

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 11/12/2018 4:15 pm
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PART I - COST REPORT STATUS

Provider use only

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

Contractor use only

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

6. Date Received:
7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

Date: 11/12/2018 Time: 4:15 pm

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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNION HOSPITAL, INC. (15-0023) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

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

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	281,406	344,812	1,937	-728,383	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-18,868	-6		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	262,538	344,806	1,937	-728,383	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: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 11/12/2018 4:13 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1606 NORTH SEVENTH ST			PO Box:						1.00		
2.00	City: TERRE HAUTE			State: IN		Zip Code: 47804-		County: VIGO		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
								V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		UNION HOSPITAL, INC.		150023	45460	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		MEDICAL REHAB		15T023	45460	5	09/01/1989	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FOHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		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 §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						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 days	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.			1,246	2,778	1,485	331	9,137	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			55	260	13	13	95		25.00		

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		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (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)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? 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		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (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

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	
								1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						62.01	0.00
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	Y
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.000000

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	3.00	4.00		5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.91	20.14	0.043230		65.00
			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	2.30	18.70	0.109524		67.00
			1.00	2.00	3.00			
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0		71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y				75.00

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		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	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

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		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 Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				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		0		118.01
						2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 11/12/2018 4:13 pm							
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101				141.00					
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:						142.00					
143.00	City: TERRE HAUTE	State: IN		Zip Code: 47804				143.00					
144.00 Are provider based physicians' costs included in Worksheet A?													
Y								144.00					
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								145.00					
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00					
N								146.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								147.00					
N								147.00					
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								148.00					
N								148.00					
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								149.00					
N								149.00					
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital	N		N		N		N		155.00			
156.00	Subprovider - IPF	N		N		N		N		156.00			
157.00	Subprovider - IRF	N		N		N		N		157.00			
158.00	SUBPROVIDER	N		N		N		N		158.00			
159.00	SNF	N		N		N		N		159.00			
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00			
161.00	CMHC	N		N		N		N		161.00			
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.								165.00					
N								165.00					
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											166.00	
												0.00	166.00
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.								167.00					
Y								167.00					
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00					
0								168.00					
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01					
0.25								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)								169.00					
0.25								169.00					
		Beginning		Ending									
		1.00		2.00									
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)											170.00	
						01/01/2016		12/31/2016					
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								171.00					
N								171.00					

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 11/12/2018 4:13 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/12/2017	Y	04/12/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 11/12/2018 4:13 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	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	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 11/12/2018 4:13 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/12/2018 4:13 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
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	69,906	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	69,906	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	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	5,490	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		242	88,572	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	8,052		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		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)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/12/2018 4:13 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
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)	24,958	789	48,771			1.00
2.00 HMO and other (see instructions)	3,423	13,702				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	381				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)	24,958	789	48,771			7.00
8.00 INTENSIVE CARE UNIT	4,836	0	8,314			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	162	3,852			12.00
13.00 NURSERY		292	3,565			13.00
14.00 Total (see instructions)	29,794	1,243	64,502	21.00	1,431.61	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,511	55	3,642	0.00	22.08	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	119			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				21.00	1,453.69	27.00
28.00 Observation Bed Days		0	9,247			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	32	47			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			295			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/12/2018 4:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
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	6,816	210	14,901	1.00
2.00 HMO and other (see instructions)				663	2,930		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					27		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		6,816	210	14,901	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		185	4	267	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
11/12/2018 4:13 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	93,876,990	0	93,876,990	3,023,677.00	31.05 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		807,200	0	807,200	6,870.00	117.50 4.01
5.00	Physician and Non-Physician-Part B		5,060,801	0	5,060,801	27,129.00	186.55 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,332,004	1,332,004	43,680.00	30.49 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		12,429,594	-2,065,677	10,363,917	187,807.00	55.18 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,805,423	0	5,805,423	114,485.00	50.71 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		823,560	0	823,560	7,508.00	109.69 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		19,721,174	0	19,721,174	393,756.00	50.08 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,118,014	0	26,118,014		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,692,024	0	2,692,024		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		184,380	0	184,380		
23.00	Physician Part B		859,443	0	859,443		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		442,324	0	442,324		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
11/12/2018 4:13 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	290,388	525,358	815,746	31,712.00	25.72 26.00
27.00	Administrative & General	5.00	7,315,674	-455,386	6,860,288	248,174.00	27.64 27.00
28.00	Administrative & General under contract (see inst.)		2,152,856	0	2,152,856	15,858.00	135.76 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00 29.00
30.00	Operation of Plant	7.00	1,738,635	0	1,738,635	62,921.00	27.63 30.00
31.00	Laundry & Linen Service	8.00	603,673	0	603,673	39,141.00	15.42 31.00
32.00	Housekeeping	9.00	1,973,267	0	1,973,267	141,150.00	13.98 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00 33.00
34.00	Dietary	10.00	1,821,869	-7,008	1,814,861	118,176.00	15.36 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00 35.00
36.00	Cafeteria	11.00	112,059	0	112,059	8,632.00	12.98 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	1,427,387	0	1,427,387	30,368.00	47.00 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
41.00	Medical Records & Medical Records Library	16.00	1,972,637	0	1,972,637	90,338.00	21.84 41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
11/12/2018 4:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	90,161,845	-1,332,004	88,829,841	2,961,856.00	29.99	1.00
2.00	Excluded area salaries (see instructions)	12,429,594	-2,065,677	10,363,917	187,807.00	55.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	77,732,251	733,673	78,465,924	2,774,049.00	28.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,350,157	0	26,350,157	515,749.00	51.09	4.00
5.00	Subtotal wage-related costs (see inst.)	26,118,014	0	26,118,014	0.00	33.29	5.00
6.00	Total (sum of lines 3 thru 5)	130,200,422	733,673	130,934,095	3,289,798.00	39.80	6.00
7.00	Total overhead cost (see instructions)	19,408,445	62,964	19,471,409	786,470.00	24.76	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/12/2018 4:13 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,146,893	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)	7,564,428	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,139,139	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	71,938	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	40,321	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)	98,936	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	542,925	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,537,593	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	32,409	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	121,535	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	30,296,117	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 11/12/2018 4:13 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,805,423	30,296,117	1.00
2.00	Hospital	5,805,423	30,296,117	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 11/12/2018 4:13 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.238641		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		38,160,306		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		223,753,834		6.00	
7.00	Medicaid cost (line 1 times line 6)		53,396,839		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)		15,236,533		8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP		0		9.00	
10.00	Stand-alone CHIP charges		0		10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		15,236,533		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	20,039,871	0	20,039,871	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,782,335	0	4,782,335	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	4,782,335	0	4,782,335	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			22,707,070	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,851,473	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,848,420	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			19,858,650	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,736,035	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,518,370	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			25,754,903	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Date/Time Prepared: 11/12/2018 4:13 pm							
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	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		12,761,421		9,748,190	22,509,611
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,647,288		3,522,290	9,169,578
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	290,388	26,469	316,857	2,003,573	2,320,430
5.01	00540	NONPATIENT TELEPHONES	549,077	399,818	948,895	0	948,895
5.02	00550	DATA PROCESSING	0	0	0	0	0
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0
5.04	00570	ADMITTING	1,281,661	647,823	1,929,484	0	1,929,484
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.06	00590	OTHER ADMIN AND GENERAL	5,484,936	29,664,820	35,149,756	-14,003,833	21,145,923
7.00	00700	OPERATION OF PLANT	1,738,635	8,167,401	9,906,036	0	9,906,036
8.00	00800	LAUNDRY & LINEN SERVICE	603,673	401,216	1,004,889	0	1,004,889
9.00	00900	HOUSEKEEPING	1,973,267	1,109,156	3,082,423	0	3,082,423
10.00	01000	DIETARY	1,821,869	1,650,777	3,472,646	-32,198	3,440,448
11.00	01100	CAFETERIA	112,059	219,389	331,448	0	331,448
13.00	01300	NURSING ADMINISTRATION	1,427,387	284,529	1,711,916	0	1,711,916
16.00	01600	MEDICAL RECORDS & LIBRARY	1,972,637	1,308,238	3,280,875	0	3,280,875
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,433,559	1,433,559
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,354,347	2,354,347
23.00	02300	PARAMED PRGM	0	0	0	251,232	251,232
23.01	02341	OTHER MED ED	447,626	47,060	494,686	73,035	567,721
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,880,711	6,282,722	27,163,433	-1,376,027	25,787,406
31.00	03100	INTENSIVE CARE UNIT	5,234,087	1,513,066	6,747,153	96,143	6,843,296
35.00	02040	INTENSIVE NURSERY	1,883,910	998,620	2,882,530	44,544	2,927,074
41.00	04100	SUBPROVIDER - I&R	1,283,839	341,348	1,625,187	42,116	1,667,303
43.00	04300	NURSERY	0	439	439	1,225,422	1,225,861
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,474,660	16,730,413	21,205,073	-7,524,727	13,680,346
50.01	05001	CARDIAC SURGERY	2,076,844	3,272,603	5,349,447	-1,028,250	4,321,197
50.02	05002	WVSC	0	13,166,417	13,166,417	-692,182	12,474,235
51.00	05100	RECOVERY ROOM	1,443,598	299,249	1,742,847	0	1,742,847
51.02	05101	O/P TREATMENT ROOM	2,157,731	339,804	2,497,535	0	2,497,535
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,229,486	2,697,818	5,927,304	0	5,927,304
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,680,974	3,406,827	7,087,801	-251,232	6,836,569
55.00	05500	RADIOLOGY-THERAPEUTIC	432,395	4,604,899	5,037,294	0	5,037,294
56.00	05600	RADIOISOTOPE	335,648	901,766	1,237,414	0	1,237,414
57.00	05700	CT SCAN	1,055,004	1,007,884	2,062,888	0	2,062,888
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	565,800	910,759	1,476,559	0	1,476,559
59.00	05900	CARDIAC CATHETERIZATION	738,267	19,569,702	20,307,969	-3,387,598	16,920,371
60.00	06000	LABORATORY	0	9,365,754	9,365,754	0	9,365,754
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,286,409	1,286,409	0	1,286,409
65.00	06500	RESPIRATORY THERAPY	2,601,931	1,035,787	3,637,718	0	3,637,718
66.00	06600	PHYSICAL THERAPY	0	4,547,718	4,547,718	0	4,547,718
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	3,436,494	3,436,494	0	3,436,494
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	521,922	521,922	0	521,922
69.00	06900	ELECTROCARDIOLOGY	1,463,570	572,460	2,036,030	0	2,036,030
69.01	06901	CARDIAC REHAB	283,175	49,411	332,586	0	332,586
70.00	07000	ELECTROENCEPHALOGRAPHY	2,072,959	774,248	2,847,207	0	2,847,207
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	937,395	937,395	0	937,395
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,632,757	12,632,757
73.00	07300	DRUGS CHARGED TO PATIENTS	3,911,194	41,202,937	45,114,131	-1,809,929	43,304,202
76.00	03020	RENAL ACUTE	0	1,516,013	1,516,013	0	1,516,013
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	172,046	39,140	211,186	0	211,186
90.05	09005	PATIENT NUTRITION	287,190	38,909	326,099	0	326,099
90.07	09007	WOUND CLINIC	329,132	970,042	1,299,174	0	1,299,174
91.00	09100	EMERGENCY	4,881,495	3,231,873	8,113,368	0	8,113,368
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,178,861	207,906,253	291,085,114	3,321,232	294,406,346
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	1,207,341	2,008,578	3,215,919	112,630	3,328,549
194.01	07951	RENTAL PROPERTY	0	165,283	165,283	0	165,283
194.02	07954	FAMILY PRACTICE	4,430,909	2,108,369	6,539,278	-3,787,906	2,751,372
194.03	07952	WELLNESS	0	0	0	452,831	452,831
194.04	07955	PHYSICIAN PRACTICES	4,665,559	7,572,660	12,238,219	0	12,238,219
194.06	07953	SYCAMORE SPORTS MED	9,750	790,308	800,058	0	800,058

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 11/12/2018 4:13 pm		
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	384,570	74,245	458,815	-98,787	360,028	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	93,876,990	220,625,696	314,502,686	0	314,502,686	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-2,164,149	20,345,462	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-519,420	8,650,158	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,745,809	27,066,239	4.00
5.01	00540	NONPATIENT TELEPHONES	-103,974	844,921	5.01
5.02	00550	DATA PROCESSING	11,672,578	11,672,578	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,407,606	1,407,606	5.03
5.04	00570	ADMINITTING	0	1,929,484	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,230,243	6,230,243	5.05
5.06	00590	OTHER ADMIN AND GENERAL	2,846,261	23,992,184	5.06
7.00	00700	OPERATION OF PLANT	-560,753	9,345,283	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-4,979	999,910	8.00
9.00	00900	HOUSEKEEPING	-135,373	2,947,050	9.00
10.00	01000	DIETARY	-172,973	3,267,475	10.00
11.00	01100	CAFETERIA	-1,566,585	-1,235,137	11.00
13.00	01300	NURSING ADMINISTRATION	1,414,532	3,126,448	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	219,120	3,499,995	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,433,559	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-98,878	2,255,469	22.00
23.00	02300	PARAMED ED PRGM	0	251,232	23.00
23.01	02341	OTHER MED ED	-295,121	272,600	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-53,328	25,734,078	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,843,296	31.00
35.00	02040	INTENSIVE NURSERY	-539,067	2,388,007	35.00
41.00	04100	SUBPROVIDER - IRF	0	1,667,303	41.00
43.00	04300	NURSERY	0	1,225,861	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,140,216	10,540,130	50.00
50.01	05001	CARDIAC SURGERY	-2,802,927	1,518,270	50.01
50.02	05002	WVSC	-877,481	11,596,754	50.02
51.00	05100	RECOVERY ROOM	2,401	1,745,248	51.00
51.02	05101	O/P TREATMENT ROOM	0	2,497,535	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,303,906	3,623,398	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-340,923	6,495,646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,037,294	55.00
56.00	05600	RADIOISOTOPE	-11,650	1,225,764	56.00
57.00	05700	CT SCAN	217,629	2,280,517	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,890	1,528,449	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,640,163	15,280,208	59.00
60.00	06000	LABORATORY	-183,070	9,182,684	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,286,409	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,637,718	65.00
66.00	06600	PHYSICAL THERAPY	-2,196,204	2,351,514	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	-1,351,349	2,085,145	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,546,375	1,546,375	67.00
68.00	06800	SPEECH PATHOLOGY	77,901	599,823	68.00
69.00	06900	ELECTROCARDIOLOGY	-73,678	1,962,352	69.00
69.01	06901	CARDIAC REHAB	2,101	334,687	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,232,977	614,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-6,545	930,850	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,632,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-316,706	42,987,496	73.00
76.00	03020	RENAL ACUTE	0	1,516,013	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	211,186	90.00
90.05	09005	PATIENT NUTRITION	-3,365	322,734	90.05
90.07	09007	WOUND CLINIC	2,758	1,301,932	90.07
91.00	09100	EMERGENCY	0	8,113,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,741,444	321,147,790	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	3,328,549	194.00
194.01	07951	RENTAL PROPERTY	0	165,283	194.01
194.02	07954	FAMILY PRACTICE	0	2,751,372	194.02
194.03	07952	WELLNESS	0	452,831	194.03
194.04	07955	PHYSICIAN PRACTICES	-600,215	11,638,004	194.04
194.06	07953	SYCAMORE SPORTS MED	-675,241	124,817	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	360,028	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 11/12/2018 4:13 pm
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
200.00	TOTAL (SUM OF LINES 118 through 199)	25,465,988	339,968,674	200.00	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
B - PARAMED						
1.00	PARAMED ED PRGM	23.00	197,979	53,253	1.00	
	O		197,979	53,253		
C - FITNESS ACTIVITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	123,172	44,720	1.00	
2.00	WELLNESS	194.03	332,214	120,617	2.00	
	O		455,386	165,337		
D - CLAY CITY RURAL HEALTH						
1.00	RURAL HEALTH	194.00	0	45,719	1.00	
	O		0	45,719		
E - CORK MEDICAL RURAL HEALTH						
1.00	RURAL HEALTH	194.00	0	22,235	1.00	
	O		0	22,235		
F - HOUSE NURSE ASSISTANT						
1.00	INTENSIVE CARE UNIT	31.00	86,503	9,640	1.00	
2.00	INTENSIVE NURSERY	35.00	40,078	4,466	2.00	
3.00	SUBPROVIDER - IRF	41.00	37,893	4,223	3.00	
	O		164,474	18,329		
G - EMPLOYEE ACCESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	82,801	15,986	1.00	
	O		82,801	15,986		
H - TUBE FEEDING						
1.00	ADULTS & PEDIATRICS	30.00	7,008	25,190	1.00	
	O		7,008	25,190		
I - FAMILY MEDICINE						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,332,004	101,555	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,285,702	1,068,645	2.00	
	O		2,617,706	1,170,200		
J - LOBBY PHARMACY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	319,385	1,417,509	1.00	
	O		319,385	1,417,509		
K - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,632,757	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	12,632,757		
L - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,860,820	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,522,290	2.00	
	O		0	13,383,110		
N - NURSERY						
1.00	NURSERY	43.00	1,021,732	203,690	1.00	
	O		1,021,732	203,690		
O - PHARMACY PARAMED						
1.00	OTHER MED ED	23.01	66,744	6,291	1.00	
	O		66,744	6,291		
P - BRAZIL MEDICAL CENTER						
1.00	RURAL HEALTH	194.00	0	44,676	1.00	
	TOTALS		0	44,676		
500.00	Grand Total: Increases		4,933,215	29,204,282	500.00	

