC REHAB	45,865	223,256	964	62,341	0
70.00	07000	ELECTROENCEPHALOGRAPHY	121,503	46,667	3,122	13,031	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	93,190	177,116	0	49,457	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	808,440	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,775,347	398,201	0	111,191	0
76.00	03020	RENAL ACUTE	134,993	109,302	8,933	30,521	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	24,956	6,760	0	1,888	0
90.05	09005	PATIENT NUTRITION	34,544	59,845	0	16,711	0
90.07	09007	WOUND CLINIC	110,124	120,899	20,376	33,759	0
91.00	09100	EMERGENCY	834,654	746,387	281,695	208,417	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,855,246	17,279,109	1,783,843	4,727,065	4,019,819
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	2,391	0	0	0	0
194.00	07950	RURAL HEALTH	286,111	0	1,399	0	0
194.01	07951	RENTAL PROPERTY	20,396	0	0	0	0
194.02	07954	FAMILY PRACTICE	339,461	1,149,487	1,845	320,976	0
194.03	07952	WELLNESS	51,470	355,876	0	99,373	0
194.04	07955	PHYSICIAN PRACTICES	791,509	0	7,703	0	0
194.06	07953	SYCAMORE SPORTS MED	11,751	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	63,940	88,868	0	24,815	0
200.00		Cross Foot Adjustments					200.00



COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150023			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/25/2016 10:01 am	
Cost Center Description		OTHER ADMIN AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	22,422,275	18,873,340	1,794,790	5,172,229	4,019,819		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES		
	11.00	13.00	16.00	17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>							
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	600,471					11.00	
13.00 01300 NURSING ADMINISTRATION	7,240	3,392,880				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	23,263	0	5,405,416			16.00	
17.00 01700 SOCIAL SERVICE	1,065	0	0	254,627		17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	11,339	0	0	0	1,731,822	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,875	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	1,224	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	2,449	16,377	0	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	185,622	1,364,710	436,601	151,052	839,933	30.00	
31.00 03100 INTENSIVE CARE UNIT	44,982	354,825	125,828	19,615	0	31.00	
35.00 02040 INTENSIVE NURSERY	13,841	109,177	56,723	12,649	22,514	35.00	
41.00 04100 SUBPROVIDER - I&R	12,616	99,519	17,493	0	0	41.00	
43.00 04300 NURSERY	9,316	73,484	23,073	33,364	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	34,123	228,432	756,764	367	119,496	50.00	
50.01 05001 CARDIAC SURGERY	4,365	21,415	60,613	0	0	50.01	
50.02 05002 WVSC	532	4,199	461,754	0	0	50.02	
51.00 05100 RECOVERY ROOM	11,818	93,220	19,595	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	19,696	155,367	51,055	12,466	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	25,126	177,622	86,494	917	173,182	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	34,602	0	251,335	0	25,977	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	3,088	0	151,538	183	13,855	55.00	
56.00 05600 RADIOISOTOPE	3,141	0	48,546	183	0	56.00	
57.00 05700 CT SCAN	6,920	0	274,763	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,300	0	69,660	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	5,110	0	459,633	367	0	59.00	
60.00 06000 LABORATORY	0	0	357,596	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	13,208	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	21,506	169,644	65,629	0	24,246	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	47,690	0	64,077	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	0	29,099	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	29,931	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	9,080	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	14,160	0	75,980	0	34,636	69.00	
69.01 06901 CARDIAC REHAB	2,023	0	5,418	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	4,578	0	38,059	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	11,886	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	22,518	152,848	838,957	0	3,464	73.00	
76.00 03020 RENAL ACUTE	0	0	17,130	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	1,011	7,978	2,539	0	0	90.00	
90.05 09005 PATIENT NUTRITION	2,502	19,736	1,369	0	0	90.05	
90.07 09007 WOUND CLINIC	2,662	20,996	23,570	0	12,123	90.07	
91.00 09100 EMERGENCY	42,161	323,331	486,807	23,281	187,037	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	580,774	3,392,880	5,405,416	254,444	1,520,540	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	9,582	0	0	0	211,282	194.02	
194.03 07952 WELLNESS	0	0	0	0	0	194.03	
194.04 07955 PHYSICIAN PRACTICES	7,932	0	0	183	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
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5/25/2016 10:01 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,183	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	600,471	3,392,880	5,405,416	254,627	1,731,822	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-OTHER PRGM COSTS						
	22.00	23.00	23.01	24.00	25.00		
<b>GENERAL SERVICE COST CENTERS</b>							
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	
17.00 01700 SOCIAL SERVICE						17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,038,388					22.00	
23.00 02300 PARAMED PRGM		201,875				23.00	
23.01 02341 OTHER MED ED			361,044			23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	1,473,618	0	0	55,039,352	-2,313,551	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	0	12,679,540	0	31.00	
35.00 02040 INTENSIVE NURSERY	39,499	0	0	3,468,830	-62,013	35.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	4,412,569	0	41.00	
43.00 04300 NURSERY	0	0	0	1,915,153	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	209,649	0	0	21,835,187	-329,145	50.00	
50.01 05001 CARDIAC SURGERY	0	0	0	3,494,028	0	50.01	
50.02 05002 WVSC	0	0	0	15,675,007	0	50.02	
51.00 05100 RECOVERY ROOM	0	0	0	2,664,840	0	51.00	
51.02 05101 O/P TREATMENT ROOM	0	0	0	5,403,527	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	303,839	0	0	7,385,978	-477,021	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	45,576	201,875	0	14,827,611	-71,553	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	24,307	0	0	8,120,247	-38,162	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	1,714,095	0	56.00	
57.00 05700 CT SCAN	0	0	0	3,499,332	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,279,192	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	21,707,037	0	59.00	
60.00 06000 LABORATORY	0	0	0	10,961,690	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,861,562	0	62.00	
65.00 06500 RESPIRATORY THERAPY	42,537	0	0	5,623,395	-66,783	65.00	
66.00 06600 PHYSICAL THERAPY	112,420	0	0	3,823,918	-176,497	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	2,442,264	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,679,418	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	795,718	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	60,768	0	0	3,205,251	-95,404	69.00	
69.01 06901 CARDIAC REHAB	0	0	0	943,812	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,826,899	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,558,770	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,453,937	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	6,077	0	361,044	41,215,261	-9,541	73.00	
76.00 03020 RENAL ACUTE	0	0	0	2,078,458	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	373,757	0	90.00	
90.05 09005 PATIENT NUTRITION	0	0	0	589,583	0	90.05	
90.07 09007 WOUND CLINIC	21,269	0	0	1,815,881	-33,392	90.07	
91.00 09100 EMERGENCY	328,146	0	0	14,452,589	-515,183	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,667,705	201,875	361,044	292,823,688	-4,188,245	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	33,880	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	4,055,006	0	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	288,975	0	194.01	
194.02 07954 FAMILY PRACTICE	370,683	0	0	6,873,316	-581,965	194.02	

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
194.03 07952 WELLNESS	0	0	0	1,184,469	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	0	11,229,874	0	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	166,489	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,021,763	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 118-201)	3,038,388	201,875	361,044	317,677,460	-4,770,210	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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
17.00	01700 SOCIAL SERVICE		17.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	52,725,801	30.00
31.00	03100 INTENSIVE CARE UNIT	12,679,540	31.00
35.00	02040 INTENSIVE NURSERY	3,406,817	35.00
41.00	04100 SUBPROVIDER - I RF	4,412,569	41.00
43.00	04300 NURSERY	1,915,153	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	21,506,042	50.00
50.01	05001 CARDIAC SURGERY	3,494,028	50.01
50.02	05002 WVSC	15,675,007	50.02
51.00	05100 RECOVERY ROOM	2,664,840	51.00
51.02	05101 O/P TREATMENT ROOM	5,403,527	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,908,957	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,756,058	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,082,085	55.00
56.00	05600 RADIOISOTOPE	1,714,095	56.00
57.00	05700 CT SCAN	3,499,332	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,279,192	58.00
59.00	05900 CARDIAC CATHETERIZATION	21,707,037	59.00
60.00	06000 LABORATORY	10,961,690	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,861,562	62.00
65.00	06500 RESPIRATORY THERAPY	5,556,612	65.00
66.00	06600 PHYSICAL THERAPY	3,647,421	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,442,264	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,679,418	67.00
68.00	06800 SPEECH PATHOLOGY	795,718	68.00
69.00	06900 ELECTROCARDIOLOGY	3,109,847	69.00
69.01	06901 CARDIAC REHAB	943,812	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,826,899	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,558,770	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,453,937	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,205,720	73.00
76.00	03020 RENAL ACUTE	2,078,458	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	373,757	90.00
90.05	09005 PATIENT NUTRITION	589,583	90.05
90.07	09007 WOUND CLINIC	1,782,489	90.07
91.00	09100 EMERGENCY	13,937,406	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	288,635,443	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,880	190.00
194.00	07950 RURAL HEALTH	4,055,006	194.00
194.01	07951 RENTAL PROPERTY	288,975	194.01
194.02	07954 FAMILY PRACTICE	6,291,351	194.02
194.03	07952 WELLNESS	1,184,469	194.03
194.04	07955 PHYSICIAN PRACTICES	11,229,874	194.04
194.06	07953 SYCAMORE SPORTS MED	166,489	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,021,763	194.07
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

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Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118-201)	312,907,250	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2016 10:01 am

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			
<b>GENERAL SERVICE COST CENTERS</b>						
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	179,482	0	179,482	4.00
5.01 00540	NONPATIENT TELEPHONES	0	15,282	62,720	78,002	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMITTING	6,012	71,225	13,746	90,983	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	62,047	431,979	127,539	621,565	5.06
7.00 00700	OPERATION OF PLANT	24,473	7,873,741	289,596	8,187,810	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	139,287	184,522	323,809	8.00
9.00 00900	HOUSEKEEPING	4,300	123,585	167,352	295,237	9.00
10.00 01000	DIETARY	3,553	255,312	325,574	584,439	10.00
11.00 01100	CAFETERIA	0	182,180	24,114	206,294	11.00
13.00 01300	NURSING ADMINISTRATION	3,290	55,268	12,908	71,466	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,248	122,888	18,797	148,933	16.00
17.00 01700	SOCIAL SERVICE	0	4,559	0	4,559	17.00
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	16,748	2,549	19,297	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	119,837	4,374,131	1,148,128	5,642,096	30.00
31.00 03100	INTENSIVE CARE UNIT	152,663	534,769	447,972	1,135,404	31.00
35.00 02040	INTENSIVE NURSERY	2,221	66,992	147,462	216,675	35.00
41.00 04100	SUBPROVIDER - I RF	15,455	458,729	51,990	526,174	41.00
43.00 04300	NURSERY	3,409	91,346	9,146	103,901	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	830,380	947,535	2,018,972	3,796,887	50.00
50.01 05001	CARDIAC SURGERY	75,474	41,870	178,445	295,789	50.01
50.02 05002	WVSC	436,593	698,480	298,766	1,433,839	50.02
51.00 05100	RECOVERY ROOM	1,601	33,310	49,488	84,399	51.00
51.02 05101	O/P TREATMENT ROOM	1,586	496,482	189,782	687,850	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	23,135	483,944	312,702	819,781	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	538,499	806,225	936,446	2,281,170	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	837,242	613,857	505,263	1,956,362	55.00
56.00 05600	RADIOISOTOPE	1,805	67,782	10,931	80,518	56.00
57.00 05700	CT SCAN	303,166	50,523	651	354,340	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	672,272	60,316	44,649	777,237	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,054,561	388,318	156,602	1,599,481	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	302,052	49,639	317,969	669,660	65.00
66.00 06600	PHYSICAL THERAPY	3,984	236,099	40,362	280,445	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	340,244	0	63,671	403,915	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	38,567	12,897	51,464	67.00
68.00 06800	SPEECH PATHOLOGY	38,509	76,482	2,282	117,273	68.00
69.00 06900	ELECTROCARDIOLOGY	102,035	30,356	259,324	391,715	69.00
69.01 06901	CARDIAC REHAB	1,999	167,479	38,848	208,326	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	12,061	35,008	71,254	118,323	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16	132,867	198,765	331,648	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	748,093	298,717	60,930	1,107,740	73.00
76.00 03020	RENAL ACUTE	1,301	81,995	1,060	84,356	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	5,071	0	5,071	90.00
90.05 09005	PATIENT NUTRITION	1,618	44,894	1,708	48,220	90.05
90.07 09007	WOUND CLINIC	2,164	90,694	21,167	114,025	90.07
91.00 09100	EMERGENCY	25,336	559,915	288,618	873,869	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,760,234	21,533,928	9,115,667	37,409,829	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	209,151	0	57,659	266,810	194.00
194.01 07951	RENTAL PROPERTY	534	0	12,425	12,959	194.01
194.02 07954	FAMILY PRACTICE	16,785	862,307	415,965	1,295,057	194.02
194.03 07952	WELLNESS	0	266,966	0	266,966	194.03