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
B - PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	197,979	53,253	0		1.00
	O		197,979	53,253			
C - FITNESS ACTIVITY							
1.00	OTHER ADMIN AND GENERAL	5.06	455,386	165,337	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		455,386	165,337			
D - CLAY CITY RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	45,719	9		1.00
	O		0	45,719			
E - CORK MEDICAL RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	22,235	9		1.00
	O		0	22,235			
F - HOUSE NURSE ASSISTANT							
1.00	ADULTS & PEDIATRICS	30.00	164,474	18,329	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
	O		164,474	18,329			
G - EMPLOYEE ACCESS							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	82,801	15,986	0		1.00
	O		82,801	15,986			
H - TUBE FEEDING							
1.00	DIETARY	10.00	7,008	25,190	0		1.00
	O		7,008	25,190			
I - FAMILY MEDICINE							
1.00	FAMILY PRACTICE	194.02	2,617,706	1,170,200	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		2,617,706	1,170,200			
J - LOBBY PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	319,385	1,417,509	0		1.00
	O		319,385	1,417,509			
K - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	7,524,727	0		1.00
2.00	CARDIAC SURGERY	50.01	0	1,028,250	0		2.00
3.00	WVSC	50.02	0	692,182	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,387,598	0		4.00
	O		0	12,632,757			
L - INTEREST							
1.00	OTHER ADMIN AND GENERAL	5.06	0	13,383,110	11		1.00
2.00	O	0.00	0	0	11		2.00
	O		0	13,383,110			
N - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,021,732	203,690	0		1.00
	O		1,021,732	203,690			
O - PHARMACY PARAMED							
1.00	DRUGS CHARGED TO PATIENTS	73.00	66,744	6,291	0		1.00
	O		66,744	6,291			
P - BRAZIL MEDICAL CENTER							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	44,676	9		1.00
	TOTALS		0	44,676			
500.00	Grand Total: Decreases		4,933,215	29,204,282			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part I
Date/Time Prepared:
11/12/2018 4:13 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,431,472	469,267	0	469,267	377,196	1.00
2.00	Land Improvements	19,502,959	93,623	0	93,623	109,679	2.00
3.00	Buildings and Fixtures	328,408,977	2,225,380	0	2,225,380	93,404	3.00
4.00	Building Improvements	1,599,793	8,085	0	8,085	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	133,379,458	21,259,343	0	21,259,343	8,727,136	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	500,322,659	24,055,698	0	24,055,698	9,307,415	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	500,322,659	24,055,698	0	24,055,698	9,307,415	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,523,543	0				1.00
2.00	Land Improvements	19,486,903	0				2.00
3.00	Buildings and Fixtures	330,540,953	0				3.00
4.00	Building Improvements	1,607,878	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	145,911,665	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	515,070,942	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	515,070,942	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part II
Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,761,421	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,647,288	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,408,709	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	12,761,421				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,647,288				2.00
3.00	Total (sum of lines 1-2)	0	18,408,709				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	369,159,277	0	369,159,277	0.716715	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	145,911,665	0	145,911,665	0.283285	0	2.00
3.00	Total (sum of lines 1-2)	515,070,942	0	515,070,942	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	10,573,354	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,159,556	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,732,910	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	9,772,108	0	0	0	20,345,462	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,490,602	0	0	0	8,650,158	2.00
3.00	Total (sum of lines 1-2)	13,262,710	0	0	0	28,995,620	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-88,712	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-31,688	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	-8,834	PURCHASING RECEIVING AND STORES	5.03	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-230,946	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	-18,216	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	-14,841,668			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	63,021,037			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,383,343	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	A	-6,545	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients	A	-17,394	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-23,436	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	A	-12,564	OPERATION OF PLANT	7.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
11/12/2018 4:13 pm

31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	31.00			
				Basis/Code (2)	Amount			Cost Center	Line #	Wkst. A-7 Ref.
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					0.00	32.00			
33.00	TELEPHONE DEPRECIATION	A	-672		NEW CAP REL COSTS-MVBLE EQUIP	2.00	33.00			
34.00	VENDING HOUSEKEEPING	A	-20,982		HOUSEKEEPING	9.00	34.00			
35.00	MEALS SOLD	B	-44,043		DIETARY	10.00	35.00			
36.00	VISITORS MEALS	A	-372,311		CAFETERIA	11.00	36.00			
38.00	LAB - BLDG	B	-147,353		NEW CAP REL COSTS-BLDG & FIXT	1.00	38.00			
39.00	LAB - ADMINISTRATION	B	-493		OTHER ADMIN AND GENERAL	5.06	39.00			
40.00	LAB - LAUNDRY	B	-4,979		LAUNDRY & LINEN SERVICE	8.00	40.00			
41.00	LAB - HOUSEKEEPING	B	-79,171		HOUSEKEEPING	9.00	41.00			
42.00	LAB - OPERATION OF PLANT	B	-216,566		OPERATION OF PLANT	7.00	42.00			
42.01	HAMILTON CENTER OPERATION OF PLANT	A	-82,052		OPERATION OF PLANT	7.00	42.01			
45.00	HAMILTON CENTER NUTRITION	A	-249,501		DIETARY	10.00	45.00			
45.01	FITNESS ACTIVITY	B	-102,278		EMPLOYEE BENEFITS DEPARTMENT	4.00	45.01			
45.02	EQUIPMENT RENTAL	B	-7,533		NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.02			
45.03	UHF - HOUSEKEEPING	A	-1,152		HOUSEKEEPING	9.00	45.03			
45.04	MISCELLANEOUS	B	-515,935		OTHER ADMIN AND GENERAL	5.06	45.04			
45.05	CATERING	B	-4,406		CAFETERIA	11.00	45.05			
45.06	MANAGEMENT SERVICES	B	-24,000		OTHER ADMIN AND GENERAL	5.06	45.06			
45.08	OTHER RENTAL	B	-338,419		OPERATION OF PLANT	7.00	45.08			
45.09	PHYSICIAN EQUIPMENT REVENUE	B	-31,943		OPERATION OF PLANT	7.00	45.09			
45.24	UHF - ADMINISTRATION	B	-5,638		OTHER ADMIN AND GENERAL	5.06	45.24			
45.26	LOBBY PHARMACY	B	-235,645		EMPLOYEE BENEFITS DEPARTMENT	4.00	45.26			
45.27	LOBBYING COSTS	A	-8,403		OTHER ADMIN AND GENERAL	5.06	45.27			
45.29	AP&S REVENUE	B	-50,925		NONPATIENT TELEPHONES	5.01	45.29			
45.32	AP&S REVENUE	B	-163,366		NEW CAP REL COSTS-BLDG & FIXT	1.00	45.32			
45.37	AP&S REVENUE	B	-619,694		DATA PROCESSING	5.02	45.37			
45.38	AP&S REVENUE	B	-6,023		OTHER ADMIN AND GENERAL	5.06	45.38			
45.39	COH REVENUE	B	-22,030		NEW CAP REL COSTS-BLDG & FIXT	1.00	45.39			
45.40	COH REVENUE	B	-4,650		NONPATIENT TELEPHONES	5.01	45.40			
45.42	PHYSICIAN RENTAL	A	-457,758		NEW CAP REL COSTS-BLDG & FIXT	1.00	45.42			
45.43	PHYSICIAN RENTAL	A	-533,067		OPERATION OF PLANT	7.00	45.43			
45.44	ACCELERATED DEPRECIATION	A	-5,968		NEW CAP REL COSTS-BLDG & FIXT	1.00	45.44			
45.45	CHILD BIRTH CLASS	B	-10,439		DELIVERY ROOM & LABOR ROOM	52.00	45.45			
45.47	CONTINUING EDUCATION	B	-5,766		OTHER ADMIN AND GENERAL	5.06	45.47			
45.48	EDUCATION SERVICES	B	-16,111		OTHER ADMIN AND GENERAL	5.06	45.48			
45.49	TRANSCRIPTION	B	-21,061		MEDICAL RECORDS & LIBRARY	16.00	45.49			
46.00	VHA	B	-134,854		DRUGS CHARGED TO PATIENTS	73.00	46.00			
46.02	TIME SAVERS	B	-54,234		EMPLOYEE BENEFITS DEPARTMENT	4.00	46.02			
46.03	HOUSEKEEPING	B	-6,000		HOUSEKEEPING	9.00	46.03			
46.04	LANDSBAUM	B	-99,761		OPERATION OF PLANT	7.00	46.04			
46.07	MAPLE CENTER	B	-230,719		OTHER ADMIN AND GENERAL	5.06	46.07			
46.08	PROF SUPPORT UHS	B	-1,288		OTHER ADMIN AND GENERAL	5.06	46.08			
46.10	AP&S A/P PD SPACE/EQUIP RENT R	B	-1,120,887		NEW CAP REL COSTS-BLDG & FIXT	1.00	46.10			
46.11	CODING CLASS REVENUE	B	-3,990		MEDICAL RECORDS & LIBRARY	16.00	46.11			
46.12	WVHC ST ANN/ASH PHARMACY REVEN	B	-63,501		DRUGS CHARGED TO PATIENTS	73.00	46.12			
46.13	HAF	A	-14,401,002		OTHER ADMIN AND GENERAL	5.06	46.13			
46.14	CRNA S&W/BENEFITS	A	-365,134		DELIVERY ROOM & LABOR ROOM	52.00	46.14			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		25,465,988				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.

Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8 Date/Time Prepared: 11/12/2018 4:13 pm
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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

B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0023
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 11/12/2018 4:13 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	23.01	OTHER MED ED	PARAMED	0	295,121 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,794,533 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	4,015,654 3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	228,082 4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,640,162 4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	318,635 4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,636,458	0 4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	3,536,127	0 4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	25,137,966	0 4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	197,899	0 4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	12,292,272	0 4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	1,647,386	0 4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	6,230,243	0 4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	18,061,639	0 4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	3,012,638	0 4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	290,567	0 4.12
4.13	10.00	DIETARY	HOME OFFICE	120,571	0 4.13
4.14	11.00	CAFETERIA	HOME OFFICE	193,475	0 4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,414,532	0 4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	267,607	0 4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	75,730	0 4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	5,670	0 4.18
4.19	50.02	WVSC	HOME OFFICE	49,246	0 4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	2,401	0 4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	162,326	0 4.21
4.22	57.00	CT SCAN	HOME OFFICE	217,629	0 4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (HOME OFFICE	51,890	0 4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	156,707	0 4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	-175,243	0 4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	8,774	0 4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	9,985	0 4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	1,586	0 4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	29,477	0 4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	2,101	0 4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	12,038	0 4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	323,461	0 4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	2,758	0 4.33
4.34	7.00	OPERATION OF PLANT	PLANT SALARIES	0	618,857 4.34
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,299,725	4,320,686 4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,350,071	2,710,194 4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	1,536,390	0 4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	505,127	428,812 4.39
4.40	194.04	PHYSICIAN PRACTICES	UNION THERAPIES	0	600,215 4.40
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	675,241 4.41
5.00	0			80,667,229	17,646,192 5.00

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

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

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

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

6.00	G		0.00	UNI ON HOSPITAL	100.00	6.00
7.00	G		0.00	UNI ON THERAPY	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00