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 10:01 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
194.04 07955 PHYSICIAN PRACTICES	444,169	0	75,233	519,402	7,912	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	7,965	7,965	20	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,259	66,666	6,938	75,863	514	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 118-201)	7,433,132	22,729,867	9,691,852	39,854,851	179,482	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
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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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	78,982					5.01
5.02	00550	0	0				5.02
5.03	00560	0	0	0			5.03
5.04	00570	2,823	0	0	95,900		5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00590	7,277	0	0	0		5.06
7.00	00700	4,454	0	0	0		7.00
8.00	00800	1,129	0	0	0		8.00
9.00	00900	502	0	0	0		9.00
10.00	01000	1,882	0	0	0		10.00
11.00	01100	0	0	0	0		11.00
13.00	01300	565	0	0	0		13.00
16.00	01600	1,882	0	0	0		16.00
17.00	01700	251	0	0	0		17.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
23.01	02341	0	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	10,728	0	0	16,394	0	30.00
31.00	03100	1,819	0	0	5,391	0	31.00
35.00	02040	1,129	0	0	2,431	0	35.00
41.00	04100	1,945	0	0	750	0	41.00
43.00	04300	251	0	0	989	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	5,144	0	0	18,421	0	50.00
50.01	05001	376	0	0	2,492	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	1,129	0	0	346	0	51.00
51.02	05101	1,694	0	0	366	0	51.02
52.00	05200	1,443	0	0	2,650	0	52.00
54.00	05400	6,775	0	0	2,178	0	54.00
55.00	05500	2,572	0	0	360	0	55.00
56.00	05600	0	0	0	211	0	56.00
57.00	05700	439	0	0	3,333	0	57.00
58.00	05800	251	0	0	640	0	58.00
59.00	05900	2,133	0	0	5,509	0	59.00
60.00	06000	502	0	0	7,304	0	60.00
62.00	06200	0	0	0	455	0	62.00
65.00	06500	878	0	0	2,573	0	65.00
66.00	06600	1,443	0	0	1,186	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	63	0	0	0	0	66.02
67.00	06700	314	0	0	773	0	67.00
68.00	06800	63	0	0	198	0	68.00
69.00	06900	251	0	0	1,798	0	69.00
69.01	06901	376	0	0	39	0	69.01
70.00	07000	1,066	0	0	676	0	70.00
71.00	07100	878	0	0	479	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	3,137	0	0	12,648	0	73.00
76.00	03020	251	0	0	658	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.05	09005	0	0	0	0	0	90.05
90.07	09007	816	0	0	0	0	90.07
91.00	09100	3,952	0	0	4,652	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		72,583	0	0	95,900	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	63	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07954	4,454	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07955	1,380	0	0	0	0	194.04
194.06	07953	0	0	0	0	0	194.06
194.07	07956	502	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 10:01 am	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS 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 118-201)	78,982	0	0	95,900	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 10:01 am		
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
<b>GENERAL SERVICE COST CENTERS</b>							
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	637,296				5.06
7.00	00700	OPERATION OF PLANT	37,854	8,231,757			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,227	80,983	410,332		8.00
9.00	00900	HOUSEKEEPING	10,036	71,854	797	381,788	9.00
10.00	01000	DIETARY	7,189	148,442	0	7,015	10.00
11.00	01100	CAFETERIA	581	105,922	0	5,006	11.00
13.00	01300	NURSING ADMINISTRATION	6,601	32,134	0	1,519	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,375	71,449	0	3,376	16.00
17.00	01700	SOCIAL SERVICE	493	2,651	0	125	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,451	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,088	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	402	0	0	0	23.00
23.01	02341	OTHER MED ED	629	9,737	0	460	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	79,402	2,543,181	133,979	120,185	30.00
31.00	03100	INTENSIVE CARE UNIT	21,261	310,923	24,685	14,693	31.00
35.00	02040	INTENSIVE NURSERY	6,199	38,950	2,202	1,841	35.00
41.00	04100	SUBPROVIDER - I&R	6,525	266,712	5,877	12,604	41.00
43.00	04300	NURSERY	3,250	53,110	0	2,510	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	37,617	550,911	26,353	26,035	50.00
50.01	05001	CARDIAC SURGERY	6,691	24,344	26	1,150	50.01
50.02	05002	WVSC	27,819	406,106	33,718	19,191	50.02
51.00	05100	RECOVERY ROOM	4,834	19,367	16,739	915	51.00
51.02	05101	O/P TREATMENT ROOM	8,043	288,662	14,667	13,641	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,439	281,372	20,667	13,297	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,737	468,751	14,066	22,152	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,736	356,905	7,300	16,866	55.00
56.00	05600	RADIOISOTOPE	3,080	39,410	2,551	1,862	56.00
57.00	05700	CT SCAN	6,281	29,375	5	1,388	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,109	35,068	12,455	1,657	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,204	225,774	4,376	10,669	59.00
60.00	06000	LABORATORY	21,268	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,707	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	10,460	28,861	0	1,364	65.00
66.00	06600	PHYSICAL THERAPY	6,379	137,271	3,789	6,487	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	4,767	0	8,286	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,176	22,423	0	1,060	67.00
68.00	06800	SPEECH PATHOLOGY	1,316	44,468	0	2,101	68.00
69.00	06900	ELECTROCARDIOLOGY	5,924	17,649	3,255	834	69.00
69.01	06901	CARDIAC REHAB	1,303	97,375	220	4,602	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,453	20,354	714	962	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,648	77,251	0	3,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,973	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,865	173,679	0	8,208	73.00
76.00	03020	RENAL ACUTE	3,836	47,673	2,042	2,253	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	709	2,948	0	139	90.00
90.05	09005	PATIENT NUTRITION	982	26,102	0	1,234	90.05
90.07	09007	WOUND CLINIC	3,129	52,731	4,658	2,492	90.07
91.00	09100	EMERGENCY	23,718	325,542	64,402	15,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	592,766	7,536,420	407,829	348,928	751,655
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68	0	0	0	190.00
194.00	07950	RURAL HEALTH	8,130	0	320	0	194.00
194.01	07951	RENTAL PROPERTY	580	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	9,646	501,358	422	23,693	194.02
194.03	07952	WELLNESS	1,463	155,218	0	7,335	194.03
194.04	07955	PHYSICIAN PRACTICES	22,492	0	1,761	0	194.04
194.06	07953	SYCAMORE SPORTS MED	334	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,817	38,761	0	1,832	194.07
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 10:01 am	
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 118-201)	637,296	8,231,757	410,332	381,788	751,655		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

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To 12/31/2015

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	11.00	13.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	283,544					11.00
13.00 01300 NURSING ADMINISTRATION	3,419	117,959				13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	10,985	0	250,633			16.00
17.00 01700 SOCIAL SERVICE	503	0	0	8,840		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	5,354	0	0	0	11,032	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,357	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	578	0	0	0	0	23.00
23.01 02341 OTHER MED ED	1,156	569	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	87,653	47,446	20,240	5,245		30.00
31.00 03100 INTENSIVE CARE UNIT	21,241	12,336	5,833	681		31.00
35.00 02040 INTENSIVE NURSERY	6,536	3,796	2,630	439		35.00
41.00 04100 SUBPROVIDER - I&R	5,957	3,460	811	0		41.00
43.00 04300 NURSERY	4,399	2,555	1,070	1,158		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	16,113	7,942	35,083	13		50.00
50.01 05001 CARDIAC SURGERY	2,061	745	2,810	0		50.01
50.02 05002 WVSC	251	146	21,406	0		50.02
51.00 05100 RECOVERY ROOM	5,580	3,241	908	0		51.00
51.02 05101 O/P TREATMENT ROOM	9,301	5,402	2,367	433		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	11,865	6,175	4,010	32		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,339	0	11,652	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,458	0	7,025	6		55.00
56.00 05600 RADIO SOTOPE	1,483	0	2,251	6		56.00
57.00 05700 CT SCAN	3,268	0	12,738	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,558	0	3,229	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	2,413	0	21,308	13		59.00
60.00 06000 LABORATORY	0	0	16,578	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	612	0		62.00
65.00 06500 RESPIRATORY THERAPY	10,155	5,898	3,043	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	2,211	0		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	1,349	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,388	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	421	0		68.00
69.00 06900 ELECTROCARDIOLOGY	6,686	0	3,522	0		69.00
69.01 06901 CARDIAC REHAB	955	0	251	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	2,162	0	1,764	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	551	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,633	5,314	38,936	0		73.00
76.00 03020 RENAL ACUTE	0	0	794	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	478	277	118	0		90.00
90.05 09005 PATIENT NUTRITION	1,181	686	63	0		90.05
90.07 09007 WOUND CLINIC	1,257	730	1,093	0		90.07
91.00 09100 EMERGENCY	19,908	11,241	22,568	808		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	274,243	117,959	250,633	8,834	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00 07950 RURAL HEALTH	0	0	0	0		194.00
194.01 07951 RENTAL PROPERTY	0	0	0	0		194.01
194.02 07954 FAMILY PRACTICE	4,525	0	0	0		194.02
194.03 07952 WELLNESS	0	0	0	0		194.03
194.04 07955 PHYSICIAN PRACTICES	3,745	0	0	6		194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	11.00	13.00	16.00	17.00	21.00	
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0		194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,031	0	0	0		194.07
200.00 Cross Foot Adjustments					11,032	200.00
201.00 Negative Cost Centers	35,021	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	318,565	117,959	250,633	8,840	11,032	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS					
		22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,992				22.00
23.00	02300	PARAMED PRGM		1,067			23.00
23.01	02341	OTHER MED ED			32,268		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS			9,307,115		30.00
31.00	03100	INTENSIVE CARE UNIT			1,660,133		31.00
35.00	02040	INTENSIVE NURSERY			285,975		35.00
41.00	04100	SUBPROVIDER - IRF			874,774		41.00
43.00	04300	NURSERY			175,037		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM			4,535,804		50.00
50.01	05001	CARDIAC SURGERY			340,438		50.01
50.02	05002	WVSC			1,942,550		50.02
51.00	05100	RECOVERY ROOM			140,003		51.00
51.02	05101	O/P TREATMENT ROOM			1,081,887		51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,179,747		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,864,142		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			2,363,280		55.00
56.00	05600	RADIOISOTOPE			131,980		56.00
57.00	05700	CT SCAN			413,004		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			837,088		58.00
59.00	05900	CARDIAC CATHETERIZATION			1,917,218		59.00
60.00	06000	LABORATORY			45,652		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			4,774		62.00
65.00	06500	RESPIRATORY THERAPY			737,593		65.00
66.00	06600	PHYSICAL THERAPY			439,211		66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			0		66.01
66.02	06602	O/P PHYSICAL THERAPY			418,380		66.02
67.00	06700	OCCUPATIONAL THERAPY			80,598		67.00
68.00	06800	SPEECH PATHOLOGY			165,840		68.00
69.00	06900	ELECTROCARDIOLOGY			434,154		69.00
69.01	06901	CARDIAC REHAB			313,913		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY			153,817		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			417,106		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			22,973		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,445,018		73.00
76.00	03020	RENAL ACUTE			141,863		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC			10,156		90.00
90.05	09005	PATIENT NUTRITION			79,012		90.05
90.07	09007	WOUND CLINIC			181,512		90.07
91.00	09100	EMERGENCY			1,374,364		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	36,516,111	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				68	190.00
194.00	07950	RURAL HEALTH				277,345	194.00
194.01	07951	RENTAL PROPERTY				13,688	194.01
194.02	07954	FAMILY PRACTICE				1,841,485	194.02



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
194.03 07952 WELLNESS				431,437	0	194.03
194.04 07955 PHYSICIAN PRACTICES				556,698	0	194.04
194.06 07953 SYCAMORE SPORTS MED				8,319	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				120,320	0	194.07
200.00 Cross Foot Adjustments	9,992	1,067	32,268	54,359	0	200.00
201.00 Negative Cost Centers	0	0	0	35,021	0	201.00
202.00 TOTAL (sum lines 118-201)	9,992	1,067	32,268	39,854,851	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 10:01 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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
17.00	01700 SOCIAL SERVICE		17.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	9,307,115	30.00
31.00	03100 INTENSIVE CARE UNIT	1,660,133	31.00
35.00	02040 INTENSIVE NURSERY	285,975	35.00
41.00	04100 SUBPROVIDER - I RF	874,774	41.00
43.00	04300 NURSERY	175,037	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	4,535,804	50.00
50.01	05001 CARDIAC SURGERY	340,438	50.01
50.02	05002 WVSC	1,942,550	50.02
51.00	05100 RECOVERY ROOM	140,003	51.00
51.02	05101 O/P TREATMENT ROOM	1,081,887	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,179,747	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,864,142	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,363,280	55.00
56.00	05600 RADIOISOTOPE	131,980	56.00
57.00	05700 CT SCAN	413,004	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	837,088	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,917,218	59.00
60.00	06000 LABORATORY	45,652	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,774	62.00
65.00	06500 RESPIRATORY THERAPY	737,593	65.00
66.00	06600 PHYSICAL THERAPY	439,211	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	418,380	66.02
67.00	06700 OCCUPATIONAL THERAPY	80,598	67.00
68.00	06800 SPEECH PATHOLOGY	165,840	68.00
69.00	06900 ELECTROCARDIOLOGY	434,154	69.00
69.01	06901 CARDIAC REHAB	313,913	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	153,817	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	417,106	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,973	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,445,018	73.00
76.00	03020 RENAL ACUTE	141,863	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	10,156	90.00
90.05	09005 PATIENT NUTRITION	79,012	90.05
90.07	09007 WOUND CLINIC	181,512	90.07
91.00	09100 EMERGENCY	1,374,364	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	36,516,111	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	68	190.00
194.00	07950 RURAL HEALTH	277,345	194.00
194.01	07951 RENTAL PROPERTY	13,688	194.01
194.02	07954 FAMILY PRACTICE	1,841,485	194.02
194.03	07952 WELLNESS	431,437	194.03
194.04	07955 PHYSICIAN PRACTICES	556,698	194.04
194.06	07953 SYCAMORE SPORTS MED	8,319	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	120,320	194.07
200.00	Cross Foot Adjustments	54,359	200.00
201.00	Negative Cost Centers	35,021	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 10:01 am
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	39,854,851	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
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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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	977,168				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		3,528,877			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,716	0	100,525,286		4.00
5.01	00540	NONPATIENT TELEPHONES	657	22,837	549,018	1,259	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	3,062	5,005	1,172,869	45	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	18,571	46,438	4,736,214	116	5.06
7.00	00700	OPERATION OF PLANT	338,496	105,444	918,134	71	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	67,186	663,097	18	8.00
9.00	00900	HOUSEKEEPING	5,313	60,934	1,883,690	8	9.00
10.00	01000	DIETARY	10,976	118,544	1,506,075	30	10.00
11.00	01100	CAFETERIA	7,832	8,780	426,718	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	4,700	1,263,489	9	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	6,844	2,035,375	30	16.00
17.00	01700	SOCIAL SERVICE	196	0	144,596	4	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,247,642	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,427,051	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	48,595	0	23.00
23.01	02341	OTHER MEDICAL	720	928	235,038	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	188,046	418,042	19,793,650	171	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	163,110	5,457,774	29	31.00
35.00	02040	INTENSIVE NURSERY	2,880	53,692	1,763,041	18	35.00
41.00	04100	SUBPROVIDER - IIRF	19,721	18,930	1,381,121	31	41.00
43.00	04300	NURSERY	3,927	3,330	1,032,914	4	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	40,735	735,124	8,563,260	82	50.00
50.01	05001	CARDIAC SURGERY	1,800	64,973	2,215,315	6	50.01
50.02	05002	WVSC	30,028	108,783	41,719	0	50.02
51.00	05100	RECOVERY ROOM	1,432	18,019	1,425,550	18	51.00
51.02	05101	O/P TREATMENT ROOM	21,344	69,101	2,133,649	27	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	113,857	3,921,970	23	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,660	340,967	8,583,853	108	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,390	183,970	386,738	41	55.00
56.00	05600	RADIOISOTOPE	2,914	3,980	340,578	0	56.00
57.00	05700	CT SCAN	2,172	237	1,029,167	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	16,257	495,077	4	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,694	57,020	648,059	34	59.00
60.00	06000	LABORATORY	0	0	0	8	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,134	115,775	2,633,527	14	65.00
66.00	06600	PHYSICAL THERAPY	10,150	14,696	0	23	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	23,183	0	1	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,658	4,696	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	3,288	831	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	1,305	94,422	1,412,023	4	69.00
69.01	06901	CARDIAC REHAB	7,200	14,145	260,956	6	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	25,944	2,433,102	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	72,372	0	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,842	22,185	3,281,847	50	73.00
76.00	03020	RENAL ACUTE	3,525	386	0	4	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	218	0	233,087	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	622	304,760	0	90.05
90.07	09007	WOUND CLINIC	3,899	7,707	325,395	13	90.07
91.00	09100	EMERGENCY	24,071	105,088	4,661,041	63	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	925,754	3,319,084	93,016,774	1,157	848
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3
194.00	07950	RURAL HEALTH	0	20,994	1,132,944	1	62
194.01	07951	RENTAL PROPERTY	0	4,524	83,382	0	0
194.02	07954	FAMILY PRACTICE	37,071	151,456	1,305,533	71	112

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
5/25/2016 10:01 am

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	
194.03 07952 WELLNESS	11,477	0	255,055	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	27,393	4,432,468	22	33	194.04
194.06 07953 SYCAMORE SPORTS MED	0	2,900	11,333	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	2,526	287,797	8	8	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)	22,729,867	9,691,852	19,962,856	1,026,489	11,189,026	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.260961	2.746441	0.198585	815.320890	10,496.272045	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			179,482	78,982	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001785	62.733916	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
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	5,230,626					5.03
5.04	00570	ADMITTING	5,272	489,819,937				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,181,905,691			5.05
5.06	00590	OTHER ADMIN AND GENERAL	228	0	0	-22,422,275	295,255,185	5.06
7.00	00700	OPERATION OF PLANT	746	0	0	0	17,541,224	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,134	0	0	0	1,495,542	8.00
9.00	00900	HOUSEKEEPING	180,427	0	0	0	4,650,809	9.00
10.00	01000	DIETARY	256	0	0	0	3,331,446	10.00
11.00	01100	CAFETERIA	9	0	0	0	269,351	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,059,081	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	252	0	0	0	4,807,505	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	228,439	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,599,048	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,821,261	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	186,489	23.00
23.01	02341	OTHER MED ED	0	0	0	0	291,519	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,149,146	83,642,871	95,473,679	0	36,730,734	30.00
31.00	03100	INTENSIVE CARE UNIT	654,430	27,506,456	27,515,511	0	9,852,132	31.00
35.00	02040	INTENSIVE NURSERY	68,877	12,403,588	12,403,926	0	2,872,422	35.00
41.00	04100	SUBPROVIDER - I&R	55,996	3,824,601	3,825,199	0	3,023,463	41.00
43.00	04300	NURSERY	4	5,045,579	5,045,579	0	1,505,794	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	236,451	94,522,204	165,485,314	0	17,431,507	50.00
50.01	05001	CARDIAC SURGERY	1,164,270	12,712,123	13,254,589	0	3,100,652	50.01
50.02	05002	WVSC	41,266	0	100,973,931	0	12,890,977	50.02
51.00	05100	RECOVERY ROOM	118,418	1,764,978	4,284,852	0	2,240,073	51.00
51.02	05101	O/P TREATMENT ROOM	121,254	1,866,560	11,164,539	0	3,726,973	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	291,261	13,520,978	18,914,134	0	5,300,533	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,925	11,111,623	54,960,691	0	11,926,196	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,326	1,834,422	33,137,611	0	6,365,172	55.00
56.00	05600	RADIOISOTOPE	5,765	1,078,231	10,615,720	0	1,427,104	56.00
57.00	05700	CT SCAN	182,462	17,003,384	60,083,693	0	2,910,448	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,943	3,266,853	15,232,957	0	1,904,285	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,952	28,108,248	100,510,197	0	19,093,581	59.00
60.00	06000	LABORATORY	0	37,262,967	78,197,163	0	9,855,637	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,319,106	2,888,286	0	1,717,894	62.00
65.00	06500	RESPIRATORY THERAPY	120,950	13,128,148	14,351,416	0	4,847,088	65.00
66.00	06600	PHYSICAL THERAPY	2,066	6,049,999	10,428,502	0	2,956,059	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	3,903	0	6,363,160	0	2,209,155	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,942,563	6,545,242	0	1,471,938	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,009,073	1,985,621	0	609,899	68.00
69.00	06900	ELECTROCARDIOLOGY	17,840	9,173,498	16,614,970	0	2,745,227	69.00
69.01	06901	CARDIAC REHAB	721	199,376	1,184,752	0	603,945	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,019	3,448,101	8,322,640	0	1,599,939	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,736	2,444,939	2,599,216	0	1,227,121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,645,497	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,706	64,532,054	183,335,327	0	36,545,614	73.00
76.00	03020	RENAL ACUTE	35,388	3,358,594	3,745,966	0	1,777,579	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	1,962	555,296	0	328,625	90.00
90.05	09005	PATIENT NUTRITION	55	0	299,412	0	454,876	90.05
90.07	09007	WOUND CLINIC	28,686	0	5,154,094	0	1,450,103	90.07
91.00	09100	EMERGENCY	526,603	23,736,858	106,452,506	0	10,990,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,193,743	489,819,937	1,181,905,691	-22,422,275	274,620,629	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	31,489	190.00
194.00	07950	RURAL HEALTH	10,495	0	0	0	3,767,496	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	268,579	194.01
194.02	07954	FAMILY PRACTICE	3,762	0	0	0	4,470,000	194.02
194.03	07952	WELLNESS	0	0	0	0	677,750	194.03
194.04	07955	PHYSICIAN PRACTICES	22,496	0	0	0	10,422,547	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	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	154,738	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	130	0	0	0	841,957	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)	1,129,933	2,239,871	6,412,988		22,422,275	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.216023	0.004573	0.005426		0.075942	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	95,900	0		637,296	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000196	0.000000		0.002158	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
5/25/2016 10:01 am