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

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-1

Date/Time Prepared:
11/12/2018 4:13 pm

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

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

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

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

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-1

Date/Time Prepared:
11/12/2018 4:13 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-295,121	0		1.00
2.00	-1,794,533	9		2.00
3.00	-4,015,654	9		3.00
4.00	-228,082	0		4.00
4.01	-1,640,162	0		4.01
4.02	-318,635	0		4.02
4.03	1,636,458	9		4.03
4.04	3,536,127	9		4.04
4.05	25,137,966	0		4.05
4.06	197,899	0		4.06
4.07	12,292,272	0		4.07
4.08	1,647,386	0		4.08
4.09	6,230,243	0		4.09
4.10	18,061,639	0		4.10
4.11	3,012,638	0		4.11
4.12	290,567	0		4.12
4.13	120,571	0		4.13
4.14	193,475	0		4.14
4.15	1,414,532	0		4.15
4.16	267,607	0		4.16
4.17	75,730	0		4.17
4.18	5,670	0		4.18
4.19	49,246	0		4.19
4.20	2,401	0		4.20
4.21	162,326	0		4.21
4.22	217,629	0		4.22
4.23	51,890	0		4.23
4.24	156,707	0		4.24
4.25	-175,243	0		4.25
4.26	8,774	0		4.26
4.27	9,985	0		4.27
4.28	1,586	0		4.28
4.29	29,477	0		4.29
4.30	2,101	0		4.30
4.31	12,038	0		4.31
4.32	323,461	0		4.32
4.33	2,758	0		4.33
4.34	-618,857	0		4.34
4.36	-2,020,961	0		4.36
4.37	-1,360,123	0		4.37
4.38	1,536,390	0		4.38
4.39	76,315	0		4.39
4.40	-600,215	0		4.40
4.41	-675,241	0		4.41
5.00	63,021,037			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	THERAPIES		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 11/12/2018 4:13 pm
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	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT				Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-2 Date/Time Prepared: 11/12/2018 4:13 pm
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	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	807,200	0	807,200	211,500	6,966	1.00
2.00	30.00	ADULTS & PEDIATRICS	53,328	53,328	0	211,500	0	2.00
3.00	35.00	INTENSIVE NURSERY	539,067	539,067	0	237,100	0	3.00
4.00	41.00	SUBPROVIDER - IRF	99,375	0	99,375	211,500	993	4.00
5.00	50.00	OPERATING ROOM	3,269,646	3,215,946	53,700	246,400	537	5.00
6.00	50.01	CARDIAC SURGERY	2,808,597	2,808,597	0	246,400	0	6.00
7.00	50.02	WVSC	926,727	926,727	0	246,400	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,928,333	1,928,333	0	246,400	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	503,249	503,249	0	271,900	0	9.00
10.00	56.00	RADIOISOTOPE	11,650	11,650	0	271,900	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	1,796,870	1,796,870	0	260,300	0	11.00
12.00	60.00	LABORATORY	617,000	0	617,000	197,500	4,570	12.00
13.00	69.00	ELECTROCARDIOLOGY	113,830	103,155	10,675	197,500	120	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	2,245,015	2,245,015	0	179,000	0	14.00
15.00	73.00	DRUGS CHARGED TO PATIENTS	424,418	424,418	0	211,500	0	15.00
16.00	90.05	PATIENT NUTRITION	5,500	0	5,500	211,500	21	16.00
17.00	91.00	EMERGENCY	37,310	0	37,310	211,500	1,178	17.00
200.00			16,187,115	14,556,355	1,630,760		14,385	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	708,322	35,416	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	27,495	2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	0	55	3.00
4.00	41.00	SUBPROVIDER - IRF	100,971	5,049	0	0	0	4.00
5.00	50.00	OPERATING ROOM	63,614	3,181	0	0	153,593	5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	0	75,653	6.00
7.00	50.02	WVSC	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	35,511	9.00
10.00	56.00	RADIOISOTOPE	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	433,930	21,697	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	11,394	570	0	0	602	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	118,091	14.00
15.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	15.00
16.00	90.05	PATIENT NUTRITION	2,135	107	0	0	0	16.00
17.00	91.00	EMERGENCY	119,782	5,989	0	0	213	17.00
200.00			1,440,148	72,009	0	0	411,213	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	708,322	98,878	98,878	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	53,328	2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	539,067	3.00
4.00	41.00	SUBPROVIDER - IRF	0	100,971	0	0	4.00
5.00	50.00	OPERATING ROOM	2,523	66,137	0	3,215,946	5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	2,808,597	6.00
7.00	50.02	WVSC	0	0	0	926,727	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,928,333	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	503,249	9.00
10.00	56.00	RADIOISOTOPE	0	0	0	11,650	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,796,870	11.00
12.00	60.00	LABORATORY	0	433,930	183,070	183,070	12.00
13.00	69.00	ELECTROCARDIOLOGY	56	11,450	0	103,155	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,245,015	14.00
15.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	424,418	15.00
16.00	90.05	PATIENT NUTRITION	0	2,135	3,365	3,365	16.00
17.00	91.00	EMERGENCY	213	119,995	0	0	17.00
200.00			2,792	1,442,940	285,313	14,841,668	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	20,345,462	20,345,462			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	8,650,158		8,650,158		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,066,239	109,282	0	27,175,521	4.00
5.01 00540	NONPATIENT TELEPHONES	844,921	13,831	60,033	160,851	1,079,636
5.02 00550	DATA PROCESSING	11,672,578	0	0	0	0
5.03 00560	PURCHASING RECEIVING AND STORES	1,407,606	0	0	0	0
5.04 00570	ADMITTING	1,929,484	64,462	13,157	375,459	38,712
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,230,243	0	0	0	0
5.06 00590	OTHER ADMIN AND GENERAL	23,992,184	390,960	122,074	1,473,392	99,791
7.00 00700	OPERATION OF PLANT	9,345,283	7,049,869	268,780	509,328	61,079
8.00 00800	LAUNDRY & LINEN SERVICE	999,910	126,060	176,616	176,844	15,485
9.00 00900	HOUSEKEEPING	2,947,050	111,850	148,964	578,063	6,882
10.00 01000	DIETARY	3,267,475	231,069	311,623	531,658	25,808
11.00 01100	CAFETERIA	-1,235,137	164,881	23,080	32,827	0
13.00 01300	NURSING ADMINISTRATION	3,126,448	50,020	12,355	418,149	7,742
16.00 01600	MEDICAL RECORDS & LIBRARY	3,499,995	111,219	17,907	577,878	25,808
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,433,559	0	0	390,207	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,255,469	0	0	376,642	0
23.00 02300	PARAMED ED PRGM	251,232	0	0	2,203	0
23.01 02341	OTHER MED ED	272,600	15,158	2,439	64,228	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	25,734,078	3,958,779	1,032,024	5,771,463	147,107
31.00 03100	INTENSIVE CARE UNIT	6,843,296	483,990	428,777	1,558,651	24,948
35.00 02040	INTENSIVE NURSERY	2,388,007	60,630	140,909	563,627	15,485
41.00 04100	SUBPROVIDER - I RF	1,667,303	312,014	49,762	387,197	26,668
43.00 04300	NURSERY	1,225,861	82,672	8,754	299,313	3,441
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,540,130	857,561	1,796,919	1,310,838	70,542
50.01 05001	CARDIAC SURGERY	1,518,270	37,894	170,798	608,405	5,162
50.02 05002	WVSC	11,596,754	632,155	285,964	0	0
51.00 05100	RECOVERY ROOM	1,745,248	30,147	44,047	422,898	15,485
51.02 05101	O/P TREATMENT ROOM	2,497,535	449,338	181,650	632,101	23,227
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,623,398	437,991	299,302	946,068	19,786
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,495,646	687,038	896,320	1,076,128	92,909
55.00 05500	RADIOLOGY-THERAPEUTIC	5,037,294	555,630	435,769	126,669	35,271
56.00 05600	RADIOI SOTOPE	1,225,764	61,346	10,462	98,327	0
57.00 05700	CT SCAN	2,280,517	45,725	623	309,060	6,022
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,528,449	54,588	42,736	165,749	3,441
59.00 05900	CARDIAC CATHETERIZATION	15,280,208	351,445	149,892	216,273	29,249
60.00 06000	LABORATORY	9,182,684	0	0	0	6,882
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,286,409	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,637,718	44,925	282,791	762,228	12,044
66.00 06600	PHYSICAL THERAPY	2,351,514	213,680	38,632	0	19,786
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02 06602	O/P PHYSICAL THERAPY	2,085,145	0	60,942	0	860
67.00 06700	OCCUPATIONAL THERAPY	1,546,375	34,905	12,345	0	4,301
68.00 06800	SPEECH PATHOLOGY	599,823	69,220	2,184	0	860
69.00 06900	ELECTROCARDIOLOGY	1,962,352	27,473	48,753	428,748	3,441
69.01 06901	CARDIAC REHAB	334,687	151,576	37,184	82,955	5,162
70.00 07000	ELECTROENCEPHALOGRAPHY	614,230	31,684	68,200	607,267	14,625
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	930,850	120,250	78,529	0	12,044
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,632,757	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	42,987,496	270,352	58,319	1,032,657	43,013
76.00 03020	RENAL ACUTE	1,516,013	74,209	1,015	0	3,441
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	211,186	4,589	0	50,400	0
90.05 09005	PATIENT NUTRITION	322,734	40,631	1,635	84,132	0
90.07 09007	WOUND CLINIC	1,301,932	82,082	20,260	96,418	11,183
91.00 09100	EMERGENCY	8,113,368	506,747	259,653	1,430,019	54,197
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	321,147,790	19,209,927	8,102,178	24,735,320	991,889
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00 07950	RURAL HEALTH	3,328,549	0	55,188	353,687	860
194.01 07951	RENTAL PROPERTY	165,283	0	8,378	0	0
194.02 07954	FAMILY PRACTICE	2,751,372	780,426	398,141	531,173	61,079

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
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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	452,831	294,773	0	97,321	0	194.03
194.04 07955 PHYSICIAN PRACTICES	11,638,004	0	72,010	1,366,762	18,926	194.04
194.06 07953 SYCAMORE SPORTS MED	124,817	0	7,623	2,856	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	360,028	60,336	6,640	88,402	6,882	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	339,968,674	20,345,462	8,650,158	27,175,521	1,079,636	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 11/12/2018 4:13 pm		
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	11,672,578					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,407,606				5.03
5.04	00570	ADMINING	0	1,009	2,422,283			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	6,230,243		5.05
5.06	00590	OTHER ADMIN AND GENERAL	20,770	56	0	0	26,099,227	5.06
7.00	00700	OPERATION OF PLANT	0	556	0	0	17,234,895	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,951	0	0	1,496,866	8.00
9.00	00900	HOUSEKEEPING	0	3,972	0	0	3,796,781	9.00
10.00	01000	DIETARY	197,312	83	0	0	4,565,028	10.00
11.00	01100	CAFETERIA	0	1	0	0	-1,014,348	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,614,714	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	477,703	25	0	0	4,710,535	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,823,766	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,632,111	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	253,435	23.00
23.01	02341	OTHER MED ED	0	0	0	0	354,425	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,532,074	317,336	416,309	477,693	44,386,863	30.00
31.00	03100	INTENSIVE CARE UNIT	768,479	169,293	116,888	120,495	10,514,817	31.00
35.00	02040	INTENSIVE NURSERY	166,158	21,889	70,465	72,550	3,499,720	35.00
41.00	04100	SUBPROVIDER - IRF	0	13,014	16,785	17,286	2,490,029	41.00
43.00	04300	NURSERY	0	0	24,293	25,012	1,669,346	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	332,315	57,170	449,506	800,877	16,215,858	50.00
50.01	05001	CARDIAC SURGERY	0	319,211	54,544	58,149	2,772,433	50.01
50.02	05002	WVSC	0	8,220	0	505,861	13,028,954	50.02
51.00	05100	RECOVERY ROOM	31,155	35,142	9,182	24,152	2,357,456	51.00
51.02	05101	O/P TREATMENT ROOM	0	29,870	6,407	49,401	3,869,529	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	311,546	78,938	69,539	93,684	5,880,252	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	654,246	18,214	54,645	256,950	10,232,096	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	695	7,190	184,693	6,383,211	55.00
56.00	05600	RADIOISOTOPE	20,770	1,517	4,836	42,989	1,466,011	56.00
57.00	05700	CT SCAN	0	52,552	75,176	274,167	3,043,842	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,134	11,933	65,384	1,873,414	58.00
59.00	05900	CARDIAC CATHETERIZATION	353,085	9,535	147,456	528,571	17,065,714	59.00
60.00	06000	LABORATORY	0	0	200,187	439,785	9,829,538	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	12,025	15,338	1,313,772	62.00
65.00	06500	RESPIRATORY THERAPY	145,388	31,180	50,944	57,947	5,025,165	65.00
66.00	06600	PHYSICAL THERAPY	238,852	718	50,067	55,329	2,968,578	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	715	0	32,481	2,180,143	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	22,942	36,964	1,657,832	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,461	12,153	689,701	68.00
69.00	06900	ELECTROCARDIOLOGY	197,312	5,029	50,838	95,092	2,819,038	69.00
69.01	06901	CARDIAC REHAB	31,155	222	712	6,778	650,431	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	997	14,971	38,837	1,390,811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,449	11,041	12,100	1,168,263	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,632,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,082	22,727	315,686	1,183,160	46,131,492	73.00
76.00	03020	RENAL ACUTE	0	13,173	16,327	18,932	1,643,110	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	5	3,803	269,983	90.00
90.05	09005	PATIENT NUTRITION	0	46	0	1,063	450,241	90.05
90.07	09007	WOUND CLINIC	0	16,331	0	27,751	1,555,957	90.07
91.00	09100	EMERGENCY	913,867	163,399	135,923	594,816	12,171,989	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,610,269	1,399,369	2,422,283	6,230,243	316,865,781	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	2,943	0	0	3,741,227	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	173,661	194.01
194.02	07954	FAMILY PRACTICE	0	13	0	0	4,522,204	194.02
194.03	07952	WELLNESS	0	0	0	0	844,925	194.03
194.04	07955	PHYSICIAN PRACTICES	20,770	5,240	0	0	13,121,712	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	135,296	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	41,539	41	0	0	563,868	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
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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 through 201)	11,672,578	1,407,606	2,422,283	6,230,243	339,968,674	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 11/12/2018 4:13 pm		
Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.06	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	26,099,227				5.06
7.00	00700	OPERATION OF PLANT	1,428,514	18,663,409			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	124,068	185,005	1,805,939		8.00
9.00	00900	HOUSEKEEPING	314,696	164,150	129,352	4,404,979	9.00
10.00	01000	DIETARY	378,372	339,114	9,609	81,564	5,373,687
11.00	01100	CAFETERIA	0	241,977	0	58,201	0
13.00	01300	NURSING ADMINISTRATION	299,606	73,409	0	17,656	0
16.00	01600	MEDICAL RECORDS & LIBRARY	390,433	163,223	0	39,259	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	151,163	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	218,163	0	0	0	0
23.00	02300	PARAMED PRGM	21,006	0	0	0	0
23.01	02341	OTHER MED ED	29,377	22,245	0	5,350	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,679,005	5,809,861	559,012	1,397,399	4,015,882
31.00	03100	INTENSIVE CARE UNIT	871,521	710,298	102,918	170,842	682,258
35.00	02040	INTENSIVE NURSERY	290,074	88,980	9,000	21,402	298,882
41.00	04100	SUBPROVIDER - IRF	206,386	457,909	15,417	110,137	0
43.00	04300	NURSERY	138,364	121,328	0	29,182	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,344,051	1,258,547	115,851	302,708	0
50.01	05001	CARDIAC SURGERY	229,793	55,613	96	13,376	0
50.02	05002	WVSC	1,079,905	927,744	135,174	223,143	0
51.00	05100	RECOVERY ROOM	195,398	44,243	68,097	10,641	0
51.02	05101	O/P TREATMENT ROOM	320,726	659,443	58,938	158,611	352,017
52.00	05200	DELIVERY ROOM & LABOR ROOM	487,385	642,790	81,724	154,605	117
54.00	05400	RADIOLOGY-DIAGNOSTIC	848,087	1,008,289	54,835	242,516	0
55.00	05500	RADIOLOGY-THERAPEUTIC	529,072	815,437	29,518	196,130	0
56.00	05600	RADIOISOTOPE	121,510	90,031	8,483	21,654	0
57.00	05700	CT SCAN	252,289	67,106	0	16,140	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	155,278	80,113	58,947	19,269	0
59.00	05900	CARDIAC CATHETERIZATION	1,414,492	515,777	16,919	124,056	24,531
60.00	06000	LABORATORY	814,721	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	108,892	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	416,511	65,932	0	15,858	0
66.00	06600	PHYSICAL THERAPY	246,051	313,594	15,594	75,426	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	180,701	0	31,614	0	0
67.00	06700	OCCUPATIONAL THERAPY	137,409	51,225	0	12,321	0
68.00	06800	SPEECH PATHOLOGY	57,166	101,586	0	24,434	0
69.00	06900	ELECTROCARDIOLOGY	233,656	40,319	10,443	9,698	0
69.01	06901	CARDIAC REHAB	53,911	222,451	749	53,504	0
70.00	07000	ELECTROENCEPHALOGRAPHY	115,277	46,498	3,144	11,184	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	96,831	176,478	0	42,447	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,047,066	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,823,692	396,766	0	95,431	0
76.00	03020	RENAL ACUTE	136,189	108,908	9,031	26,195	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	22,378	6,735	0	1,620	0
90.05	09005	PATIENT NUTRITION	37,318	59,629	0	14,342	0
90.07	09007	WOUND CLINIC	128,965	120,463	19,022	28,974	0
91.00	09100	EMERGENCY	1,008,875	743,696	252,430	178,875	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,184,343	16,996,912	1,795,917	4,004,150	5,373,687
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	310,092	0	1,427	0	0
194.01	07951	RENTAL PROPERTY	14,394	0	0	0	0
194.02	07954	FAMILY PRACTICE	374,823	1,145,344	1,903	275,480	0
194.03	07952	WELLNESS	70,032	432,605	0	104,051	0
194.04	07955	PHYSICIAN PRACTICES	1,087,593	0	6,692	0	0
194.06	07953	SYCAMORE SPORTS MED	11,214	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	46,736	88,548	0	21,298	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023			Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 11/12/2018 4:13 pm	
Cost Center Description		OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	26,099,227	18,663,409	1,805,939	4,404,979	5,373,687	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
11/12/2018 4:13 pm

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		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA	-714,170					11.00	
13.00 01300 NURSING ADMINISTRATION	0	4,005,385				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	5,303,450			16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	0		17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,974,929	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	0	13,256	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	1,680,611	406,660	0	724,797	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	372,651	102,578	0	0	31.00	
35.00 02040 INTENSIVE NURSERY	0	126,672	61,761	0	17,774	35.00	
41.00 04100 SUBPROVIDER - IRF	0	108,506	14,716	0	0	41.00	
43.00 04300 NURSERY	0	82,975	21,292	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	265,618	681,787	0	84,922	50.00	
50.01 05001 CARDIAC SURGERY	0	24,058	49,502	0	0	50.01	
50.02 05002 WVSC	0	0	430,640	0	0	50.02	
51.00 05100 RECOVERY ROOM	0	110,470	20,561	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	0	179,697	42,055	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	211,120	79,753	0	193,543	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	218,741	0	29,624	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	157,229	0	13,825	55.00	
56.00 05600 RADIOISOTOPE	0	0	36,596	0	0	56.00	
57.00 05700 CT SCAN	0	0	233,399	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	55,662	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	449,972	0	9,875	59.00	
60.00 06000 LABORATORY	0	0	374,389	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	13,057	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	190,499	49,330	0	29,624	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	47,101	0	1,975	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	0	27,651	0	63,198	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	31,467	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	10,346	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	80,952	0	1,975	69.00	
69.01 06901 CARDIAC REHAB	0	0	5,770	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	33,062	0	5,925	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,301	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	177,242	1,006,869	0	27,649	73.00	
76.00 03020 RENAL ACUTE	0	0	16,117	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	9,820	3,238	0	308,089	90.00	
90.05 09005 PATIENT NUTRITION	0	22,585	905	0	3,950	90.05	
90.07 09007 WOUND CLINIC	0	25,531	23,624	0	33,574	90.07	
91.00 09100 EMERGENCY	0	404,074	506,367	0	207,368	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	4,005,385	5,303,450	0	1,757,687	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	0	0	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	0	0	194.01	
194.02 07954 FAMILY PRACTICE	0	0	0	0	217,242	194.02	
194.03 07952 WELLNESS	0	0	0	0	0	194.03	
194.04 07955 PHYSICIAN PRACTICES	0	0	0	0	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES		
									11.00
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		TOTAL (sum lines 118 through 201)	-714,170	4,005,385	5,303,450	0	1,974,929		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