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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	ADMINISTRATIVE					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	608,666				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,009,613			8.00
9.00	00900	HOUSEKEEPING	5,313	1,960	597,365		9.00
10.00	01000	DIETARY	10,976	0	10,976	197,758	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
17.00	01700	SOCIAL SERVICE	196	0	196	0	17.00
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	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01	02341	OTHER MEDICAL	720	0	720	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	188,046	329,653	188,046	148,699	3,487
31.00	03100	INTENSIVE CARE UNIT	22,990	60,738	22,990	25,290	845
35.00	02040	INTENSIVE NURSERY	2,880	5,417	2,880	0	260
41.00	04100	SUBPROVIDER - I&R	19,721	14,460	19,721	10,917	237
43.00	04300	NURSERY	3,927	0	3,927	0	175
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	40,735	64,840	40,735	0	641
50.01	05001	CARDIAC SURGERY	1,800	64	1,800	0	82
50.02	05002	WVSC	30,028	82,963	30,028	0	10
51.00	05100	RECOVERY ROOM	1,432	41,186	1,432	0	222
51.02	05101	O/P TREATMENT ROOM	21,344	36,089	21,344	12,011	370
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	50,851	20,805	4	472
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,660	34,609	34,660	0	650
55.00	05500	RADIOLOGY-THERAPEUTIC	26,390	17,962	26,390	0	58
56.00	05600	RADIOISOTOPE	2,914	6,276	2,914	0	59
57.00	05700	CT SCAN	2,172	12	2,172	0	130
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	30,645	2,593	0	62
59.00	05900	CARDIAC CATHETERIZATION	16,694	10,767	16,694	837	96
60.00	06000	LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,134	0	2,134	0	404
66.00	06600	PHYSICAL THERAPY	10,150	9,322	10,150	0	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	20,387	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	1,305	8,009	1,305	0	266
69.01	06901	CARDIAC REHAB	7,200	542	7,200	0	38
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	1,756	1,505	0	86
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	0	5,712	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,842	0	12,842	0	423
76.00	03020	RENAL ACUTE	3,525	5,025	3,525	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	218	0	218	0	19
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	47
90.07	09007	WOUND CLINIC	3,899	11,462	3,899	0	50
91.00	09100	EMERGENCY	24,071	158,460	24,071	0	792
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	557,252	1,003,455	545,951	197,758	10,910
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	787	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	37,071	1,038	37,071	0	180
194.03	07952	WELLNESS	11,477	0	11,477	0	0
194.04	07955	PHYSICIAN PRACTICES	0	4,333	0	0	149
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
5/25/2016 10:01 am

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	41	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,873,340	1,794,790	5,172,229	4,019,819	600,471	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.007712	1.777701	8.658407	20.326960	53.233245	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,231,757	410,332	381,788	751,655	318,565	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.524260	0.406425	0.639120	3.800883	25.136879	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1  
Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (# REFERRALS)	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)		
				13.00	16.00		17.00
<b>GENERAL SERVICE COST CENTERS</b>							
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	8,080					13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,181,905,691				16.00	
17.00 01700 SOCIAL SERVICE	0	0	1,389			17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,000		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,000	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	39	0	0	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	3,250	95,473,679	824	485	485	30.00	
31.00 03100 INTENSIVE CARE UNIT	845	27,515,511	107	0	0	31.00	
35.00 02040 INTENSIVE NURSERY	260	12,403,926	69	13	13	35.00	
41.00 04100 SUBPROVIDER - IRF	237	3,825,199	0	0	0	41.00	
43.00 04300 NURSERY	175	5,045,579	182	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	544	165,485,314	2	69	69	50.00	
50.01 05001 CARDIAC SURGERY	51	13,254,589	0	0	0	50.01	
50.02 05002 WVSC	10	100,973,931	0	0	0	50.02	
51.00 05100 RECOVERY ROOM	222	4,284,852	0	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	370	11,164,539	68	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	423	18,914,134	5	100	100	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	54,960,691	0	15	15	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	33,137,611	0	8	8	55.00	
56.00 05600 RADIOISOTOPE	0	10,615,720	1	0	0	56.00	
57.00 05700 CT SCAN	0	60,083,693	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	15,232,957	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	100,510,197	2	0	0	59.00	
60.00 06000 LABORATORY	0	78,197,163	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,888,286	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	404	14,351,416	0	14	14	65.00	
66.00 06600 PHYSICAL THERAPY	0	10,428,502	0	37	37	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	6,363,160	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	6,545,242	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	1,985,621	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	16,614,970	0	20	20	69.00	
69.01 06901 CARDIAC REHAB	0	1,184,752	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	8,322,640	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,599,216	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	364	183,335,327	0	2	2	73.00	
76.00 03020 RENAL ACUTE	0	3,745,966	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	19	555,296	0	0	0	90.00	
90.05 09005 PATIENT NUTRITION	47	299,412	0	0	0	90.05	
90.07 09007 WOUND CLINIC	50	5,154,094	0	7	7	90.07	
91.00 09100 EMERGENCY	770	106,452,506	127	108	108	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,080	1,181,905,691	1,388	878	878	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	0	122	122	194.02	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING ADMINISTRATION  (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE  (# REFERRALS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)	
				13.00	16.00	
194.03 07952 WELLNESS	0	0	0	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	1	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)	3,392,880	5,405,416	254,627	1,731,822	3,038,388	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	419.910891	0.004573	183.316775	1,731.822000	3,038.388000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	117,959	250,633	8,840	11,032	9,992	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	14.598886	0.000212	6.364291	11.032000	9.992000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

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Cost Center Description		PARAMED PRGM (PARAMED RADIOLOGY)	OTHER MED ED (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
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	ADMINISTRATIVE		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
17.00	01700	SOCIAL SERVICE		17.00
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 PRGM	100	23.00
23.01	02341	OTHER MED ED		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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 - I&R	0	41.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	0	73.00
76.00	03020	RENAL ACUTE	100	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
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: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

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Cost Center Description		PARAMED ED PRGM (PARAMED RADIOLOGY)	OTHER MED ED (ASSIGNED TIME)	
		23.00	23.01	
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)	201,875	361,044	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,018.750000	3,610.440000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,067	32,268	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.670000	322.680000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		52,725,801	8,777	52,734,578	30.00
31.00	03100	INTENSIVE CARE UNIT		12,679,540	0	12,679,540	31.00
35.00	02040	INTENSIVE NURSERY		3,406,817	0	3,406,817	35.00
41.00	04100	SUBPROVIDER - IRF		4,412,569	0	4,412,569	41.00
43.00	04300	NURSERY		1,915,153	0	1,915,153	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		21,506,042	0	21,506,042	50.00
50.01	05001	CARDIAC SURGERY		3,494,028	0	3,494,028	50.01
50.02	05002	WVSC		15,675,007	0	15,675,007	50.02
51.00	05100	RECOVERY ROOM		2,664,840	0	2,664,840	51.00
51.02	05101	O/P TREATMENT ROOM		5,403,527	0	5,403,527	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,908,957	0	6,908,957	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		14,756,058	2,725	14,758,783	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		8,082,085	0	8,082,085	55.00
56.00	05600	RADIOISOTOPE		1,714,095	0	1,714,095	56.00
57.00	05700	CT SCAN		3,499,332	0	3,499,332	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		2,279,192	0	2,279,192	58.00
59.00	05900	CARDIAC CATHETERIZATION		21,707,037	0	21,707,037	59.00
60.00	06000	LABORATORY		10,961,690	45,091	11,006,781	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,861,562	0	1,861,562	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,556,612	0	5,556,612	65.00
66.00	06600	PHYSICAL THERAPY	0	3,647,421	0	3,647,421	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	2,442,264	0	2,442,264	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,679,418	0	1,679,418	67.00
68.00	06800	SPEECH PATHOLOGY	0	795,718	0	795,718	68.00
69.00	06900	ELECTROCARDIOLOGY		3,109,847	0	3,109,847	69.00
69.01	06901	CARDIAC REHAB		943,812	0	943,812	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,826,899	0	1,826,899	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,558,770	0	1,558,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		11,453,937	0	11,453,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		41,205,720	0	41,205,720	73.00
76.00	03020	RENAL ACUTE		2,078,458	0	2,078,458	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		373,757	0	373,757	90.00
90.05	09005	PATIENT NUTRITION		589,583	3,279	592,862	90.05
90.07	09007	WOUND CLINIC		1,782,489	0	1,782,489	90.07
91.00	09100	EMERGENCY		13,937,406	0	13,937,406	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		8,530,865	0	8,530,865	92.00
200.00		Subtotal (see instructions)	0	297,166,308	59,872	297,226,180	200.00
201.00		Less Observation Beds		8,530,865	0	8,530,865	201.00
202.00		Total (see instructions)	0	288,635,443	59,872	288,695,315	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet C  
Part I  
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		Title XVIIII			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	82,210,974		82,210,974		30.00
31.00	03100	INTENSIVE CARE UNIT	27,506,456		27,506,456		31.00
35.00	02040	INTENSIVE NURSERY	12,403,588		12,403,588		35.00
41.00	04100	SUBPROVIDER - I RF	3,824,601		3,824,601		41.00
43.00	04300	NURSERY	5,045,579		5,045,579		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	81,785,375	61,717,187	143,502,562	0.149865	50.00
50.01	05001	CARDIAC SURGERY	9,255,548	0	9,255,548	0.377506	50.01
50.02	05002	WVSC	250,000	99,335,206	99,585,206	0.157403	50.02
51.00	05100	RECOVERY ROOM	1,764,978	2,519,874	4,284,852	0.621921	51.00
51.02	05101	O/P TREATMENT ROOM	60,434	3,617,976	3,678,410	1.468984	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,795,491	1,247,070	14,042,561	0.492001	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,011,283	37,331,100	47,342,383	0.311688	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,834,422	31,303,189	33,137,611	0.243895	55.00
56.00	05600	RADIOISOTOPE	1,078,231	9,537,489	10,615,720	0.161468	56.00
57.00	05700	CT SCAN	17,003,384	43,080,309	60,083,693	0.058241	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,266,853	11,966,104	15,232,957	0.149622	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,518,270	68,306,442	94,824,712	0.228918	59.00
60.00	06000	LABORATORY	37,262,967	40,934,196	78,197,163	0.140180	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,319,106	569,180	2,888,286	0.644521	62.00
65.00	06500	RESPIRATORY THERAPY	13,128,148	1,223,268	14,351,416	0.387182	65.00
66.00	06600	PHYSICAL THERAPY	6,049,999	4,378,503	10,428,502	0.349755	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,363,160	6,363,160	0.383813	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,942,563	2,602,679	6,545,242	0.256586	67.00
68.00	06800	SPEECH PATHOLOGY	1,009,073	976,548	1,985,621	0.400740	68.00
69.00	06900	ELECTROCARDIOLOGY	9,010,862	7,309,543	16,320,405	0.190550	69.00
69.01	06901	CARDIAC REHAB	199,376	985,376	1,184,752	0.796633	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,200,919	3,344,517	4,545,436	0.401919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,444,939	154,277	2,599,216	0.599708	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,568,470	10,093,295	18,661,765	0.613765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,532,054	117,249,817	181,781,871	0.226677	73.00
76.00	03020	RENAL ACUTE	3,358,594	387,372	3,745,966	0.554852	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1,962	553,331	555,293	0.673081	90.00
90.05	09005	PATIENT NUTRITION	0	299,412	299,412	1.969136	90.05
90.07	09007	WOUND CLINIC	10,000	5,068,016	5,078,016	0.351021	90.07
91.00	09100	EMERGENCY	23,736,858	82,715,648	106,452,506	0.130926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,806,126	17,034,922	18,841,048	0.452781	92.00
200.00		Subtotal (see instructions)	475,197,483	672,205,006	1,147,402,489		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	475,197,483	672,205,006	1,147,402,489		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 10:01 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
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	0.149865		50.00
50.01	05001 CARDIAC SURGERY	0.377506		50.01
50.02	05002 WVSC	0.157403		50.02
51.00	05100 RECOVERY ROOM	0.621921		51.00
51.02	05101 O/P TREATMENT ROOM	1.468984		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.492001		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.311746		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.243895		55.00
56.00	05600 RADIOISOTOPE	0.161468		56.00
57.00	05700 CT SCAN	0.058241		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.149622		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.228918		59.00
60.00	06000 LABORATORY	0.140757		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.644521		62.00
65.00	06500 RESPIRATORY THERAPY	0.387182		65.00
66.00	06600 PHYSICAL THERAPY	0.349755		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.383813		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.256586		67.00
68.00	06800 SPEECH PATHOLOGY	0.400740		68.00
69.00	06900 ELECTROCARDIOLOGY	0.190550		69.00
69.01	06901 CARDIAC REHAB	0.796633		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.401919		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.599708		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613765		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226677		73.00
76.00	03020 RENAL ACUTE	0.554852		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.673081		90.00
90.05	09005 PATIENT NUTRITION	1.980088		90.05
90.07	09007 WOUND CLINIC	0.351021		90.07
91.00	09100 EMERGENCY	0.130926		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.452781		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: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