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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		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
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	2,850,274					22.00	
23.00 02300 PARAMED PRGM		274,441				23.00	
23.01 02341 OTHER MED ED			424,653			23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,046,050	0	0	63,706,140	-1,770,847	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	0	13,527,883	0	31.00	
35.00 02040 INTENSIVE NURSERY	25,652	0	0	4,439,917	-43,426	35.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	3,403,100	0	41.00	
43.00 04300 NURSERY	0	0	0	2,062,487	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	122,562	0	0	20,391,904	-207,484	50.00	
50.01 05001 CARDIAC SURGERY	0	0	0	3,144,871	0	50.01	
50.02 05002 WVSC	0	0	0	15,825,560	0	50.02	
51.00 05100 RECOVERY ROOM	0	0	0	2,806,866	0	51.00	
51.02 05101 O/P TREATMENT ROOM	0	0	0	5,641,016	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	279,327	0	0	8,010,616	-472,870	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	42,754	274,441	0	12,951,383	-72,378	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	19,952	0	0	8,144,374	-33,777	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	1,744,285	0	56.00	
57.00 05700 CT SCAN	0	0	0	3,612,776	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,242,683	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	14,251	0	0	19,635,587	-24,126	59.00	
60.00 06000 LABORATORY	0	0	0	11,018,648	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,435,721	0	62.00	
65.00 06500 RESPIRATORY THERAPY	42,754	0	0	5,835,673	-72,378	65.00	
66.00 06600 PHYSICAL THERAPY	2,850	0	0	3,671,169	-4,825	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	91,209	0	0	2,574,516	-154,407	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,890,254	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	883,233	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,850	0	0	3,198,931	-4,825	69.00	
69.01 06901 CARDIAC REHAB	0	0	0	986,816	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	8,551	0	0	1,614,452	-14,476	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,494,320	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,679,823	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	39,904	0	424,653	52,123,698	-67,553	73.00	
76.00 03020 RENAL ACUTE	0	0	0	1,939,550	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	444,643	0	0	1,066,506	-752,732	90.00	
90.05 09005 PATIENT NUTRITION	5,701	0	0	594,671	-9,651	90.05	
90.07 09007 WOUND CLINIC	48,455	0	0	1,984,565	-82,029	90.07	
91.00 09100 EMERGENCY	299,279	0	0	15,772,953	-506,647	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,536,744	274,441	424,653	313,056,947	-4,294,431	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	4,052,746	0	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	188,055	0	194.01	
194.02 07954 FAMILY PRACTICE	313,530	0	0	6,850,526	-530,772	194.02	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

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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	1,451,613	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	0	0	14,215,997	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	146,510	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	720,450	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	-714,170	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,850,274	274,441	424,653	339,968,674	-4,825,203	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	61,935,293	30.00
31.00	03100 INTENSIVE CARE UNIT	13,527,883	31.00
35.00	02040 INTENSIVE NURSERY	4,396,491	35.00
41.00	04100 SUBPROVIDER - IRF	3,403,100	41.00
43.00	04300 NURSERY	2,062,487	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	20,184,420	50.00
50.01	05001 CARDIAC SURGERY	3,144,871	50.01
50.02	05002 WVSC	15,825,560	50.02
51.00	05100 RECOVERY ROOM	2,806,866	51.00
51.02	05101 O/P TREATMENT ROOM	5,641,016	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,537,746	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,879,005	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,110,597	55.00
56.00	05600 RADIOISOTOPE	1,744,285	56.00
57.00	05700 CT SCAN	3,612,776	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,242,683	58.00
59.00	05900 CARDIAC CATHETERIZATION	19,611,461	59.00
60.00	06000 LABORATORY	11,018,648	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,435,721	62.00
65.00	06500 RESPIRATORY THERAPY	5,763,295	65.00
66.00	06600 PHYSICAL THERAPY	3,666,344	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,420,109	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,890,254	67.00
68.00	06800 SPEECH PATHOLOGY	883,233	68.00
69.00	06900 ELECTROCARDIOLOGY	3,194,106	69.00
69.01	06901 CARDIAC REHAB	986,816	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,599,976	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,494,320	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,679,823	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,056,145	73.00
76.00	03020 RENAL ACUTE	1,939,550	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	313,774	90.00
90.05	09005 PATIENT NUTRITION	585,020	90.05
90.07	09007 WOUND CLINIC	1,902,536	90.07
91.00	09100 EMERGENCY	15,266,306	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	308,762,516	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	4,052,746	194.00
194.01	07951 RENTAL PROPERTY	188,055	194.01
194.02	07954 FAMILY PRACTICE	6,319,754	194.02
194.03	07952 WELLNESS	1,451,613	194.03
194.04	07955 PHYSICIAN PRACTICES	14,215,997	194.04
194.06	07953 SYCAMORE SPORTS MED	146,510	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	720,450	194.07
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	-714,170	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 11/12/2018 4:13 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	335,143,471		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 11/12/2018 4:13 pm
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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			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	109,282	0	109,282	4.00
5.01 00540	NONPATIENT TELEPHONES	0	13,831	60,033	73,864	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	63,966	64,462	13,157	141,585	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	27,394	390,960	122,074	540,428	5.06
7.00 00700	OPERATION OF PLANT	16,605	7,049,869	268,780	7,335,254	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,764	126,060	176,616	308,440	8.00
9.00 00900	HOUSEKEEPING	-1,952	111,850	148,964	258,862	9.00
10.00 01000	DIETARY	3,543	231,069	311,623	546,235	10.00
11.00 01100	CAFETERIA	0	164,881	23,080	187,961	11.00
13.00 01300	NURSING ADMINISTRATION	3,412	50,020	12,355	65,787	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,939	111,219	17,907	138,065	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	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	0	15,158	2,439	17,597	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	137,298	3,958,779	1,032,024	5,128,101	30.00
31.00 03100	INTENSIVE CARE UNIT	197,391	483,990	428,777	1,110,158	31.00
35.00 02040	INTENSIVE NURSERY	12,270	60,630	140,909	213,809	35.00
41.00 04100	SUBPROVIDER - IRF	13,921	312,014	49,762	375,697	41.00
43.00 04300	NURSERY	0	82,672	8,754	91,426	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	825,649	857,561	1,796,919	3,480,129	50.00
50.01 05001	CARDIAC SURGERY	59,624	37,894	170,798	268,316	50.01
50.02 05002	WVSC	425,969	632,155	285,964	1,344,088	50.02
51.00 05100	RECOVERY ROOM	1,709	30,147	44,047	75,903	51.00
51.02 05101	O/P TREATMENT ROOM	1,470	449,338	181,650	632,458	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,520	437,991	299,302	752,813	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	483,367	687,038	896,320	2,066,725	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	877,783	555,630	435,769	1,869,182	55.00
56.00 05600	RADIOISOTOPE	20,117	61,346	10,462	91,925	56.00
57.00 05700	CT SCAN	322,656	45,725	623	369,004	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	545,225	54,588	42,736	642,549	58.00
59.00 05900	CARDIAC CATHETERIZATION	136,708	351,445	149,892	638,045	59.00
60.00 06000	LABORATORY	2,813	0	0	2,813	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	44,925	282,791	327,716	65.00
66.00 06600	PHYSICAL THERAPY	298,812	213,680	38,632	551,124	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	3,948	0	60,942	64,890	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	34,905	12,345	47,250	67.00
68.00 06800	SPEECH PATHOLOGY	349,704	69,220	2,184	421,108	68.00
69.00 06900	ELECTROCARDIOLOGY	39,504	27,473	48,753	115,730	69.00
69.01 06901	CARDIAC REHAB	102,751	151,576	37,184	291,511	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	778	31,684	68,200	100,662	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,351	120,250	78,529	220,130	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	-602	270,352	58,319	328,069	73.00
76.00 03020	RENAL ACUTE	784,889	74,209	1,015	860,113	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	4,589	0	4,589	90.00
90.05 09005	PATIENT NUTRITION	1,301	40,631	1,635	43,567	90.05
90.07 09007	WOUND CLINIC	0	82,082	20,260	102,342	90.07
91.00 09100	EMERGENCY	2,164	506,747	259,653	768,564	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,811,761	19,209,927	8,102,178	33,123,866	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	26,027	0	55,188	81,215	194.00
194.01 07951	RENTAL PROPERTY	216,060	0	8,378	224,438	194.01
194.02 07954	FAMILY PRACTICE	534	780,426	398,141	1,179,101	194.02
194.03 07952	WELLNESS	0	294,773	0	294,773	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
194.04 07955 PHYSICIAN PRACTICES	49,429	0	72,010	121,439	5,495	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	7,623	7,623	11	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	575,813	60,336	6,640	642,789	355	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6,679,624	20,345,462	8,650,158	35,675,244	109,282	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 11/12/2018 4:13 pm		
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE
			5.01	5.02	5.03	5.04	5.05
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES	74,511				5.01
5.02	00550	DATA PROCESSING	0	0			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0		5.03
5.04	00570	ADMINISTRATIVE	2,672	0	0	145,766	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	6,887	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	4,215	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,069	0	0	0	8.00
9.00	00900	HOUSEKEEPING	475	0	0	0	9.00
10.00	01000	DIETARY	1,781	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	534	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,781	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	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	PARAMED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,155	0	0	25,081	30.00
31.00	03100	INTENSIVE CARE UNIT	1,722	0	0	7,042	31.00
35.00	02040	INTENSIVE NURSERY	1,069	0	0	4,245	35.00
41.00	04100	SUBPROVIDER - IRF	1,841	0	0	1,011	41.00
43.00	04300	NURSERY	237	0	0	1,464	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,868	0	0	26,916	50.00
50.01	05001	CARDIAC SURGERY	356	0	0	3,286	50.01
50.02	05002	WVSC	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,069	0	0	553	51.00
51.02	05101	O/P TREATMENT ROOM	1,603	0	0	386	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,366	0	0	4,189	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,412	0	0	3,292	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,434	0	0	433	55.00
56.00	05600	RADIOISOTOPE	0	0	0	291	56.00
57.00	05700	CT SCAN	416	0	0	4,529	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	237	0	0	719	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,019	0	0	8,884	59.00
60.00	06000	LABORATORY	475	0	0	12,060	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	724	62.00
65.00	06500	RESPIRATORY THERAPY	831	0	0	3,069	65.00
66.00	06600	PHYSICAL THERAPY	1,366	0	0	3,016	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	59	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	297	0	0	1,382	67.00
68.00	06800	SPEECH PATHOLOGY	59	0	0	329	68.00
69.00	06900	ELECTROCARDIOLOGY	237	0	0	3,063	69.00
69.01	06901	CARDIAC REHAB	356	0	0	43	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,009	0	0	902	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	831	0	0	665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,969	0	0	19,019	73.00
76.00	03020	RENAL ACUTE	237	0	0	984	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	772	0	0	0	90.07
91.00	09100	EMERGENCY	3,740	0	0	8,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,456	0	0	145,766	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	59	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	4,215	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	1,306	0	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	475	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 11/12/2018 4:13 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	74,511	0	0	145,766	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 11/12/2018 4:13 pm		
Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.06	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	553,238				5.06
7.00	00700	OPERATION OF PLANT	30,282	7,371,799			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,630	73,074	385,924		8.00
9.00	00900	HOUSEKEEPING	6,671	64,837	27,642	360,811	9.00
10.00	01000	DIETARY	8,021	133,946	2,054	6,681	700,855
11.00	01100	CAFETERIA	0	95,578	0	4,767	0
13.00	01300	NURSING ADMINISTRATION	6,351	28,995	0	1,446	0
16.00	01600	MEDICAL RECORDS & LIBRARY	8,276	64,471	0	3,216	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,204	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,625	0	0	0	0
23.00	02300	PARAMED PRGM	445	0	0	0	0
23.01	02341	OTHER MED ED	623	8,787	0	438	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,988	2,294,821	119,458	114,459	523,767
31.00	03100	INTENSIVE CARE UNIT	18,475	280,558	21,993	13,994	88,982
35.00	02040	INTENSIVE NURSERY	6,149	35,146	1,923	1,753	38,981
41.00	04100	SUBPROVIDER - I&R	4,375	180,868	3,295	9,021	0
43.00	04300	NURSERY	2,933	47,923	0	2,390	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,491	497,109	24,757	24,795	0
50.01	05001	CARDIAC SURGERY	4,871	21,966	20	1,096	0
50.02	05002	WVSC	22,892	366,446	28,886	18,278	0
51.00	05100	RECOVERY ROOM	4,142	17,475	14,552	872	0
51.02	05101	O/P TREATMENT ROOM	6,799	260,471	12,595	12,992	45,911
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,332	253,894	17,464	12,664	15
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,978	398,261	11,718	19,864	0
55.00	05500	RADIOLOGY-THERAPEUTIC	11,215	322,087	6,308	16,065	0
56.00	05600	RADIOISOTOPE	2,576	35,561	1,813	1,774	0
57.00	05700	CT SCAN	5,348	26,506	0	1,322	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,292	31,644	12,597	1,578	0
59.00	05900	CARDIAC CATHETERIZATION	29,984	203,725	3,616	10,161	3,199
60.00	06000	LABORATORY	17,270	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,308	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	8,829	26,042	0	1,299	0
66.00	06600	PHYSICAL THERAPY	5,216	123,865	3,332	6,178	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	3,831	0	6,756	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,913	20,233	0	1,009	0
68.00	06800	SPEECH PATHOLOGY	1,212	40,125	0	2,001	0
69.00	06900	ELECTROCARDIOLOGY	4,953	15,926	2,232	794	0
69.01	06901	CARDIAC REHAB	1,143	87,865	160	4,383	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,444	18,366	672	916	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,053	69,706	0	3,477	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,196	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	81,037	156,717	0	7,817	0
76.00	03020	RENAL ACUTE	2,887	43,017	1,930	2,146	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	474	2,660	0	133	0
90.05	09005	PATIENT NUTRITION	791	23,553	0	1,175	0
90.07	09007	WOUND CLINIC	2,734	47,581	4,065	2,373	0
91.00	09100	EMERGENCY	21,386	293,750	53,944	14,652	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	512,645	6,713,555	383,782	327,979	700,855
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	6,573	0	305	0	0
194.01	07951	RENTAL PROPERTY	305	0	0	0	0
194.02	07954	FAMILY PRACTICE	7,946	452,396	407	22,565	0
194.03	07952	WELLNESS	1,485	170,873	0	8,523	0
194.04	07955	PHYSICIAN PRACTICES	23,055	0	1,430	0	0
194.06	07953	SYCAMORE SPORTS MED	238	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	991	34,975	0	1,744	0
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 11/12/2018 4:13 pm	
Cost Center Description		OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	553,238	7,371,799	385,924	360,811	700,855		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
	11.00	13.00	16.00	17.00	SERVICES-SALARY & FRINGES	
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0		194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		194.07
200.00 Cross Foot Adjustments					4,773	200.00
201.00 Negative Cost Centers	288,438	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	288,438	104,794	218,132	0	4,773	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 11/12/2018 4:13 pm
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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
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMIN AND GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
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	6,139			22.00
23.00 02300	PARAMED PRGM		454		23.00
23.01 02341	OTHER MED ED			28,050	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			8,377,767	0 30.00
31.00 03100	INTENSIVE CARE UNIT			1,563,160	0 31.00
35.00 02040	INTENSIVE NURSERY			311,196	0 35.00
41.00 04100	SUBPROVIDER - IRF			581,109	0 41.00
43.00 04300	NURSERY			150,623	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			4,127,335	0 50.00
50.01 05001	CARDIAC SURGERY			305,023	0 50.01
50.02 05002	WVSC			1,798,308	0 50.02
51.00 05100	RECOVERY ROOM			120,002	0 51.00
51.02 05101	O/P TREATMENT ROOM			982,187	0 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM			1,065,345	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,537,576	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			2,234,702	0 55.00
56.00 05600	RADIOISOTOPE			135,841	0 56.00
57.00 05700	CT SCAN			417,971	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			695,572	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			919,015	0 59.00
60.00 06000	LABORATORY			48,022	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			3,569	0 62.00
65.00 06500	RESPIRATORY THERAPY			377,864	0 65.00
66.00 06600	PHYSICAL THERAPY			696,035	0 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			0	0 66.01
66.02 06602	O/P PHYSICAL THERAPY			76,674	0 66.02
67.00 06700	OCCUPATIONAL THERAPY			74,379	0 67.00
68.00 06800	SPEECH PATHOLOGY			465,260	0 68.00
69.00 06900	ELECTROCARDIOLOGY			147,990	0 69.00
69.01 06901	CARDIAC REHAB			386,032	0 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY			128,772	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			297,286	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			22,196	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			645,773	0 73.00
76.00 03020	RENAL ACUTE			911,977	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC			8,449	0 90.00
90.05 09005	PATIENT NUTRITION			70,052	0 90.05
90.07 09007	WOUND CLINIC			161,895	0 90.07
91.00 09100	EMERGENCY			1,201,380	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	32,046,337 0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN			0	0 190.00
194.00 07950	RURAL HEALTH			89,574	0 194.00
194.01 07951	RENTAL PROPERTY			224,743	0 194.01
194.02 07954	FAMILY PRACTICE			1,668,765	0 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
11/12/2018 4:13 pm

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				476,045		0	194.03
194.04	07955	PHYSICIAN PRACTICES				152,725		0	194.04
194.06	07953	SYCAMORE SPORTS MED				7,872		0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				681,329		0	194.07
200.00		Cross Foot Adjustments	6,139	454	28,050	39,416		0	200.00
201.00		Negative Cost Centers	0	0	0	288,438		0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,139	454	28,050	35,675,244		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMIN TTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	8,377,767	30.00
31.00	03100 INTENSIVE CARE UNIT	1,563,160	31.00
35.00	02040 INTENSIVE NURSERY	311,196	35.00
41.00	04100 SUBPROVIDER - IRF	581,109	41.00
43.00	04300 NURSERY	150,623	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,127,335	50.00
50.01	05001 CARDIAC SURGERY	305,023	50.01
50.02	05002 WVSC	1,798,308	50.02
51.00	05100 RECOVERY ROOM	120,002	51.00
51.02	05101 O/P TREATMENT ROOM	982,187	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,065,345	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,537,576	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,234,702	55.00
56.00	05600 RADIOISOTOPE	135,841	56.00
57.00	05700 CT SCAN	417,971	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	695,572	58.00
59.00	05900 CARDIAC CATHETERIZATION	919,015	59.00
60.00	06000 LABORATORY	48,022	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,569	62.00
65.00	06500 RESPIRATORY THERAPY	377,864	65.00
66.00	06600 PHYSICAL THERAPY	696,035	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	76,674	66.02
67.00	06700 OCCUPATIONAL THERAPY	74,379	67.00
68.00	06800 SPEECH PATHOLOGY	465,260	68.00
69.00	06900 ELECTROCARDIOLOGY	147,990	69.00
69.01	06901 CARDIAC REHAB	386,032	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	128,772	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	297,286	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,196	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	645,773	73.00
76.00	03020 RENAL ACUTE	911,977	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	8,449	90.00
90.05	09005 PATIENT NUTRITION	70,052	90.05
90.07	09007 WOUND CLINIC	161,895	90.07
91.00	09100 EMERGENCY	1,201,380	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	32,046,337	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	89,574	194.00
194.01	07951 RENTAL PROPERTY	224,743	194.01
194.02	07954 FAMILY PRACTICE	1,668,765	194.02
194.03	07952 WELLNESS	476,045	194.03
194.04	07955 PHYSICIAN PRACTICES	152,725	194.04
194.06	07953 SYCAMORE SPORTS MED	7,872	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	681,329	194.07
200.00	Cross Foot Adjustments	39,416	200.00
201.00	Negative Cost Centers	288,438	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 11/12/2018 4:13 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	35,675,244	202.00	

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B-1 Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description	CAPITAL RELATED COSTS					118.00
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	966,430				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		3,290,587			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,191	0	93,061,256		4.00
5.01 00540	NONPATIENT TELEPHONES	657	22,837	550,824	1,255	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMITTING	3,062	5,005	1,285,739	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	5,045,551	116	5.06
7.00 00700	OPERATION OF PLANT	334,876	102,246	1,744,166	71	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,988	67,186	605,594	18	8.00
9.00 00900	HOUSEKEEPING	5,313	56,667	1,979,545	8	9.00
10.00 01000	DIETARY	10,976	118,544	1,820,635	30	10.00
11.00 01100	CAFETERIA	7,832	8,780	112,416	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,376	4,700	1,431,928	9	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,283	6,812	1,978,913	30	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,336,242	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,289,792	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	7,544	0	23.00
23.01 02341	OTHER MED ED	720	928	219,947	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	188,046	392,590	19,764,193	171	30.00
31.00 03100	INTENSIVE CARE UNIT	22,990	163,110	5,337,517	29	31.00
35.00 02040	INTENSIVE NURSERY	2,880	53,603	1,930,109	18	35.00
41.00 04100	SUBPROVIDER - IRF	14,821	18,930	1,325,937	31	41.00
43.00 04300	NURSERY	3,927	3,330	1,024,983	4	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,735	683,560	4,488,896	82	50.00
50.01 05001	CARDIAC SURGERY	1,800	64,973	2,083,451	6	50.01
50.02 05002	WVSC	30,028	108,783	0	0	50.02
51.00 05100	RECOVERY ROOM	1,432	16,756	1,448,191	18	51.00
51.02 05101	O/P TREATMENT ROOM	21,344	69,101	2,164,596	27	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	20,805	113,857	3,239,760	23	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,635	340,967	3,685,141	108	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	26,393	165,770	433,771	41	55.00
56.00 05600	RADIOISOTOPE	2,914	3,980	336,716	0	56.00
57.00 05700	CT SCAN	2,172	237	1,058,360	7	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	16,257	567,600	4	58.00
59.00 05900	CARDIAC CATHETERIZATION	16,694	57,020	740,616	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	107,576	2,610,209	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	18,546	1,468,226	4	69.00
69.01 06901	CARDIAC REHAB	7,200	14,145	284,076	6	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,505	25,944	2,079,554	17	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	29,873	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	3,536,280	50	73.00
76.00 03020	RENAL ACUTE	3,525	386	0	4	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	218	0	172,593	0	90.00
90.05 09005	PATIENT NUTRITION	1,930	622	288,104	0	90.05
90.07 09007	WOUND CLINIC	3,899	7,707	330,179	13	90.07
91.00 09100	EMERGENCY	24,071	98,774	4,897,025	63	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	912,491	3,082,131	84,704,919	1,153	1,118
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	0	20,994	1,211,182	1	194.00
194.01 07951	RENTAL PROPERTY	0	3,187	0	0	194.01
194.02 07954	FAMILY PRACTICE	37,071	151,456	1,818,972	71	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
	1.00	2.00				
194.03 07952 WELLNESS	14,002	0	333,271	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	27,393	4,680,402	22	2	194.04
194.06 07953 SYCAMORE SPORTS MED	0	2,900	9,781	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	2,526	302,729	8	4	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)	20,345,462	8,650,158	27,175,521	1,079,636	11,672,578	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	21.052184	2.628758	0.292018	860.267729	10,384.855872	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			109,282	74,511	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001174	59.371315	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet B-1		
Date/Time Prepared: 11/12/2018 4:13 pm									
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		
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01	00540	NONPATIENT TELEPHONES							5.01
5.02	00550	DATA PROCESSING							5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,147,315						5.03
5.04	00570	ADMITTING	3,690	523,033,103					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,306,588,269				5.05
5.06	00590	OTHER ADMIN AND GENERAL	205	0	0	-26,099,227	314,883,795		5.06
7.00	00700	OPERATION OF PLANT	2,032	0	0	0	17,234,895		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,135	0	0	0	1,496,866		8.00
9.00	00900	HOUSEKEEPING	14,526	0	0	0	3,796,781		9.00
10.00	01000	DIETARY	305	0	0	0	4,565,028		10.00
11.00	01100	CAFETERIA	5	0	0	1,014,348	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,614,714		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	93	0	0	0	4,710,535		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,823,766		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,632,111		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	253,435		23.00
23.01	02341	OTHER MED ED	0	0	0	0	354,425		23.01
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	1,160,430	89,896,038	100,187,261	0	44,386,863		30.00
31.00	03100	INTENSIVE CARE UNIT	619,067	25,240,315	25,271,663	0	10,514,817		31.00
35.00	02040	INTENSIVE NURSERY	80,044	15,215,931	15,215,931	0	3,499,720		35.00
41.00	04100	SUBPROVIDER - IRF	47,591	3,624,414	3,625,454	0	2,490,029		41.00
43.00	04300	NURSERY	0	5,245,733	5,245,733	0	1,669,346		43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	209,058	97,039,847	167,969,127	0	16,215,858		50.00
50.01	05001	CARDIAC SURGERY	1,167,270	11,777,952	12,195,737	0	2,772,433		50.01
50.02	05002	WVSC	30,059	0	106,095,052	0	13,028,954		50.02
51.00	05100	RECOVERY ROOM	128,507	1,982,640	5,065,446	0	2,357,456		51.00
51.02	05101	O/P TREATMENT ROOM	109,230	1,383,483	10,360,970	0	3,869,529		51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	288,661	15,016,066	19,648,524	0	5,880,252		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,605	11,799,799	53,890,466	0	10,232,096		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,542	1,552,505	38,735,923	0	6,383,211		55.00
56.00	05600	RADIO SOTOPE	5,547	1,044,317	9,016,112	0	1,466,011		56.00
57.00	05700	CT SCAN	192,171	16,233,170	57,501,526	0	3,043,842		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,147	2,576,870	13,713,140	0	1,873,414		58.00
59.00	05900	CARDIAC CATHETERIZATION	34,866	31,841,019	110,857,918	0	17,065,714		59.00
60.00	06000	LABORATORY	0	43,227,570	92,236,841	0	9,829,538		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,596,659	3,216,828	0	1,313,772		62.00
65.00	06500	RESPIRATORY THERAPY	114,019	11,000,711	12,153,254	0	5,025,165		65.00
66.00	06600	PHYSICAL THERAPY	2,626	10,811,304	11,604,203	0	2,968,578		66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0		66.01
66.02	06602	O/P PHYSICAL THERAPY	2,616	0	6,812,335	0	2,180,143		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	4,953,921	7,752,483	0	1,657,832		67.00
68.00	06800	SPEECH PATHOLOGY	0	1,179,232	2,548,823	0	689,701		68.00
69.00	06900	ELECTROCARDIOLOGY	18,391	10,977,783	19,943,720	0	2,819,038		69.00
69.01	06901	CARDIAC REHAB	811	153,720	1,421,475	0	650,431		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,644	3,232,715	8,145,340	0	1,390,811		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,613	2,384,150	2,537,728	0	1,168,263		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,632,757		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,109	68,167,958	248,055,913	0	46,131,492		73.00
76.00	03020	RENAL ACUTE	48,171	3,525,499	3,970,687	0	1,643,110		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	1,104	797,668	0	269,983		90.00
90.05	09005	PATIENT NUTRITION	170	0	223,008	0	450,241		90.05
90.07	09007	WOUND CLINIC	59,719	0	5,820,246	0	1,555,957		90.07
91.00	09100	EMERGENCY	597,517	29,350,678	124,751,734	0	12,171,989		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,117,192	523,033,103	1,306,588,269	-25,084,879	291,780,902		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
194.00	07950	RURAL HEALTH	10,761	0	0	0	3,741,227		194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	173,661		194.01
194.02	07954	FAMILY PRACTICE	49	0	0	0	4,522,204		194.02
194.03	07952	WELLNESS	0	0	0	0	844,925		194.03
194.04	07955	PHYSICIAN PRACTICES	19,163	0	0	0	13,121,712		194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/AC COUNTS 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	135,296	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	150	0	0	0	563,868	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)	1,407,606	2,422,283	6,230,243		26,099,227	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.273464	0.004631	0.004768		0.082885	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	145,766	0		553,238	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000279	0.000000		0.001757	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	604,073				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,111,064			8.00
9.00	00900	HOUSEKEEPING	5,313	79,581	592,772		9.00
10.00	01000	DIETARY	10,976	5,912	10,976	183,353	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	0	0	0	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	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	720	0	720	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,046	343,919	188,046	137,024	3,629
31.00	03100	INTENSIVE CARE UNIT	22,990	63,318	22,990	23,279	759
35.00	02040	INTENSIVE NURSERY	2,880	5,537	2,880	10,198	258
41.00	04100	SUBPROVIDER - IRF	14,821	9,485	14,821	0	221
43.00	04300	NURSERY	3,927	0	3,927	0	169
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,735	71,275	40,735	0	560
50.01	05001	CARDIAC SURGERY	1,800	59	1,800	0	77
50.02	05002	WVSC	30,028	83,163	30,028	0	0
51.00	05100	RECOVERY ROOM	1,432	41,895	1,432	0	225
51.02	05101	O/P TREATMENT ROOM	21,344	36,260	21,344	12,011	366
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	50,279	20,805	4	443
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,635	33,736	32,635	0	384
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	18,160	26,393	0	62
56.00	05600	RADIOISOTOPE	2,914	5,219	2,914	0	51
57.00	05700	CT SCAN	2,172	0	2,172	0	146
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	36,266	2,593	0	70
59.00	05900	CARDIAC CATHETERIZATION	16,694	10,409	16,694	837	101
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	388
66.00	06600	PHYSICAL THERAPY	10,150	9,594	10,150	0	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	19,450	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	6,425	1,305	0	267
69.01	06901	CARDIAC REHAB	7,200	461	7,200	0	44
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	1,934	1,505	0	77
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	437
76.00	03020	RENAL ACUTE	3,525	5,556	3,525	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	218	0	218	0	20
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	46
90.07	09007	WOUND CLINIC	3,899	11,703	3,899	0	52
91.00	09100	EMERGENCY	24,071	155,302	24,071	0	823
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	550,134	1,104,898	538,833	183,353	10,810
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	878	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	37,071	1,171	37,071	0	143
194.03	07952	WELLNESS	14,002	0	14,002	0	0
194.04	07955	PHYSICIAN PRACTICES	0	4,117	0	0	287
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description			OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	0	2,866	0	44	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)	18,663,409	1,805,939	4,404,979	5,373,687	-714,170	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.895950	1.625414	7.431152	29.307876	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,371,799	385,924	360,811	700,855	288,438	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.203490	0.347346	0.608684	3.822435	25.561680	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

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-SALA RY & FRINGES (INTERNS)	SERVICES-OTHE R PRGM COSTS (INTERNS)		
				13.00	16.00		17.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION	8,158					13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,306,588,269				16.00	
17.00 01700 SOCIAL SERVICE	0	0	0			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	27	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	3,423	100,187,261	0	367	367	30.00	
31.00 03100 INTENSIVE CARE UNIT	759	25,271,663	0	0	0	31.00	
35.00 02040 INTENSIVE NURSERY	258	15,215,931	0	9	9	35.00	
41.00 04100 SUBPROVIDER - IRF	221	3,625,454	0	0	0	41.00	
43.00 04300 NURSERY	169	5,245,733	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	541	167,969,127	0	43	43	50.00	
50.01 05001 CARDIAC SURGERY	49	12,195,737	0	0	0	50.01	
50.02 05002 WVSC	0	106,095,052	0	0	0	50.02	
51.00 05100 RECOVERY ROOM	225	5,065,446	0	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	366	10,360,970	0	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	430	19,648,524	0	98	98	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	53,890,466	0	15	15	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	38,735,923	0	7	7	55.00	
56.00 05600 RADIO SOTOPE	0	9,016,112	0	0	0	56.00	
57.00 05700 CT SCAN	0	57,501,526	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,713,140	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	110,857,918	0	5	5	59.00	
60.00 06000 LABORATORY	0	92,236,841	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,216,828	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	388	12,153,254	0	15	15	65.00	
66.00 06600 PHYSICAL THERAPY	0	11,604,203	0	1	1	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	6,812,335	0	32	32	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	7,752,483	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	2,548,823	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	19,943,720	0	1	1	69.00	
69.01 06901 CARDIAC REHAB	0	1,421,475	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	8,145,340	0	3	3	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,537,728	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	361	248,055,913	0	14	14	73.00	
76.00 03020 RENAL ACUTE	0	3,970,687	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	20	797,668	0	156	156	90.00	
90.05 09005 PATIENT NUTRITION	46	223,008	0	2	2	90.05	
90.07 09007 WOUND CLINIC	52	5,820,246	0	17	17	90.07	
91.00 09100 EMERGENCY	823	124,751,734	0	105	105	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,158	1,306,588,269	0	890	890	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	0	0	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	0	0	194.01	
194.02 07954 FAMILY PRACTICE	0	0	0	110	110	194.02	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
11/12/2018 4:13 pm