		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 Dissallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		52,725,801	8,777	52,734,578	30.00
31.00	03100	INTENSIVE CARE UNIT		12,679,540	0	12,679,540	31.00
35.00	02040	INTENSIVE NURSERY		3,406,817	0	3,406,817	35.00
41.00	04100	SUBPROVIDER - IRF		4,412,569	0	4,412,569	41.00
43.00	04300	NURSERY		1,915,153	0	1,915,153	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		21,506,042	0	21,506,042	50.00
50.01	05001	CARDIAC SURGERY		3,494,028	0	3,494,028	50.01
50.02	05002	WVSC		15,675,007	0	15,675,007	50.02
51.00	05100	RECOVERY ROOM		2,664,840	0	2,664,840	51.00
51.02	05101	O/P TREATMENT ROOM		5,403,527	0	5,403,527	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,908,957	0	6,908,957	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		14,756,058	2,725	14,758,783	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		8,082,085	0	8,082,085	55.00
56.00	05600	RADIOISOTOPE		1,714,095	0	1,714,095	56.00
57.00	05700	CT SCAN		3,499,332	0	3,499,332	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		2,279,192	0	2,279,192	58.00
59.00	05900	CARDIAC CATHETERIZATION		21,707,037	0	21,707,037	59.00
60.00	06000	LABORATORY		10,961,690	45,091	11,006,781	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,861,562	0	1,861,562	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,556,612	0	5,556,612	65.00
66.00	06600	PHYSICAL THERAPY	0	3,647,421	0	3,647,421	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	2,442,264	0	2,442,264	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,679,418	0	1,679,418	67.00
68.00	06800	SPEECH PATHOLOGY	0	795,718	0	795,718	68.00
69.00	06900	ELECTROCARDIOLOGY		3,109,847	0	3,109,847	69.00
69.01	06901	CARDIAC REHAB		943,812	0	943,812	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,826,899	0	1,826,899	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,558,770	0	1,558,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		11,453,937	0	11,453,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		41,205,720	0	41,205,720	73.00
76.00	03020	RENAL ACUTE		2,078,458	0	2,078,458	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		373,757	0	373,757	90.00
90.05	09005	PATIENT NUTRITION		589,583	3,279	592,862	90.05
90.07	09007	WOUND CLINIC		1,782,489	0	1,782,489	90.07
91.00	09100	EMERGENCY		13,937,406	0	13,937,406	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		8,530,865	0	8,530,865	92.00
200.00		Subtotal (see instructions)	0	297,166,308	59,872	297,226,180	200.00
201.00		Less Observation Beds		8,530,865	0	8,530,865	201.00
202.00		Total (see instructions)	0	288,635,443	59,872	288,695,315	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 10:01 am
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	82,210,974		82,210,974	30.00
31.00	03100	INTENSIVE CARE UNIT	27,506,456		27,506,456	31.00
35.00	02040	INTENSIVE NURSERY	12,403,588		12,403,588	35.00
41.00	04100	SUBPROVIDER - I RF	3,824,601		3,824,601	41.00
43.00	04300	NURSERY	5,045,579		5,045,579	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	81,785,375	61,717,187	143,502,562	50.00
50.01	05001	CARDIAC SURGERY	9,255,548	0	9,255,548	50.01
50.02	05002	WVSC	250,000	99,335,206	99,585,206	50.02
51.00	05100	RECOVERY ROOM	1,764,978	2,519,874	4,284,852	51.00
51.02	05101	O/P TREATMENT ROOM	60,434	3,617,976	3,678,410	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,795,491	1,247,070	14,042,561	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,011,283	37,331,100	47,342,383	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,834,422	31,303,189	33,137,611	55.00
56.00	05600	RADIOISOTOPE	1,078,231	9,537,489	10,615,720	56.00
57.00	05700	CT SCAN	17,003,384	43,080,309	60,083,693	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,266,853	11,966,104	15,232,957	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,518,270	68,306,442	94,824,712	59.00
60.00	06000	LABORATORY	37,262,967	40,934,196	78,197,163	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,319,106	569,180	2,888,286	62.00
65.00	06500	RESPIRATORY THERAPY	13,128,148	1,223,268	14,351,416	65.00
66.00	06600	PHYSICAL THERAPY	6,049,999	4,378,503	10,428,502	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,363,160	6,363,160	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,942,563	2,602,679	6,545,242	67.00
68.00	06800	SPEECH PATHOLOGY	1,009,073	976,548	1,985,621	68.00
69.00	06900	ELECTROCARDIOLOGY	9,010,862	7,309,543	16,320,405	69.00
69.01	06901	CARDIAC REHAB	199,376	985,376	1,184,752	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,200,919	3,344,517	4,545,436	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,444,939	154,277	2,599,216	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,568,470	10,093,295	18,661,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,532,054	117,249,817	181,781,871	73.00
76.00	03020	RENAL ACUTE	3,358,594	387,372	3,745,966	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	1,962	553,331	555,293	90.00
90.05	09005	PATIENT NUTRITION	0	299,412	299,412	90.05
90.07	09007	WOUND CLINIC	10,000	5,068,016	5,078,016	90.07
91.00	09100	EMERGENCY	23,736,858	82,715,648	106,452,506	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,806,126	17,034,922	18,841,048	92.00
200.00		Subtotal (see instructions)	475,197,483	672,205,006	1,147,402,489	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	475,197,483	672,205,006	1,147,402,489	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 10:01 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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 - I RF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/25/2016 10:01 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,307,115	0	9,307,115	56,945	163.44	30.00
31.00	INTENSIVE CARE UNIT	1,660,133		1,660,133	9,032	183.81	31.00
35.00	INTENSIVE NURSERY	285,975		285,975	3,528	81.06	35.00
41.00	SUBPROVIDER - IRF	874,774	0	874,774	3,899	224.36	41.00
43.00	NURSERY	175,037		175,037	3,606	48.54	43.00
200.00	Total (lines 30-199)	12,303,034		12,303,034	77,010		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	24,539	4,010,654				
31.00	INTENSIVE CARE UNIT	5,360	985,222				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	2,719	610,035				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	32,618	5,605,911				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 10:01 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,535,804	143,502,562	0.031608	41,589,619	1,314,565	50.00
50.01	05001 CARDIAC SURGERY	340,438	9,255,548	0.036782	5,473,300	201,319	50.01
50.02	05002 WASC	1,942,550	99,585,206	0.019506	78,559	1,532	50.02
51.00	05100 RECOVERY ROOM	140,003	4,284,852	0.032674	1,008,905	32,965	51.00
51.02	05101 O/P TREATMENT ROOM	1,081,887	3,678,410	0.294118	26,237	7,717	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,179,747	14,042,561	0.084012	1,957,527	164,456	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,864,142	47,342,383	0.060498	5,867,596	354,978	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,363,280	33,137,611	0.071317	922,109	65,762	55.00
56.00	05600 RADIOISOTOPE	131,980	10,615,720	0.012433	489,874	6,091	56.00
57.00	05700 CT SCAN	413,004	60,083,693	0.006874	9,167,068	63,014	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	837,088	15,232,957	0.054952	1,557,309	85,577	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,917,218	94,824,712	0.020219	12,639,846	255,565	59.00
60.00	06000 LABORATORY	45,652	78,197,163	0.000584	20,736,804	12,110	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,774	2,888,286	0.001653	1,297,779	2,145	62.00
65.00	06500 RESPIRATORY THERAPY	737,593	14,351,416	0.051395	6,540,634	336,156	65.00
66.00	06600 PHYSICAL THERAPY	439,211	10,428,502	0.042116	2,693,095	113,422	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	418,380	6,363,160	0.065750	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	80,598	6,545,242	0.012314	1,299,340	16,000	67.00
68.00	06800 SPEECH PATHOLOGY	165,840	1,985,621	0.083520	435,654	36,386	68.00
69.00	06900 ELECTROCARDIOLOGY	434,154	16,320,405	0.026602	5,302,220	141,050	69.00
69.01	06901 CARDIAC REHAB	313,913	1,184,752	0.264961	114,694	30,389	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	153,817	4,545,436	0.033840	713,341	24,139	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	417,106	2,599,216	0.160474	1,363,509	218,808	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,973	18,661,765	0.001231	4,439,855	5,465	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,445,018	181,781,871	0.007949	33,738,679	268,189	73.00
76.00	03020 RENAL ACUTE	141,863	3,745,966	0.037871	2,209,392	83,672	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	10,156	555,293	0.018289	0	0	90.00
90.05	09005 PATIENT NUTRITION	79,012	299,412	0.263891	0	0	90.05
90.07	09007 WOUND CLINIC	181,512	5,078,016	0.035745	4,729	169	90.07
91.00	09100 EMERGENCY	1,374,364	106,452,506	0.012911	13,782,757	177,949	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,505,612	18,841,048	0.079911	25,112	2,007	92.00
200.00	Total (Lines 50-199)	25,718,689	1,016,411,291		175,475,543	4,021,597	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150023		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/25/2016 10:01 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
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 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,945	0.00	24,539	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,032	0.00	5,360	0		31.00
35.00	02040	INTENSIVE NURSERY	3,528	0.00	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	3,899	0.00	2,719	0		41.00
43.00	04300	NURSERY	3,606	0.00	0	0		43.00
200.00		Total (lines 30-199)	77,010		32,618	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:01 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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	201,875	0	201,875 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	361,044	0	361,044 73.00
76.00	03020	RENAL ACUTE	0	0	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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 50-199)	0	0	562,919	0	562,919 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:01 am
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Cost Center Description		Title XVIII				Hospital		
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS	
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	143,502,562	0.000000	0.000000	41,589,619	50.00
50.01	05001	CARDIAC SURGERY	0	9,255,548	0.000000	0.000000	5,473,300	50.01
50.02	05002	WVSC	0	99,585,206	0.000000	0.000000	78,559	50.02
51.00	05100	RECOVERY ROOM	0	4,284,852	0.000000	0.000000	1,008,905	51.00
51.02	05101	O/P TREATMENT ROOM	0	3,678,410	0.000000	0.000000	26,237	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,042,561	0.000000	0.000000	1,957,527	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	201,875	47,342,383	0.004264	0.004264	5,867,596	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,137,611	0.000000	0.000000	922,109	55.00
56.00	05600	RADIOISOTOPE	0	10,615,720	0.000000	0.000000	489,874	56.00
57.00	05700	CT SCAN	0	60,083,693	0.000000	0.000000	9,167,068	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,232,957	0.000000	0.000000	1,557,309	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	94,824,712	0.000000	0.000000	12,639,846	59.00
60.00	06000	LABORATORY	0	78,197,163	0.000000	0.000000	20,736,804	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,888,286	0.000000	0.000000	1,297,779	62.00
65.00	06500	RESPIRATORY THERAPY	0	14,351,416	0.000000	0.000000	6,540,634	65.00
66.00	06600	PHYSICAL THERAPY	0	10,428,502	0.000000	0.000000	2,693,095	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,363,160	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	6,545,242	0.000000	0.000000	1,299,340	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,985,621	0.000000	0.000000	435,654	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,320,405	0.000000	0.000000	5,302,220	69.00
69.01	06901	CARDIAC REHAB	0	1,184,752	0.000000	0.000000	114,694	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,545,436	0.000000	0.000000	713,341	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,599,216	0.000000	0.000000	1,363,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,661,765	0.000000	0.000000	4,439,855	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	361,044	181,781,871	0.001986	0.001986	33,738,679	73.00
76.00	03020	RENAL ACUTE	0	3,745,966	0.000000	0.000000	2,209,392	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	555,293	0.000000	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	0	299,412	0.000000	0.000000	0	90.05
90.07	09007	WOUND CLINIC	0	5,078,016	0.000000	0.000000	4,729	90.07
91.00	09100	EMERGENCY	0	106,452,506	0.000000	0.000000	13,782,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,841,048	0.000000	0.000000	25,112	92.00
200.00		Total (Lines 50-199)	562,919	1,016,411,291			175,475,543	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	18,281,387	0	50.00
50.01	05001 CARDIAC SURGERY	0	25,183	0	50.01
50.02	05002 WVSC	0	31,608,719	0	50.02