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	21.00	22.00	
194.03 07952 WELLNESS	0	0	0	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	0	0	0	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,005,385	5,303,450	0	1,974,929	2,850,274	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	490.976342	0.004059	0.000000	1,974.929000	2,850.274000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	104,794	218,132	0	4,773	6,139	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	12.845550	0.000167	0.000000	4.773000	6.139000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED PRGM (PARAMED RADIOLOGY)	OTHER MED ED (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02040	INTENSIVE NURSERY	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	CARDIAC SURGERY	0	50.01
50.02	05002	WVSC	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CARDIAC REHAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020	RENAL ACUTE	100	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.05	09005	PATIENT NUTRITION	0	90.05
90.07	09007	WOUND CLINIC	0	90.07
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	RURAL HEALTH	0	194.00
194.01	07951	RENTAL PROPERTY	0	194.01
194.02	07954	FAMILY PRACTICE	0	194.02
194.03	07952	WELLNESS	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
11/12/2018 4:13 pm

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)	274,441	424,653	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,744.410000	4,246.530000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	454	28,050	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.540000	280.500000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		PPS
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	61,935,293		61,935,293	0	61,935,293
31.00	03100 INTENSIVE CARE UNIT	13,527,883		13,527,883	0	13,527,883
35.00	02040 INTENSIVE NURSERY	4,396,491		4,396,491	0	4,396,491
41.00	04100 SUBPROVIDER - IRF	3,403,100		3,403,100	0	3,403,100
43.00	04300 NURSERY	2,062,487		2,062,487	0	2,062,487
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20,184,420		20,184,420	0	20,184,420
50.01	05001 CARDIAC SURGERY	3,144,871		3,144,871	0	3,144,871
50.02	05002 WVSC	15,825,560		15,825,560	0	15,825,560
51.00	05100 RECOVERY ROOM	2,806,866		2,806,866	0	2,806,866
51.02	05101 O/P TREATMENT ROOM	5,641,016		5,641,016	0	5,641,016
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,537,746		7,537,746	0	7,537,746
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,879,005		12,879,005	0	12,879,005
55.00	05500 RADIOLOGY-THERAPEUTIC	8,110,597		8,110,597	0	8,110,597
56.00	05600 RADIOISOTOPE	1,744,285		1,744,285	0	1,744,285
57.00	05700 CT SCAN	3,612,776		3,612,776	0	3,612,776
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,242,683		2,242,683	0	2,242,683
59.00	05900 CARDIAC CATHETERIZATION	19,611,461		19,611,461	0	19,611,461
60.00	06000 LABORATORY	11,018,648		11,018,648	183,070	11,201,718
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,435,721		1,435,721	0	1,435,721
65.00	06500 RESPIRATORY THERAPY	5,763,295	0	5,763,295	0	5,763,295
66.00	06600 PHYSICAL THERAPY	3,666,344	0	3,666,344	0	3,666,344
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602 O/P PHYSICAL THERAPY	2,420,109	0	2,420,109	0	2,420,109
67.00	06700 OCCUPATIONAL THERAPY	1,890,254	0	1,890,254	0	1,890,254
68.00	06800 SPEECH PATHOLOGY	883,233	0	883,233	0	883,233
69.00	06900 ELECTROCARDIOLOGY	3,194,106		3,194,106	0	3,194,106
69.01	06901 CARDIAC REHAB	986,816		986,816	0	986,816
70.00	07000 ELECTROENCEPHALOGRAPHY	1,599,976		1,599,976	0	1,599,976
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,494,320		1,494,320	0	1,494,320
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,679,823		13,679,823	0	13,679,823
73.00	07300 DRUGS CHARGED TO PATIENTS	52,056,145		52,056,145	0	52,056,145
76.00	03020 RENAL ACUTE	1,939,550		1,939,550	0	1,939,550
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	313,774		313,774	0	313,774
90.05	09005 PATIENT NUTRITION	585,020		585,020	3,365	588,385
90.07	09007 WOUND CLINIC	1,902,536		1,902,536	0	1,902,536
91.00	09100 EMERGENCY	15,266,306		15,266,306	0	15,266,306
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,871,357		9,871,357	0	9,871,357
200.00	Subtotal (see instructions)	318,633,873	0	318,633,873	186,435	318,820,308
201.00	Less Observation Beds	9,871,357	0	9,871,357	0	9,871,357
202.00	Total (see instructions)	308,762,516	0	308,762,516	186,435	308,948,951

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	89,896,038		89,896,038	30.00
31.00	03100	INTENSIVE CARE UNIT	25,240,315		25,240,315	31.00
35.00	02040	INTENSIVE NURSERY	15,215,931		15,215,931	35.00
41.00	04100	SUBPROVIDER - IRF	3,624,414		3,624,414	41.00
43.00	04300	NURSERY	5,245,733		5,245,733	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	90,256,022	66,748,464	157,004,486	50.00
50.01	05001	CARDIAC SURGERY	9,481,312	417,785	9,899,097	50.01
50.02	05002	WVSC	87,966	103,807,278	103,895,244	50.02
51.00	05100	RECOVERY ROOM	1,982,640	3,082,806	5,065,446	51.00
51.02	05101	O/P TREATMENT ROOM	37,907	2,710,425	2,748,332	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,016,066	3,149,164	18,165,230	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,796,754	41,550,645	53,347,399	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,552,505	37,131,616	38,684,121	55.00
56.00	05600	RADIOISOTOPE	1,044,317	7,971,795	9,016,112	56.00
57.00	05700	CT SCAN	16,233,170	41,268,356	57,501,526	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,576,870	11,136,270	13,713,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,038,154	75,040,061	106,078,215	59.00
60.00	06000	LABORATORY	43,227,570	49,009,271	92,236,841	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,596,659	620,169	3,216,828	62.00
65.00	06500	RESPIRATORY THERAPY	11,000,711	1,152,543	12,153,254	65.00
66.00	06600	PHYSICAL THERAPY	10,811,304	792,899	11,604,203	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,812,335	6,812,335	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,953,921	2,798,562	7,752,483	67.00
68.00	06800	SPEECH PATHOLOGY	1,179,232	1,369,591	2,548,823	68.00
69.00	06900	ELECTROCARDIOLOGY	10,977,783	8,623,229	19,601,012	69.00
69.01	06901	CARDIAC REHAB	153,720	1,267,755	1,421,475	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,232,715	1,331,312	4,564,027	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,384,150	153,578	2,537,728	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,827,041	7,548,071	15,375,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,167,958	178,146,392	246,314,350	73.00
76.00	03020	RENAL ACUTE	3,525,499	445,188	3,970,687	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,104	796,564	797,668	90.00
90.05	09005	PATIENT NUTRITION	0	223,008	223,008	90.05
90.07	09007	WOUND CLINIC	5,000	5,773,097	5,778,097	90.07
91.00	09100	EMERGENCY	29,350,678	95,401,056	124,751,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,345,576	16,492,131	17,837,707	92.00
200.00		Subtotal (see instructions)	521,066,735	772,771,416	1,293,838,151	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	521,066,735	772,771,416	1,293,838,151	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 11/12/2018 4:13 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 INTENSIVE NURSERY			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.128560		50.00
50.01	05001 CARDIAC SURGERY	0.317693		50.01
50.02	05002 WVSC	0.152322		50.02
51.00	05100 RECOVERY ROOM	0.554120		51.00
51.02	05101 O/P TREATMENT ROOM	2.052523		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.414955		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.241418		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.209662		55.00
56.00	05600 RADIOISOTOPE	0.193463		56.00
57.00	05700 CT SCAN	0.062829		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.163543		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.184877		59.00
60.00	06000 LABORATORY	0.121445		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446316		62.00
65.00	06500 RESPIRATORY THERAPY	0.474218		65.00
66.00	06600 PHYSICAL THERAPY	0.315950		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.355254		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.243826		67.00
68.00	06800 SPEECH PATHOLOGY	0.346526		68.00
69.00	06900 ELECTROCARDIOLOGY	0.162956		69.00
69.01	06901 CARDIAC REHAB	0.694220		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.350562		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588842		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.889738		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.211340		73.00
76.00	03020 RENAL ACUTE	0.488467		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.393364		90.00
90.05	09005 PATIENT NUTRITION	2.638403		90.05
90.07	09007 WOUND CLINIC	0.329267		90.07
91.00	09100 EMERGENCY	0.122373		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.553398		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
11/12/2018 4:13 pm

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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	61,935,293		61,935,293	0	61,935,293
31.00	03100 INTENSIVE CARE UNIT	13,527,883		13,527,883	0	13,527,883
35.00	02040 INTENSIVE NURSERY	4,396,491		4,396,491	0	4,396,491
41.00	04100 SUBPROVIDER - IRF	3,403,100		3,403,100	0	3,403,100
43.00	04300 NURSERY	2,062,487		2,062,487	0	2,062,487
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20,184,420		20,184,420	0	20,184,420
50.01	05001 CARDIAC SURGERY	3,144,871		3,144,871	0	3,144,871
50.02	05002 WVSC	15,825,560		15,825,560	0	15,825,560
51.00	05100 RECOVERY ROOM	2,806,866		2,806,866	0	2,806,866
51.02	05101 O/P TREATMENT ROOM	5,641,016		5,641,016	0	5,641,016
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,537,746		7,537,746	0	7,537,746
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,879,005		12,879,005	0	12,879,005
55.00	05500 RADIOLOGY-THERAPEUTIC	8,110,597		8,110,597	0	8,110,597
56.00	05600 RADIOISOTOPE	1,744,285		1,744,285	0	1,744,285
57.00	05700 CT SCAN	3,612,776		3,612,776	0	3,612,776
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,242,683		2,242,683	0	2,242,683
59.00	05900 CARDIAC CATHETERIZATION	19,611,461		19,611,461	0	19,611,461
60.00	06000 LABORATORY	11,018,648		11,018,648	183,070	11,201,718
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,435,721		1,435,721	0	1,435,721
65.00	06500 RESPIRATORY THERAPY	5,763,295	0	5,763,295	0	5,763,295
66.00	06600 PHYSICAL THERAPY	3,666,344	0	3,666,344	0	3,666,344
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602 O/P PHYSICAL THERAPY	2,420,109	0	2,420,109	0	2,420,109
67.00	06700 OCCUPATIONAL THERAPY	1,890,254	0	1,890,254	0	1,890,254
68.00	06800 SPEECH PATHOLOGY	883,233	0	883,233	0	883,233
69.00	06900 ELECTROCARDIOLOGY	3,194,106		3,194,106	0	3,194,106
69.01	06901 CARDIAC REHAB	986,816		986,816	0	986,816
70.00	07000 ELECTROENCEPHALOGRAPHY	1,599,976		1,599,976	0	1,599,976
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,494,320		1,494,320	0	1,494,320
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,679,823		13,679,823	0	13,679,823
73.00	07300 DRUGS CHARGED TO PATIENTS	52,056,145		52,056,145	0	52,056,145
76.00	03020 RENAL ACUTE	1,939,550		1,939,550	0	1,939,550
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	313,774		313,774	0	313,774
90.05	09005 PATIENT NUTRITION	585,020		585,020	3,365	588,385
90.07	09007 WOUND CLINIC	1,902,536		1,902,536	0	1,902,536
91.00	09100 EMERGENCY	15,266,306		15,266,306	0	15,266,306
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,871,357		9,871,357	0	9,871,357
200.00	Subtotal (see instructions)	318,633,873	0	318,633,873	186,435	318,820,308
201.00	Less Observation Beds	9,871,357	0	9,871,357	0	9,871,357
202.00	Total (see instructions)	308,762,516	0	308,762,516	186,435	308,948,951