51.00	05100 RECOVERY ROOM	0	14,822	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	1,218,992	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	269,594	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	25,019	9,083,822	38,733	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	15,377,501	0	55.00
56.00	05600 RADIOISOTOPE	0	3,249,733	0	56.00
57.00	05700 CT SCAN	0	14,993,593	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,582,935	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	25,043,709	0	59.00
60.00	06000 LABORATORY	0	10,626,320	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	434,405	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	352,969	0	65.00
66.00	06600 PHYSICAL THERAPY	0	7,771	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	729	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,770	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,172,087	0	69.00
69.01	06901 CARDIAC REHAB	0	561,396	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	857,243	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	70,900	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,118,791	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	67,005	60,546,990	120,246	73.00
76.00	03020 RENAL ACUTE	0	130,370	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	90.05
90.07	09007 WOUND CLINIC	0	2,850,146	0	90.07
91.00	09100 EMERGENCY	0	17,994,944	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,251,913	0	92.00
200.00	Total (Lines 50-199)	92,024	231,728,734	158,979	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 10:01 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.149865	18,281,387	0	0	2,739,740	50.00
50.01	05001	CARDIAC SURGERY	0.377506	25,183	0	0	9,507	50.01
50.02	05002	WVSC	0.157403	31,608,719	0	0	4,975,307	50.02
51.00	05100	RECOVERY ROOM	0.621921	14,822	0	0	9,218	51.00
51.02	05101	O/P TREATMENT ROOM	1.468984	1,218,992	0	0	1,790,680	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492001	269,594	0	0	132,641	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.311688	9,083,822	0	0	2,831,318	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.243895	15,377,501	0	0	3,750,496	55.00
56.00	05600	RADIOISOTOPE	0.161468	3,249,733	0	0	524,728	56.00
57.00	05700	CT SCAN	0.058241	14,993,593	0	0	873,242	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149622	3,582,935	0	0	536,086	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228918	25,043,709	0	0	5,732,956	59.00
60.00	06000	LABORATORY	0.140180	10,626,320	12,402	0	1,489,598	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.644521	434,405	0	0	279,983	62.00
65.00	06500	RESPIRATORY THERAPY	0.387182	352,969	0	0	136,663	65.00
66.00	06600	PHYSICAL THERAPY	0.349755	7,771	0	0	2,718	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.383813	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.256586	729	0	0	187	67.00
68.00	06800	SPEECH PATHOLOGY	0.400740	1,770	0	0	709	68.00
69.00	06900	ELECTROCARDIOLOGY	0.190550	3,172,087	0	0	604,441	69.00
69.01	06901	CARDIAC REHAB	0.796633	561,396	676	0	447,227	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.401919	857,243	0	0	344,542	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.599708	70,900	0	0	42,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613765	6,118,791	0	0	3,755,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226677	60,546,990	0	84,254	13,724,610	73.00
76.00	03020	RENAL ACUTE	0.554852	130,370	0	0	72,336	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.673081	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	1.969136	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.351021	2,850,146	0	0	1,000,461	90.07
91.00	09100	EMERGENCY	0.130926	17,994,944	140	0	2,356,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.452781	5,251,913	2,639	0	2,377,966	92.00
200.00		Subtotal (see instructions)		231,728,734	15,857	84,254	50,541,385	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		231,728,734	15,857	84,254	50,541,385	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 10:01 am
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	1,739	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	539	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	19,098		73.00
76.00 03020 RENAL ACUTE	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	18	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,195	0		92.00
200.00 Subtotal (see instructions)	3,491	19,098		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	3,491	19,098		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150023 Component CCN: 15T023		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/25/2016 10:01 am		
				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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,535,804	143,502,562	0.031608	100,566	3,179	50.00
50.01	05001	CARDIAC SURGERY	340,438	9,255,548	0.036782	14,099	519	50.01
50.02	05002	WVSC	1,942,550	99,585,206	0.019506	174	3	50.02
51.00	05100	RECOVERY ROOM	140,003	4,284,852	0.032674	1,730	57	51.00
51.02	05101	O/P TREATMENT ROOM	1,081,887	3,678,410	0.294118	18	5	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,179,747	14,042,561	0.084012	3,015	253	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,864,142	47,342,383	0.060498	57,410	3,473	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,363,280	33,137,611	0.071317	30,223	2,155	55.00
56.00	05600	RADIOISOTOPE	131,980	10,615,720	0.012433	907	11	56.00
57.00	05700	CT SCAN	413,004	60,083,693	0.006874	69,450	477	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	837,088	15,232,957	0.054952	28,196	1,549	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,917,218	94,824,712	0.020219	51,472	1,041	59.00
60.00	06000	LABORATORY	45,652	78,197,163	0.000584	299,839	175	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,774	2,888,286	0.001653	25,074	41	62.00
65.00	06500	RESPIRATORY THERAPY	737,593	14,351,416	0.051395	133,418	6,857	65.00
66.00	06600	PHYSICAL THERAPY	439,211	10,428,502	0.042116	1,313,634	55,325	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	418,380	6,363,160	0.065750	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	80,598	6,545,242	0.012314	1,236,442	15,226	67.00
68.00	06800	SPEECH PATHOLOGY	165,840	1,985,621	0.083520	269,767	22,531	68.00
69.00	06900	ELECTROCARDIOLOGY	434,154	16,320,405	0.026602	27,372	728	69.00
69.01	06901	CARDIAC REHAB	313,913	1,184,752	0.264961	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	153,817	4,545,436	0.033840	15,679	531	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	417,106	2,599,216	0.160474	9,375	1,504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,973	18,661,765	0.001231	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,445,018	181,781,871	0.007949	831,890	6,613	73.00
76.00	03020	RENAL ACUTE	141,863	3,745,966	0.037871	125,997	4,772	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	10,156	555,293	0.018289	0	0	90.00
90.05	09005	PATIENT NUTRITION	79,012	299,412	0.263891	0	0	90.05
90.07	09007	WOUND CLINIC	181,512	5,078,016	0.035745	0	0	90.07
91.00	09100	EMERGENCY	1,374,364	106,452,506	0.012911	13,250	171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,841,048	0.000000	0	0	92.00
200.00		Total (lines 50-199)	24,213,077	1,016,411,291		4,658,997	127,196	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:01 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
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	201,875	0	201,875	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	361,044	0	361,044	73.00
76.00 03020 RENAL ACUTE	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 50-199)	0	0	562,919	0	562,919	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:01 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	143,502,562	0.000000	0.000000	100,566	50.00
50.01	05001 CARDIAC SURGERY	0	9,255,548	0.000000	0.000000	14,099	50.01
50.02	05002 WVSC	0	99,585,206	0.000000	0.000000	174	50.02
51.00	05100 RECOVERY ROOM	0	4,284,852	0.000000	0.000000	1,730	51.00
51.02	05101 O/P TREATMENT ROOM	0	3,678,410	0.000000	0.000000	18	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,042,561	0.000000	0.000000	3,015	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	201,875	47,342,383	0.004264	0.004264	57,410	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	33,137,611	0.000000	0.000000	30,223	55.00
56.00	05600 RADIOISOTOPE	0	10,615,720	0.000000	0.000000	907	56.00
57.00	05700 CT SCAN	0	60,083,693	0.000000	0.000000	69,450	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	15,232,957	0.000000	0.000000	28,196	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	94,824,712	0.000000	0.000000	51,472	59.00
60.00	06000 LABORATORY	0	78,197,163	0.000000	0.000000	299,839	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,888,286	0.000000	0.000000	25,074	62.00
65.00	06500 RESPIRATORY THERAPY	0	14,351,416	0.000000	0.000000	133,418	65.00
66.00	06600 PHYSICAL THERAPY	0	10,428,502	0.000000	0.000000	1,313,634	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	6,363,160	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	6,545,242	0.000000	0.000000	1,236,442	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,985,621	0.000000	0.000000	269,767	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,320,405	0.000000	0.000000	27,372	69.00
69.01	06901 CARDIAC REHAB	0	1,184,752	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,545,436	0.000000	0.000000	15,679	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,599,216	0.000000	0.000000	9,375	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,661,765	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	361,044	181,781,871	0.001986	0.001986	831,890	73.00
76.00	03020 RENAL ACUTE	0	3,745,966	0.000000	0.000000	125,997	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	555,293	0.000000	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	0	299,412	0.000000	0.000000	0	90.05
90.07	09007 WOUND CLINIC	0	5,078,016	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	0	106,452,506	0.000000	0.000000	13,250	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	18,841,048	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	562,919	1,016,411,291			4,658,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:01 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CARDIAC SURGERY	0	0	0	50.01
50.02	05002 WVSC	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	245	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	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	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,652	0	0	73.00
76.00	03020 RENAL ACUTE	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	90.05
90.07	09007 WOUND CLINIC	0	0	0	90.07
91.00	09100 EMERGENCY	0	108	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (Lines 50-199)	1,897	108	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 10:01 am
		Component CCN: 15T023	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.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.149865	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0.377506	0	0	0	0	50.01
50.02	05002	WVSC	0.157403	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.621921	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	1.468984	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492001	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.311688	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.243895	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.161468	0	0	0	0	56.00
57.00	05700	CT SCAN	0.058241	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149622	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228918	0	0	0	0	59.00
60.00	06000	LABORATORY	0.140180	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.644521	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.387182	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.349755	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	0.383813	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.256586	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.400740	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.190550	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0.796633	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.401919	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.599708	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613765	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226677	0	0	215	0	73.00
76.00	03020	RENAL ACUTE	0.554852	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.673081	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	1.969136	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.351021	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.130926	108	0	0	14	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.452781	0	0	0	0	92.00
200.00		Subtotal (see instructions)		108	0	215	14	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		108	0	215	14	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 10:01 am
	Component CCN: 15T023	Title XVIII	Subprovider - IRF

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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	49		73.00
76.00 03020 RENAL ACUTE	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	49		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	49		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2016 10:01 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,945	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,945	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)		47,733	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)		24,539	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
<b>SWING BED ADJUSTMENT</b>				
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)		52,734,578	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)		52,734,578	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		52,734,578	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		926.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,724,586	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)		22,724,586	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,679,540	9,032	1,403.85	5,360	7,524,636	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	3,406,817	3,528	965.65	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					39,094,073	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					69,343,295	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)					4,995,876	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,113,621	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,109,497	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,233,798	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,212	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					926.06	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,530,865	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 10:01 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,307,115	52,734,578	0.176490	8,530,865	1,505,612	90.00
91.00	Nursing School cost	0	52,734,578	0.000000	8,530,865	0	91.00
92.00	Allied health cost	0	52,734,578	0.000000	8,530,865	0	92.00
93.00	All other Medical Education	0	52,734,578	0.000000	8,530,865	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T023		Date/Time Prepared: 5/25/2016 10:01 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,899	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,899	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)		3,899	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)		2,719	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
<b>SWING BED ADJUSTMENT</b>				
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)		4,412,569	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)		4,412,569	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		4,412,569	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,131.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,077,147	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)		3,077,147	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T023				Date/Time Prepared: 5/25/2016 10:01 am	
		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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	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	0	47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,340,653		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,417,800		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					610,035		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					129,093		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					739,128		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,678,672		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023 Component CCN: 15T023		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 10:01 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	874,774	4,412,569	0.198246	0	0	90.00
91.00	Nursing School cost	0	4,412,569	0.000000	0	0	91.00
92.00	Allied health cost	0	4,412,569	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,412,569	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/25/2016 10:01 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,945	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,945	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)		47,733	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)		2,213	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)		3,606	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		52,725,801	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)		52,725,801	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		52,725,801	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		925.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,049,039	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,049,039	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/25/2016 10:01 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,915,153	3,606	531.10	0	0 42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,679,540	9,032	1,403.85	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	3,406,817	3,528	965.65	0	0 47.00	
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,560,310 48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,609,349 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	
56.00	Target amount (line 54 x line 55)					0 56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00	
58.00	Bonus payment (see instructions)					0 58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00	
62.00	Relief payment (see instructions)					0 62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,212 87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					925.91 88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,529,483 89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 10:01 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,307,115	52,725,801	0.176519	8,529,483	1,505,616	90.00
91.00	Nursing School cost	0	52,725,801	0.000000	8,529,483	0	91.00
92.00	Allied health cost	0	52,725,801	0.000000	8,529,483	0	92.00
93.00	All other Medical Education	0	52,725,801	0.000000	8,529,483	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 10:01 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		43,877,524	30.00
31.00	03100	INTENSIVE CARE UNIT		16,178,900	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.149865	41,589,619	50.00
50.01	05001	CARDIAC SURGERY	0.377506	5,473,300	50.01
50.02	05002	WVSC	0.157403	78,559	50.02
51.00	05100	RECOVERY ROOM	0.621921	1,008,905	51.00
51.02	05101	O/P TREATMENT ROOM	1.468984	26,237	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492001	1,957,527	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.311746	5,867,596	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.243895	922,109	55.00
56.00	05600	RADIOISOTOPE	0.161468	489,874	56.00
57.00	05700	CT SCAN	0.058241	9,167,068	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149622	1,557,309	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228918	12,639,846	59.00
60.00	06000	LABORATORY	0.140757	20,736,804	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.644521	1,297,779	62.00
65.00	06500	RESPIRATORY THERAPY	0.387182	6,540,634	65.00
66.00	06600	PHYSICAL THERAPY	0.349755	2,693,095	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.383813	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.256586	1,299,340	67.00
68.00	06800	SPEECH PATHOLOGY	0.400740	435,654	68.00
69.00	06900	ELECTROCARDIOLOGY	0.190550	5,302,220	69.00
69.01	06901	CARDIAC REHAB	0.796633	114,694	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.401919	713,341	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.599708	1,363,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613765	4,439,855	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226677	33,738,679	73.00
76.00	03020	RENAL ACUTE	0.554852	2,209,392	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.673081	0	90.00
90.05	09005	PATIENT NUTRITION	1.980088	0	90.05
90.07	09007	WOUND CLINIC	0.351021	4,729	90.07
91.00	09100	EMERGENCY	0.130926	13,782,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.452781	25,112	92.00
200.00		Total (sum of lines 50-94 and 96-98)		175,475,543	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)		175,475,543	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T023		Date/Time Prepared: 5/25/2016 10:01 am	
		Title XVIIII	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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		2,666,449	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.149865	100,566	50.00
50.01	05001	CARDIAC SURGERY	0.377506	14,099	50.01
50.02	05002	WVSC	0.157403	174	50.02
51.00	05100	RECOVERY ROOM	0.621921	1,730	51.00
51.02	05101	O/P TREATMENT ROOM	1.468984	18	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492001	3,015	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.311746	57,410	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.243895	30,223	55.00
56.00	05600	RADIOISOTOPE	0.161468	907	56.00
57.00	05700	CT SCAN	0.058241	69,450	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149622	28,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228918	51,472	59.00
60.00	06000	LABORATORY	0.140757	299,839	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.644521	25,074	62.00
65.00	06500	RESPIRATORY THERAPY	0.387182	133,418	65.00
66.00	06600	PHYSICAL THERAPY	0.349755	1,313,634	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.383813	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.256586	1,236,442	67.00
68.00	06800	SPEECH PATHOLOGY	0.400740	269,767	68.00
69.00	06900	ELECTROCARDIOLOGY	0.190550	27,372	69.00
69.01	06901	CARDIAC REHAB	0.796633	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.401919	15,679	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.599708	9,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613765	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226677	831,890	73.00
76.00	03020	RENAL ACUTE	0.554852	125,997	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.673081	0	90.00
90.05	09005	PATIENT NUTRITION	1.980088	0	90.05
90.07	09007	WOUND CLINIC	0.351021	0	90.07
91.00	09100	EMERGENCY	0.130926	13,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.452781	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,658,997	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)		4,658,997	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 10:01 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,465,401	30.00
31.00	03100	INTENSIVE CARE UNIT		974,181	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - I RF		121,569	41.00
43.00	04300	NURSERY		857,633	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.149865	2,046,146	50.00
50.01	05001	CARDIAC SURGERY	0.377506	0	50.01
50.02	05002	WVSC	0.157403	152,166	50.02
51.00	05100	RECOVERY ROOM	0.621921	62,176	51.00
51.02	05101	O/P TREATMENT ROOM	1.468984	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492001	219,294	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.311688	375,334	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.243895	36,810	55.00
56.00	05600	RADIOISOTOPE	0.161468	35,004	56.00
57.00	05700	CT SCAN	0.058241	524,799	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149622	81,480	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228918	0	59.00
60.00	06000	LABORATORY	0.140180	1,301,379	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.644521	58,279	62.00
65.00	06500	RESPIRATORY THERAPY	0.387182	392,779	65.00
66.00	06600	PHYSICAL THERAPY	0.349755	148,321	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.383813	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.256586	92,533	67.00
68.00	06800	SPEECH PATHOLOGY	0.400740	38,771	68.00
69.00	06900	ELECTROCARDIOLOGY	0.190550	609,083	69.00
69.01	06901	CARDIAC REHAB	0.796633	4,571	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.401919	53,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.599708	778,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613765	191,846	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226677	2,365,106	73.00
76.00	03020	RENAL ACUTE	0.554852	46,021	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.673081	1,907	90.00
90.05	09005	PATIENT NUTRITION	1.969136	0	90.05
90.07	09007	WOUND CLINIC	0.351021	0	90.07
91.00	09100	EMERGENCY	0.130926	790,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.452781	118,618	92.00
200.00		Total (sum of lines 50-94 and 96-98)		10,524,048	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)		10,524,048	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 10:01 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		41,808,508	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,390,387	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)		666,583	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		6,272,454	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		232.81	4.00
<b>Indirect Medical Education Adjustment</b>				
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
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.22	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.98	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		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).		0.052489	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.053693	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.052489	21.00
22.00	IME payment adjustment (see instructions)		1,588,293	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		177,272	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		8.45	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.76	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		8.45	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.036296	26.00
27.00	IME payments adjustment factor. (see instructions)		0.009599	27.00
28.00	IME add-on adjustment amount (see instructions)		539,453	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		60,209	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,127,746	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		237,481	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.35	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.61	31.00
32.00	Sum of lines 30 and 31		27.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.28	33.00
34.00	Disproportionate share adjustment (see instructions)		1,725,306	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 10:01 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000462085	0.000460744	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,533,862	2,951,593	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,643,134	741,930	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,385,064		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (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 excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		64,103,594		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		64,341,075		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,164,745		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).		771,748		52.00
53.00	Nursing and Allied Health Managed Care payment		2,691		53.00
54.00	Special add-on payments for new technologies		8,278		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see 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)		92,024		58.00
59.00	Total (sum of amounts on lines 49 through 58)		70,380,561		59.00
60.00	Primary payer payments		33,762		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		70,346,799		61.00
62.00	Deductibles billed to program beneficiaries		5,766,108		62.00
63.00	Coinurance billed to program beneficiaries		166,276		63.00
64.00	Allowable bad debts (see instructions)		681,245		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		442,809		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		207,808		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,857,224		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		176,209		70.93
70.94	HRR adjustment amount (see instructions)		-417,862		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 10:01 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,615,571		71.00
71.01	Sequestration adjustment (see instructions)		1,292,311		71.01
72.00	Interim payments		62,181,950		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		1,141,310		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		639,095		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	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	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	0	104.00