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XIX Hospital Cost							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	89,896,038		89,896,038		30.00
31.00	03100	INTENSIVE CARE UNIT	25,240,315		25,240,315		31.00
35.00	02040	INTENSIVE NURSERY	15,215,931		15,215,931		35.00
41.00	04100	SUBPROVIDER - IRF	3,624,414		3,624,414		41.00
43.00	04300	NURSERY	5,245,733		5,245,733		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90,256,022	66,748,464	157,004,486	0.128560	50.00
50.01	05001	CARDIAC SURGERY	9,481,312	417,785	9,899,097	0.317693	50.01
50.02	05002	WVSC	87,966	103,807,278	103,895,244	0.152322	50.02
51.00	05100	RECOVERY ROOM	1,982,640	3,082,806	5,065,446	0.554120	51.00
51.02	05101	O/P TREATMENT ROOM	37,907	2,710,425	2,748,332	2.052523	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,016,066	3,149,164	18,165,230	0.414955	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,796,754	41,550,645	53,347,399	0.241418	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,552,505	37,131,616	38,684,121	0.209662	55.00
56.00	05600	RADIOISOTOPE	1,044,317	7,971,795	9,016,112	0.193463	56.00
57.00	05700	CT SCAN	16,233,170	41,268,356	57,501,526	0.062829	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,576,870	11,136,270	13,713,140	0.163543	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,038,154	75,040,061	106,078,215	0.184877	59.00
60.00	06000	LABORATORY	43,227,570	49,009,271	92,236,841	0.119460	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,596,659	620,169	3,216,828	0.446316	62.00
65.00	06500	RESPIRATORY THERAPY	11,000,711	1,152,543	12,153,254	0.474218	65.00
66.00	06600	PHYSICAL THERAPY	10,811,304	792,899	11,604,203	0.315950	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,812,335	6,812,335	0.355254	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,953,921	2,798,562	7,752,483	0.243826	67.00
68.00	06800	SPEECH PATHOLOGY	1,179,232	1,369,591	2,548,823	0.346526	68.00
69.00	06900	ELECTROCARDIOLOGY	10,977,783	8,623,229	19,601,012	0.162956	69.00
69.01	06901	CARDIAC REHAB	153,720	1,267,755	1,421,475	0.694220	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,232,715	1,331,312	4,564,027	0.350562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,384,150	153,578	2,537,728	0.588842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,827,041	7,548,071	15,375,112	0.889738	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,167,958	178,146,392	246,314,350	0.211340	73.00
76.00	03020	RENAL ACUTE	3,525,499	445,188	3,970,687	0.488467	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,104	796,564	797,668	0.393364	90.00
90.05	09005	PATIENT NUTRITION	0	223,008	223,008	2.623314	90.05
90.07	09007	WOUND CLINIC	5,000	5,773,097	5,778,097	0.329267	90.07
91.00	09100	EMERGENCY	29,350,678	95,401,056	124,751,734	0.122373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,345,576	16,492,131	17,837,707	0.553398	92.00
200.00		Subtotal (see instructions)	521,066,735	772,771,416	1,293,838,151		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	521,066,735	772,771,416	1,293,838,151		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 11/12/2018 4:13 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 INTENSIVE NURSERY			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 CARDIAC SURGERY	0.000000		50.01
50.02	05002 WVSC	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.000000		51.00
51.02	05101 O/P TREATMENT ROOM	0.000000		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 RENAL ACUTE	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.05	09005 PATIENT NUTRITION	0.000000		90.05
90.07	09007 WOUND CLINIC	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,377,767	0	8,377,767	58,018	144.40	30.00
31.00	INTENSIVE CARE UNIT	1,563,160		1,563,160	8,314	188.02	31.00
35.00	INTENSIVE NURSERY	311,196		311,196	3,852	80.79	35.00
41.00	SUBPROVIDER - IRF	581,109	0	581,109	3,642	159.56	41.00
43.00	NURSERY	150,623		150,623	3,565	42.25	43.00
200.00	Total (lines 30 through 199)	10,983,855		10,983,855	77,391		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	24,958	3,603,935				
31.00	INTENSIVE CARE UNIT	4,836	909,265				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	2,511	400,655				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	32,305	4,913,855				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	4,127,335	157,004,486	0.026288	44,324,653	1,165,206	50.00
50.01	05001 CARDIAC SURGERY	305,023	9,899,097	0.030813	5,883,938	181,302	50.01
50.02	05002 WVSC	1,798,308	103,895,244	0.017309	85,384	1,478	50.02
51.00	05100 RECOVERY ROOM	120,002	5,065,446	0.023690	1,106,860	26,222	51.00
51.02	05101 O/P TREATMENT ROOM	982,187	2,748,332	0.357376	22,432	8,017	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,065,345	18,165,230	0.058647	2,093,333	122,768	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,537,576	53,347,399	0.047567	6,651,442	316,389	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,234,702	38,684,121	0.057768	783,933	45,286	55.00
56.00	05600 RADIOISOTOPE	135,841	9,016,112	0.015066	476,378	7,177	56.00
57.00	05700 CT SCAN	417,971	57,501,526	0.007269	8,996,678	65,397	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	695,572	13,713,140	0.050723	1,224,230	62,097	58.00
59.00	05900 CARDIAC CATHETERIZATION	919,015	106,078,215	0.008664	12,889,976	111,679	59.00
60.00	06000 LABORATORY	48,022	92,236,841	0.000521	23,453,438	12,219	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,569	3,216,828	0.001109	1,519,853	1,686	62.00
65.00	06500 RESPIRATORY THERAPY	377,864	12,153,254	0.031092	5,685,131	176,762	65.00
66.00	06600 PHYSICAL THERAPY	696,035	11,604,203	0.059981	3,053,409	183,147	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	76,674	6,812,335	0.011255	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	74,379	7,752,483	0.009594	1,858,388	17,829	67.00
68.00	06800 SPEECH PATHOLOGY	465,260	2,548,823	0.182539	453,057	82,701	68.00
69.00	06900 ELECTROCARDIOLOGY	147,990	19,601,012	0.007550	6,363,222	48,042	69.00
69.01	06901 CARDIAC REHAB	386,032	1,421,475	0.271571	80,992	21,995	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	128,772	4,564,027	0.028215	592,574	16,719	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	297,286	2,537,728	0.117147	1,513,959	177,356	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,196	15,375,112	0.001444	6,279,338	9,067	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	645,773	246,314,350	0.002622	34,872,784	91,436	73.00
76.00	03020 RENAL ACUTE	911,977	3,970,687	0.229677	2,461,881	565,437	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	8,449	797,668	0.010592	0	0	90.00
90.05	09005 PATIENT NUTRITION	70,052	223,008	0.314123	0	0	90.05
90.07	09007 WOUND CLINIC	161,895	5,778,097	0.028019	4,324	121	90.07
91.00	09100 EMERGENCY	1,201,380	124,751,734	0.009630	16,214,121	156,142	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,335,259	17,837,707	0.074856	20,557	1,539	92.00
200.00	Total (lines 50 through 199)	22,397,741	1,154,615,720		188,966,265	3,675,216	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 11/12/2018 4:13 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			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	58,018	0.00	24,958	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,314	0.00	4,836	0	0	31.00
35.00	02040	INTENSIVE NURSERY	3,852	0.00	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	3,642	0.00	2,511	0	0	41.00
43.00	04300	NURSERY	3,565	0.00	0	0	0	43.00
200.00		Total (lines 30 through 199)	77,391		32,305	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description	Title XVIII					Total Cost (sum of cols. 1, 2, 3, and 4)	PPS	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	274,441	0	274,441	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	424,653	0	424,653	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	699,094	0	699,094	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description		Total Outpatient Cost (sum of cols. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	157,004,486	0.000000	0.000000	44,324,653	50.00
50.01	05001 CARDIAC SURGERY	0	9,899,097	0.000000	0.000000	5,883,938	50.01
50.02	05002 WVSC	0	103,895,244	0.000000	0.000000	85,384	50.02
51.00	05100 RECOVERY ROOM	0	5,065,446	0.000000	0.000000	1,106,860	51.00
51.02	05101 O/P TREATMENT ROOM	0	2,748,332	0.000000	0.000000	22,432	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	18,165,230	0.000000	0.000000	2,093,333	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	274,441	53,347,399	0.005144	0.005144	6,651,442	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	38,684,121	0.000000	0.000000	783,933	55.00
56.00	05600 RADIOISOTOPE	0	9,016,112	0.000000	0.000000	476,378	56.00
57.00	05700 CT SCAN	0	57,501,526	0.000000	0.000000	8,996,678	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,713,140	0.000000	0.000000	1,224,230	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	106,078,215	0.000000	0.000000	12,889,976	59.00
60.00	06000 LABORATORY	0	92,236,841	0.000000	0.000000	23,453,438	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,216,828	0.000000	0.000000	1,519,853	62.00
65.00	06500 RESPIRATORY THERAPY	0	12,153,254	0.000000	0.000000	5,685,131	65.00
66.00	06600 PHYSICAL THERAPY	0	11,604,203	0.000000	0.000000	3,053,409	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	6,812,335	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	7,752,483	0.000000	0.000000	1,858,388	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,548,823	0.000000	0.000000	453,057	68.00
69.00	06900 ELECTROCARDIOLOGY	0	19,601,012	0.000000	0.000000	6,363,222	69.00
69.01	06901 CARDIAC REHAB	0	1,421,475	0.000000	0.000000	80,992	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,564,027	0.000000	0.000000	592,574	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,537,728	0.000000	0.000000	1,513,959	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,375,112	0.000000	0.000000	6,279,338	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	424,653	246,314,350	0.001724	0.001724	34,872,784	73.00
76.00	03020 RENAL ACUTE	0	3,970,687	0.000000	0.000000	2,461,881	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	797,668	0.000000	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	0	223,008	0.000000	0.000000	0	90.05
90.07	09007 WOUND CLINIC	0	5,778,097	0.000000	0.000000	4,324	90.07
91.00	09100 EMERGENCY	0	124,751,734	0.000000	0.000000	16,214,121	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,837,707	0.000000	0.000000	20,557	92.00
200.00	Total (lines 50 through 199)	699,094	1,154,615,720			188,966,265	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 11/12/2018 4:13 pm
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	18,789,094	0	50.00
50.01 05001 CARDIAC SURGERY	0	26,121	0	50.01
50.02 05002 WVSC	0	32,351,362	0	50.02
51.00 05100 RECOVERY ROOM	0	10,353	0	51.00
51.02 05101 O/P TREATMENT ROOM	0	878,978	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	295,282	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	34,215	9,613,009	49,449	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	18,148,750	0	55.00
56.00 05600 RADIOISOTOPE	0	2,606,189	0	56.00
57.00 05700 CT SCAN	0	14,480,535	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,239,644	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	27,041,640	0	59.00
60.00 06000 LABORATORY	0	11,371,571	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	456,688	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	939,990	0	65.00
66.00 06600 PHYSICAL THERAPY	0	100,924	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	50,613	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	16,181	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	4,225,814	0	69.00
69.01 06901 CARDIAC REHAB	0	698,302	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	897,828	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	75,195	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,274,575	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	60,121	62,143,086	107,135	73.00
76.00 03020 RENAL ACUTE	0	172,431	0	76.00
OUTPATIENT SERVICE COST CENTERS				
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	2,647,355	0	90.07
91.00 09100 EMERGENCY	0	21,012,709	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,268,145	0	92.00
200.00 Total (lines 50 through 199)	94,336	243,832,364	156,584	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.128560	18,789,094	0	0	2,415,526	50.00
50.01	05001	CARDIAC SURGERY	0.317693	26,121	0	0	8,298	50.01
50.02	05002	WVSC	0.152322	32,351,362	0	0	4,927,824	50.02
51.00	05100	RECOVERY ROOM	0.554120	10,353	0	0	5,737	51.00
51.02	05101	O/P TREATMENT ROOM	2.052523	878,978	0	0	1,804,123	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414955	295,282	0	0	122,529	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.241418	9,613,009	0	0	2,320,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.209662	18,148,750	0	0	3,805,103	55.00
56.00	05600	RADIO SOTOPE	0.193463	2,606,189	0	0	504,201	56.00
57.00	05700	CT SCAN	0.062829	14,480,535	0	0	909,798	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.163543	3,239,644	0	0	529,821	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.184877	27,041,640	0	0	4,999,377	59.00
60.00	06000	LABORATORY	0.119460	11,371,571	3,120	0	1,358,448	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446316	456,688	0	0	203,827	62.00
65.00	06500	RESPIRATORY THERAPY	0.474218	939,990	0	0	445,760	65.00
66.00	06600	PHYSICAL THERAPY	0.315950	100,924	0	0	31,887	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.355254	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243826	50,613	0	0	12,341	67.00
68.00	06800	SPEECH PATHOLOGY	0.346526	16,181	0	0	5,607	68.00
69.00	06900	ELECTROCARDIOLOGY	0.162956	4,225,814	0	0	688,622	69.00
69.01	06901	CARDIAC REHAB	0.694220	698,302	0	0	484,775	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.350562	897,828	0	0	314,744	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588842	75,195	0	0	44,278	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.889738	6,274,575	0	0	5,582,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.211340	62,143,086	0	59,426	13,133,320	73.00
76.00	03020	RENAL ACUTE	0.488467	172,431	0	0	84,227	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.393364	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	2.623314	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.329267	2,647,355	0	0	871,687	90.07
91.00	09100	EMERGENCY	0.122373	21,012,709	0	0	2,571,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553398	5,268,145	0	0	2,915,381	92.00
200.00		Subtotal (see instructions)		243,832,364	3,120	59,426	51,102,110	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		243,832,364	3,120	59,426	51,102,110	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 CARDIAC SURGERY	0	0	50.01
50.02	05002 WVSC	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	373	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	12,559	73.00
76.00	03020 RENAL ACUTE	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.05	09005 PATIENT NUTRITION	0	0	90.05
90.07	09007 WOUND CLINIC	0	0	90.07
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	373	12,559	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	373	12,559	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 11/12/2018 4:13 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,127,335	157,004,486	0.026288	95,828	2,519	50.00
50.01	05001	CARDIAC SURGERY	305,023	9,899,097	0.030813	12,221	377	50.01
50.02	05002	WVSC	1,798,308	103,895,244	0.017309	148	3	50.02
51.00	05100	RECOVERY ROOM	120,002	5,065,446	0.023690	3,190	76	51.00
51.02	05101	O/P TREATMENT ROOM	982,187	2,748,332	0.357376	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,065,345	18,165,230	0.058647	1,936	114	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,537,576	53,347,399	0.047567	58,609	2,788	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,234,702	38,684,121	0.057768	20,158	1,164	55.00
56.00	05600	RADIOISOTOPE	135,841	9,016,112	0.015066	3,475	52	56.00
57.00	05700	CT SCAN	417,971	57,501,526	0.007269	79,257	576	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	695,572	13,713,140	0.050723	6,040	306	58.00
59.00	05900	CARDIAC CATHETERIZATION	919,015	106,078,215	0.008664	59,768	518	59.00
60.00	06000	LABORATORY	48,022	92,236,841	0.000521	335,769	175	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,569	3,216,828	0.001109	11,500	13	62.00
65.00	06500	RESPIRATORY THERAPY	377,864	12,153,254	0.031092	95,116	2,957	65.00
66.00	06600	PHYSICAL THERAPY	696,035	11,604,203	0.059981	1,303,528	78,187	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	76,674	6,812,335	0.011255	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	74,379	7,752,483	0.009594	1,252,733	12,019	67.00
68.00	06800	SPEECH PATHOLOGY	465,260	2,548,823	0.182539	318,937	58,218	68.00
69.00	06900	ELECTROCARDIOLOGY	147,990	19,601,012	0.007550	45,678	345	69.00
69.01	06901	CARDIAC REHAB	386,032	1,421,475	0.271571	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	128,772	4,564,027	0.028215	15,613	441	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	297,286	2,537,728	0.117147	10,813	1,267	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,196	15,375,112	0.001444	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	645,773	246,314,350	0.002622	701,468	1,839	73.00
76.00	03020	RENAL ACUTE	911,977	3,970,687	0.229677	202,309	46,466	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,449	797,668	0.010592	0	0	90.00
90.05	09005	PATIENT NUTRITION	70,052	223,008	0.314123	0	0	90.05
90.07	09007	WOUND CLINIC	161,895	5,778,097	0.028019	0	0	90.07
91.00	09100	EMERGENCY	1,201,380	124,751,734	0.009630	11,742	113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,837,707	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	21,062,482	1,154,615,720		4,645,836	210,533	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	274,441	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	424,653	0	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	699,094	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 11/12/2018 4:13 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of cols. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	157,004,486	0.000000	0.000000	95,828	50.00
50.01	05001 CARDIAC SURGERY	0	9,899,097	0.000000	0.000000	12,221	50.01
50.02	05002 WVSC	0	103,895,244	0.000000	0.000000	148	50.02
51.00	05100 RECOVERY ROOM	0	5,065,446	0.000000	0.000000	3,190	51.00
51.02	05101 O/P TREATMENT ROOM	0	2,748,332	0.000000	0.000000	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	18,165,230	0.000000	0.000000	1,936	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	274,441	53,347,399	0.005144	0.005144	58,609	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	38,684,121	0.000000	0.000000	20,158	55.00
56.00	05600 RADIOISOTOPE	0	9,016,112	0.000000	0.000000	3,475	56.00
57.00	05700 CT SCAN	0	57,501,526	0.000000	0.000000	79,257	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,713,140	0.000000	0.000000	6,040	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	106,078,215	0.000000	0.000000	59,768	59.00
60.00	06000 LABORATORY	0	92,236,841	0.000000	0.000000	335,769	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,216,828	0.000000	0.000000	11,500	62.00
65.00	06500 RESPIRATORY THERAPY	0	12,153,254	0.000000	0.000000	95,116	65.00
66.00	06600 PHYSICAL THERAPY	0	11,604,203	0.000000	0.000000	1,303,528	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	6,812,335	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	7,752,483	0.000000	0.000000	1,252,733	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,548,823	0.000000	0.000000	318,937	68.00
69.00	06900 ELECTROCARDIOLOGY	0	19,601,012	0.000000	0.000000	45,678	69.00
69.01	06901 CARDIAC REHAB	0	1,421,475	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,564,027	0.000000	0.000000	15,613	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,537,728	0.000000	0.000000	10,813	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,375,112	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	424,653	246,314,350	0.001724	0.001724	701,468	73.00
76.00	03020 RENAL ACUTE	0	3,970,687	0.000000	0.000000	202,309	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	797,668	0.000000	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	0	223,008	0.000000	0.000000	0	90.05
90.07	09007 WOUND CLINIC	0	5,778,097	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	0	124,751,734	0.000000	0.000000	11,742	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,837,707	0.000000	0.000000	0	92.00
200.00	Total (lines 50 through 199)	699,094	1,154,615,720			4,645,836	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 11/12/2018 4:13 pm PPS
Title XVIII		Subprovider - IRF	