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2016 10:01 am

		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	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	41,808,508	0	41,808,508	0	41,808,508	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,390,387	0	0	14,390,387	14,390,387	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	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	666,583	0	486,066	180,518	666,584	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,272,454	0	4,766,128	1,506,327	6,272,455	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.052489	0.052489	0.052489	0.052489		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,588,293	0	1,181,592	406,701	1,588,293	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	177,272	0	134,700	42,572	177,272	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.009599	0.009599	0.009599	0.009599		7.00
8.00	IME adjustment (see instructions)	28.00	539,453	0	401,320	138,133	539,453	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	60,209	0	45,750	14,459	60,209	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,127,746	0	1,582,912	544,834	2,127,746	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	237,481	0	180,450	57,031	237,481	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1228	0.1228	0.1228	0.1228		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,725,306	0	1,283,521	441,785	1,725,306	11.00
11.01	Uncompensated care payments	36.00	3,385,064	0	2,643,134	741,930	3,385,064	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	64,103,594	0	47,804,140	16,299,454	64,103,594	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	64,341,075	0	47,984,590	16,356,485	64,341,075	15.00
16.00	Payment for inpatient program capital	50.00	5,164,745	0	3,829,695	1,335,050	5,164,745	16.00
17.00	Special add-on payments for new technologies	54.00	8,278	0	8,278	0	8,278	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2016 10:01 am

		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	
19.00	SUBTOTAL			0	51,822,563	17,691,535	69,514,098	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	4,507,840	0	3,341,168	1,166,672	4,507,840	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	232,718	0	232,718	58,594	291,312	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	0.0359	0.0359	0.0359	0.0359		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	161,831	0	119,947	41,884	161,831	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0582	0.0582	0.0582	0.0582		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	262,356	0	194,456	67,900	262,356	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,164,745	0	3,829,695	1,335,050	5,164,745	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: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2016 10:01 am
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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 (col s. 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	41,808,508	41,808,508		41,808,508	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,390,387		14,390,387	14,390,387	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	666,583	486,066	180,518	666,584	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,272,454	4,766,128	1,506,327	6,272,455	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.052489	0.052489	0.052489		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,588,293	1,181,592	406,701	1,588,293	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	177,272	134,700	42,572	177,272	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.009599	0.009599	0.009599		7.00
8.00	IME adjustment (see instructions)	28.00	539,453	401,320	138,133	539,453	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	60,209	45,750	14,459	60,209	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,127,746	1,582,912	544,834	2,127,746	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	237,481	180,450	57,031	237,481	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1228	0.1228	0.1228		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,725,306	1,283,521	441,785	1,725,306	11.00
11.01	Uncompensated care payments	36.00	3,385,064	2,643,134	741,930	3,385,064	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	64,103,594	47,804,140	16,299,454	64,103,594	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	64,341,075	47,984,590	16,356,485	64,341,075	15.00
16.00	Payment for inpatient program capital	50.00	5,164,745	3,888,289	1,276,456	5,164,745	16.00
17.00	Special add-on payments for new technologies	54.00	8,278	8,278	0	8,278	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	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	<b>SUBTOTAL</b>			51,881,157	17,632,941	69,514,098	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/25/2016 10:01 am

		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	4,507,840	3,341,168	1,166,672	4,507,840	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	232,718	232,718	0	232,718	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	0.0359	0.0359	0.0359		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	161,831	119,947	41,884	161,831	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0582	0.0582	0.0582		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	262,356	194,456	67,900	262,356	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,164,745	3,888,289	1,276,456	5,164,745	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	176,209	142,211	33,998	176,209	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	-417,862	-338,715	-79,147	-417,862	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		516,847	175,878	692,725	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 10:01 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		22,589	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		50,382,406	2.00
3.00	PPS payments		52,205,310	3.00
4.00	Outlier payment (see instructions)		211,739	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		158,979	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,589	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		100,111	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)		100,111	14.00
<b>Customary charges</b>				
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)		100,111	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		77,522	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		22,589	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		52,576,028	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		163	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,958,940	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)		42,639,514	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		529,075	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		43,168,589	30.00
31.00	Primary payer payments		19,938	31.00
32.00	Subtotal (line 30 minus line 31)		43,148,651	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,312,749	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		853,287	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		780,539	36.00
37.00	Subtotal (see instructions)		44,001,938	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-552	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		13,100	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		44,002,490	40.00
40.01	Sequestration adjustment (see instructions)		880,050	40.01
41.00	Interim payments		43,112,377	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		10,063	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 10:01 am
		Component CCN: 15T023	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		49	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14	2.00
3.00	PPS payments		102	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		49	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		215	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)		215	14.00
<b>Customary charges</b>				
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)		215	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		166	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		49	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		102	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		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)		151	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		151	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		151	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-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)		151	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		151	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		142	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		6	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		60,764,376		41,594,509	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	12/31/2015	1,313,474	12/31/2015	1,368,168	3.01
3.02			0	03/11/2015	25,900	3.02
3.03		07/15/2015	104,100	07/15/2015	123,800	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)		1,417,574		1,517,868	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)		62,181,950		43,112,377	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,141,310		10,063	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		63,323,260		43,122,440	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: 150023  
Component CCN: 15T023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2016 10:01 am

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					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		4,165,429		142	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		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)		4,165,429		142	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		6	6.01
6.02	SETTLEMENT TO PROGRAM		53,823		0	6.02
7.00	Total Medicare program liability (see instructions)		4,111,606		148	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/25/2016 10:01 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		14,455	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		29,899	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,394	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		60,293	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,147,402,489	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		21,208,340	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,311,196	8.00
9.00	Sequestration adjustment amount (see instructions)		26,224	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,284,972	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,374,610	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		-89,638	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023 Component CCN: 15T023	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/25/2016 10:01 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,955,980 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0306 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			148,349 3.00
4.00	Outlier Payments			132,760 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)			20.98 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)			10.682192 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)			4,237,089 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)			4,237,089 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,237,089 19.00
20.00	Deductibles			26,460 20.00
21.00	Subtotal (line 19 minus line 20)			4,210,629 21.00
22.00	Coinsurance			17,010 22.00
23.00	Subtotal (line 21 minus line 22)			4,193,619 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)			4,193,619 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,897 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,195,516 32.00
32.01	Sequestration adjustment (see instructions)			83,910 32.01
33.00	Interim payments			4,165,429 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, 33, and 34)			-53,823 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			11,189 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			132,760 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2016 10:01 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		4,609,349		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,609,349	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)		4,609,349	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		10,524,048	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)		10,524,048	0	12.00
<b>CUSTOMARY CHARGES</b>					
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)		10,524,048	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,914,699	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)		4,609,349	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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)		4,609,349	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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)		4,609,349	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)		4,609,349	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		4,609,349	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)		4,609,349	0	40.00
41.00	Interim payments		5,065,718	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-456,369	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: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/25/2016 10:01 am	
		Title XVII I	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
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
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			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
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.98	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.	20.98	0.00	20.98	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.	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
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
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	14.92	0.00		17.00
18.00	Per resident amount	120,634.07	0.00		18.00
19.00	Approved amount for resident costs	1,799,860	0	1,799,860	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.06	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.75	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,873.79	23.00
24.00	Multiply line 22 time line 23			551,274	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,351,134	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	32,618	3,394		26.00
27.00	Total Inpatient Days (see instructions)	64,222	64,222		27.00
28.00	Ratio of inpatient days to total inpatient days	0.507894	0.052848		28.00
29.00	Program direct GME amount	1,194,127	124,253		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		17,557		30.00
31.00	Net Program direct GME amount			1,300,823	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/25/2016 10:01 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		73,761,095	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		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)		33,762	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		73,727,333	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		50,564,037	42.00
43.00	Primary payer payments (see instructions)		19,938	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		50,544,099	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		124,271,432	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.593277	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.406723	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,300,823	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		771,748	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		529,075	50.00

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

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet G

Date/Time Prepared:  
5/25/2016 10:01 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	41,043,177	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	48,931,360	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	4,244,838	0	0	0	7.00
8.00	Prepaid expenses	-18,444,178	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	7,525,824	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	83,301,021	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	37,906,704	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	330,008,770	0	0	0	15.00
16.00	Accumulated depreciation	-247,747,409	0	0	0	16.00
17.00	Leasehold improvements	0	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	132,407,186	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)	252,575,251	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	93,399,412	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	93,399,412	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	429,275,684	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	23,643,619	0	0	0	37.00
38.00	Salaries, wages, and fees payable	18,757,598	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	12,432,619	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	54,833,836	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	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	271,541,621	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	271,541,621	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	326,375,457	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	102,900,227				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)	102,900,227	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	429,275,684	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet G-1

Date/Time Prepared:  
5/25/2016 10:01 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		96,042,997		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,857,230				2.00
3.00	Total (sum of line 1 and line 2)		102,900,227		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)		102,900,227		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)		102,900,227		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: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/25/2016 10:01 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	82,210,974		82,210,974	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,824,601		3,824,601	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)	86,035,575		86,035,575	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	27,506,456		27,506,456	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	12,403,588		12,403,588	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	39,910,044		39,910,044	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	125,945,619		125,945,619	17.00
18.00	Ancillary services	323,696,918	566,533,675	890,230,593	18.00
19.00	Outpatient services	26,937,999	120,003,656	146,941,655	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	PRO FEES/ LOBBY PHARMACY	15,073,559	20,104,530	35,178,089	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	491,654,095	706,641,861	1,198,295,956	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		303,061,706		29.00
30.00	HOME OFFICE	63,845,825			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)		63,845,825		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)		366,907,531		43.00



STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150023

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet G-3

Date/Time Prepared:  
5/25/2016 10:01 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,198,295,956	1.00
2.00	Less contractual allowances and discounts on patients' accounts	813,323,723	2.00
3.00	Net patient revenues (line 1 minus line 2)	384,972,233	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	366,907,531	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,064,702	5.00
<b>OTHER INCOME</b>			
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	12,664,978	24.00
24.01	NON EXPENSE	1,889,649	24.01
25.00	Total other income (sum of lines 6-24)	14,554,627	25.00
26.00	Total (line 5 plus line 25)	32,619,329	26.00
27.00	OTHER EXPENSES	25,762,099	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	25,762,099	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,857,230	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150023	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/25/2016 10:01 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,507,840	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		232,718	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)		165.27	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.59	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)		161,831	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.35	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.61	8.00
9.00	Sum of lines 7 and 8		27.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.82	10.00
11.00	Disproportionate share adjustment (see instructions)		262,356	11.00
12.00	Total prospective capital payments (see instructions)		5,164,745	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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