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
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	301	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	1,209	0	0	73.00
76.00	03020 RENAL ACUTE	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
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	212	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50 through 199)	1,510	212	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 11/12/2018 4:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.128560	0	0	0	0	50.00
50.01 05001 CARDIAC SURGERY	0.317693	0	0	0	0	50.01
50.02 05002 WVSC	0.152322	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.554120	0	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	2.052523	0	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.414955	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.241418	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.209662	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.193463	0	0	0	0	56.00
57.00 05700 CT SCAN	0.062829	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.163543	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.184877	0	0	0	0	59.00
60.00 06000 LABORATORY	0.119460	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446316	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.474218	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.315950	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	0.355254	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.243826	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.346526	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.162956	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0.694220	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.350562	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588842	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.889738	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.211340	0	0	295	0	73.00
76.00 03020 RENAL ACUTE	0.488467	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.393364	0	0	0	0	90.00
90.05 09005 PATIENT NUTRITION	2.623314	0	0	0	0	90.05
90.07 09007 WOUND CLINIC	0.329267	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.122373	212	0	0	26	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.553398	0	0	0	0	92.00
200.00	Subtotal (see instructions)	212	0	295	26	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		212	0	295	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 11/12/2018 4:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 CARDIAC SURGERY	0	0	50.01
50.02 05002 WVSC	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	62	73.00
76.00 03020 RENAL ACUTE	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.05 09005 PATIENT NUTRITION	0	0	90.05
90.07 09007 WOUND CLINIC	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	62	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	62	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/12/2018 4:13 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,018	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,018	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)		48,771	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)		24,958	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,935,293	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)		61,935,293	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		61,935,293	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,067.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,643,164	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)		26,643,164	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 11/12/2018 4:13 pm		
Cost Center Description			Title XVIII	Hospital	PPS		
	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	13,527,883	8,314	1,627.12	4,836	7,868,752	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	4,396,491	3,852	1,141.35	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				40,265,850		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				74,777,766		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)				4,513,200		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				3,769,552		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				8,282,752		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				66,495,014		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)				9,247		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,067.52		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				9,871,357		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 11/12/2018 4:13 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,377,767	61,935,293	0.135266	9,871,357	1,335,259	90.00
91.00	Nursing School cost	0	61,935,293	0.000000	9,871,357	0	91.00
92.00	Allied health cost	0	61,935,293	0.000000	9,871,357	0	92.00
93.00	All other Medical Education	0	61,935,293	0.000000	9,871,357	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Component CCN: 15-T023		Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,642	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,642	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)		3,642	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)		2,511	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,403,100	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,403,100	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,403,100	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		934.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,346,278	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)		2,346,278	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 15-T023		Date/Time Prepared: 11/12/2018 4:13 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 INTENSIVE NURSERY	0	0	0.00	0	0	47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,241,487	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,587,765	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)					400,655	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					212,043	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					612,698	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,975,067	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)					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: 15-0023 Component CCN: 15-T023		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 11/12/2018 4:13 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	581,109	3,403,100	0.170759	0	0	90.00
91.00	Nursing School cost	0	3,403,100	0.000000	0	0	91.00
92.00	Allied health cost	0	3,403,100	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,403,100	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XIX		Date/Time Prepared: 11/12/2018 4:13 pm
		Hospital		Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,018	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,018	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)		48,771	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)		789	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)		3,565	15.00
16.00	Nursery days (title V or XIX only)		292	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,935,293	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)		61,935,293	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		61,935,293	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,067.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		842,273	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)		842,273	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 11/12/2018 4:13 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	2,062,487	3,565	578.54	292	168,934	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,527,883	8,314	1,627.12	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	4,396,491	3,852	1,141.35	162	184,899	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,056,043	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,252,149	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)					9,247	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,067.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,871,357	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 11/12/2018 4:13 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,377,767	61,935,293	0.135266	9,871,357	1,335,259	90.00
91.00	Nursing School cost	0	61,935,293	0.000000	9,871,357	0	91.00
92.00	Allied health cost	0	61,935,293	0.000000	9,871,357	0	92.00
93.00	All other Medical Education	0	61,935,293	0.000000	9,871,357	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 11/12/2018 4:13 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		47,151,378		30.00
31.00	03100 INTENSIVE CARE UNIT		14,533,965		31.00
35.00	02040 INTENSIVE NURSERY		0		35.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.128560	44,324,653	5,698,377	50.00
50.01	05001 CARDIAC SURGERY	0.317693	5,883,938	1,869,286	50.01
50.02	05002 WVSC	0.152322	85,384	13,006	50.02
51.00	05100 RECOVERY ROOM	0.554120	1,106,860	613,333	51.00
51.02	05101 O/P TREATMENT ROOM	2.052523	22,432	46,042	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.414955	2,093,333	868,639	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.241418	6,651,442	1,605,778	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.209662	783,933	164,361	55.00
56.00	05600 RADIOISOTOPE	0.193463	476,378	92,162	56.00
57.00	05700 CT SCAN	0.062829	8,996,678	565,252	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.163543	1,224,230	200,214	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.184877	12,889,976	2,383,060	59.00
60.00	06000 LABORATORY	0.121445	23,453,438	2,848,303	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446316	1,519,853	678,335	62.00
65.00	06500 RESPIRATORY THERAPY	0.474218	5,685,131	2,695,991	65.00
66.00	06600 PHYSICAL THERAPY	0.315950	3,053,409	964,725	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.355254	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.243826	1,858,388	453,123	67.00
68.00	06800 SPEECH PATHOLOGY	0.346526	453,057	156,996	68.00
69.00	06900 ELECTROCARDIOLOGY	0.162956	6,363,222	1,036,925	69.00
69.01	06901 CARDIAC REHAB	0.694220	80,992	56,226	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.350562	592,574	207,734	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588842	1,513,959	891,483	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.889738	6,279,338	5,586,966	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.211340	34,872,784	7,370,014	73.00
76.00	03020 RENAL ACUTE	0.488467	2,461,881	1,202,548	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.393364	0	0	90.00
90.05	09005 PATIENT NUTRITION	2.638403	0	0	90.05
90.07	09007 WOUND CLINIC	0.329267	4,324	1,424	90.07
91.00	09100 EMERGENCY	0.122373	16,214,121	1,984,171	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.553398	20,557	11,376	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		188,966,265	40,265,850	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)		188,966,265		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 11/12/2018 4:13 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		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		2,498,110	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128560	95,828	50.00
50.01	05001	CARDIAC SURGERY	0.317693	12,221	50.01
50.02	05002	WVSC	0.152322	148	50.02
51.00	05100	RECOVERY ROOM	0.554120	3,190	51.00
51.02	05101	O/P TREATMENT ROOM	2.052523	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414955	1,936	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.241418	58,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.209662	20,158	55.00
56.00	05600	RADIOISOTOPE	0.193463	3,475	56.00
57.00	05700	CT SCAN	0.062829	79,257	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.163543	6,040	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.184877	59,768	59.00
60.00	06000	LABORATORY	0.121445	335,769	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446316	11,500	62.00
65.00	06500	RESPIRATORY THERAPY	0.474218	95,116	65.00
66.00	06600	PHYSICAL THERAPY	0.315950	1,303,528	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.355254	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243826	1,252,733	67.00
68.00	06800	SPEECH PATHOLOGY	0.346526	318,937	68.00
69.00	06900	ELECTROCARDIOLOGY	0.162956	45,678	69.00
69.01	06901	CARDIAC REHAB	0.694220	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.350562	15,613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588842	10,813	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.889738	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.211340	701,468	73.00
76.00	03020	RENAL ACUTE	0.488467	202,309	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.393364	0	90.00
90.05	09005	PATIENT NUTRITION	2.638403	0	90.05
90.07	09007	WOUND CLINIC	0.329267	0	90.07
91.00	09100	EMERGENCY	0.122373	11,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553398	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,645,836	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)		4,645,836	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 11/12/2018 4:13 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,307,153	30.00
31.00	03100	INTENSIVE CARE UNIT		365,262	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		82,905	41.00
43.00	04300	NURSERY		1,123,107	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128560	755,973	50.00
50.01	05001	CARDIAC SURGERY	0.317693	0	50.01
50.02	05002	WVSC	0.152322	0	50.02
51.00	05100	RECOVERY ROOM	0.554120	28,864	51.00
51.02	05101	O/P TREATMENT ROOM	2.052523	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414955	215,026	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.241418	139,207	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.209662	10,946	55.00
56.00	05600	RADIOISOTOPE	0.193463	15,401	56.00
57.00	05700	CT SCAN	0.062829	169,177	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.163543	33,750	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.184877	94,264	59.00
60.00	06000	LABORATORY	0.119460	693,307	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446316	34,612	62.00
65.00	06500	RESPIRATORY THERAPY	0.474218	169,696	65.00
66.00	06600	PHYSICAL THERAPY	0.315950	81,390	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.355254	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243826	72,984	67.00
68.00	06800	SPEECH PATHOLOGY	0.346526	16,906	68.00
69.00	06900	ELECTROCARDIOLOGY	0.162956	156,065	69.00
69.01	06901	CARDIAC REHAB	0.694220	2,488	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.350562	39,092	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588842	242,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.889738	58,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.211340	1,182,745	73.00
76.00	03020	RENAL ACUTE	0.488467	42,300	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.393364	0	90.00
90.05	09005	PATIENT NUTRITION	2.623314	0	90.05
90.07	09007	WOUND CLINIC	0.329267	143	90.07
91.00	09100	EMERGENCY	0.122373	382,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553398	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,637,983	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)		4,637,983	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		45,706,728	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,897,449	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)		574,758	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		6,465,509	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		215.60	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.22	5.00
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 § 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 § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
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		21.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		12.22	12.00
13.00	Total allowable FTE count for the prior year.		12.22	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		12.22	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.22	15.00
16.00	Adjustment for residents in initial years of the program		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).		0.056679	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.052489	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)		1,684,533	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		182,728	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		8.45	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.78	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		8.45	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.039193	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010357	27.00
28.00	IME add-on adjustment amount (see instructions)		617,320	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		66,963	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,301,853	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		249,691	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.52	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.20	31.00
32.00	Sum of lines 30 and 31		27.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.08	33.00
34.00	Disproportionate share adjustment (see instructions)		1,800,046	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000460744	0.000431893	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,951,593	2,581,633	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,209,663	650,714	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,860,377		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 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)	67,141,211		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		67,390,902	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,414,836	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).		781,724	52.00
53.00	Nursing and Allied Health Managed Care payment		4,107	53.00
54.00	Special add-on payments for new technologies		3,107	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
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)		94,336	58.00
59.00	Total (sum of amounts on lines 49 through 58)		73,689,012	59.00
60.00	Primary payer payments		65,912	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		73,623,100	61.00
62.00	Deductibles billed to program beneficiaries		5,920,404	62.00
63.00	Coinurance billed to program beneficiaries		199,885	63.00
64.00	Allowable bad debts (see instructions)		978,788	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		636,212	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		353,041	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		68,139,023	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		116,038	70.93
70.94	HRR adjustment amount (see instructions)		-294,486	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 11/12/2018 4:13 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	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)			67,960,575	71.00
71.01	Sequestration adjustment (see instructions)			1,359,212	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			66,319,957	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, 71.02, 72, and 73)			281,406	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			792,445	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/12/2018 4:13 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	45,706,728	0	45,706,728		45,706,728	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,897,449	0		13,897,449	13,897,449	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	574,758	0	452,560	122,198	574,758	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	6,465,509	0	0	6,465,509	6,465,509	4.00
Indirect Medical Education Adjustment								
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	1,684,533	0	1,291,763	392,770	1,684,533	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	182,728	0	182,728	0	182,728	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.010357	0.010357	0.010357	0.010357		7.00
8.00	IME adjustment (see instructions)	28.00	617,320	0	473,384	143,936	617,320	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	66,963	0	0	66,963	66,963	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,301,853	0	1,765,147	536,706	2,301,853	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	249,691	0	182,728	66,963	249,691	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1208	0.1208	0.1208	0.1208		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,800,046	0	1,380,343	419,703	1,800,046	11.00
11.01	Uncompensated care payments	36.00	2,860,377	0	2,209,663	650,714	2,860,377	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	67,141,211	0	51,514,441	15,626,770	67,141,211	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	67,390,902	0	51,697,169	15,693,733	67,390,902	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,414,836	0	4,150,185	1,264,651	5,414,836	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	0	3,107	0	3,107	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/12/2018 4:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	55,850,461	16,958,384	72,808,845	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	4,787,082	0	3,661,804	1,125,278	4,787,082	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	181,119	0	146,735	34,384	181,119	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	0.0356	0.0356	0.0356	0.0356		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	170,420	0	130,360	40,060	170,420	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0577	0.0577	0.0577	0.0577		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	276,215	0	211,286	64,929	276,215	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,414,836	0	4,150,185	1,264,651	5,414,836	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/12/2018 4:13 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	45,706,728	45,706,728		45,706,728	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,897,449		13,897,449	13,897,449	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	574,758	452,560	122,198	574,758	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	6,465,509	0	6,465,509	6,465,509	4.00
Indirect Medical Education Adjustment							
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	1,684,533	1,291,763	392,770	1,684,533	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	182,728	0	182,728	182,728	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.010357	0.010357	0.010357		7.00
8.00	IME adjustment (see instructions)	28.00	617,320	473,384	143,936	617,320	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	66,963	0	66,963	66,963	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,301,853	1,765,147	536,706	2,301,853	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	249,691	0	249,691	249,691	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1208	0.1208	0.1208		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,800,046	1,380,343	419,703	1,800,046	11.00
11.01	Uncompensated care payments	36.00	2,860,377	2,209,663	650,714	2,860,377	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	67,141,211	51,514,441	15,626,770	67,141,211	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	67,390,902	51,514,441	15,876,461	67,390,902	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,414,836	4,150,185	1,264,651	5,414,836	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	3,107	0	3,107	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			55,667,733	17,141,112	72,808,845	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/12/2018 4:13 pm
Title XVIII		Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,787,082	3,661,804	1,125,278	4,787,082	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	181,119	146,735	34,384	181,119	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	0.0356	0.0356	0.0356		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	170,420	130,360	40,060	170,420	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0577	0.0577	0.0577		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	276,215	211,286	64,929	276,215	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,414,836	4,150,185	1,264,651	5,414,836	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	0	0		0	27.00
28.00	Low volume adjustment prior to October 1	70.97	0		0	0	28.00
29.00	Low volume adjustment on or after October 1	70.93	116,038	107,991	8,047	116,038	30.00
30.00	HVBP payment adjustment (see instructions)	70.90	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.94	-294,486	-251,403	-43,083	-294,486	31.00
31.00	HRR adjustment (see instructions)	70.91	0	0	0	0	31.01
31.01	HRR adjustment for HSP bonus payment (see instructions)						
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,932	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		50,945,526	2.00
3.00	OPPS payments		50,749,981	3.00
4.00	Outlier payment (see instructions)		101,159	4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		156,584	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,932	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		62,546	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)		62,546	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		62,546	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		49,614	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		12,932	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		51,007,724	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,618,473	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)		41,402,183	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		510,269	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)		41,912,452	30.00
31.00	Primary payer payments		5,276	31.00
32.00	Subtotal (line 30 minus line 31)		41,907,176	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,869,632	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,215,261	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,182,635	36.00
37.00	Subtotal (see instructions)		43,122,437	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-115	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		50,665	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		43,122,552	40.00
40.01	Sequestration adjustment (see instructions)		862,451	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		41,915,289	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		344,812	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 11/12/2018 4:13 pm
		Component CCN: 15-T023		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		62	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26	2.00
3.00	OPPS payments		116	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		62	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		295	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)		295	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		295	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		233	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		62	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		116	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		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)		178	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)		178	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		178	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		178	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
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		178	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		180	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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet E-1 Part I Date/Time Prepared: 11/12/2018 4:13 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		65,027,658		40,407,896	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	12/31/2016	1,292,299	12/31/2016	1,507,393	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,292,299		1,507,393	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)		66,319,957		41,915,289	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		281,406		344,812	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		66,601,363		42,260,101	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 11/12/2018 4:13 pm		
		Title XVIII	Subprovider - IRF	PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				180	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		3,804,519		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,804,519		180	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		18,868		6	6.02
7.00	Total Medicare program liability (see instructions)		3,785,651		174	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		14,901	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		29,794	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,423	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		60,937	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,293,838,151	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		20,039,871	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)		657,574	8.00
9.00	Sequestration adjustment amount (see instructions)		13,151	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		644,423	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		642,486	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)		1,937	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,497,144 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0336 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			162,267 3.00
4.00	Outlier Payments			246,746 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			21.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.950820 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)			3,906,157 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)			3,906,157 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,906,157 19.00
20.00	Deductibles			6,440 20.00
21.00	Subtotal (line 19 minus line 20)			3,899,717 21.00
22.00	Coinurance			38,318 22.00
23.00	Subtotal (line 21 minus line 22)			3,861,399 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)			3,861,399 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)			1,510 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)			3,862,909 32.00
32.01	Sequestration adjustment (see instructions)			77,258 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,804,519 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-18,868 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,169 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			246,746 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: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/12/2018 4:13 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,252,149		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)		2,252,149	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,252,149	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,878,428		8.00
9.00	Ancillary service charges		4,637,983	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)		7,516,411	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		7,516,411	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,264,262	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,252,149	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,252,149	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,252,149	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,252,149	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,252,149	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,252,149	0	40.00
41.00	Interim payments		2,980,532	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-728,383	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 11/12/2018 4:13 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.92	1.00
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)			21.00	6.00
7.00	Enter the lesser of line 5 or line 6			14.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.00	0.00	21.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.92	0.00	14.92	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.92	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.92	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.92	0.00		17.00
18.00	Per resident amount	121,554.53	0.00		18.00
19.00	Approved amount for resident costs	1,813,594	0	1,813,594	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.75	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			96,605.30	23.00
24.00	Multiply line 22 time line 23			555,480	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,369,074	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,305	3,423		26.00
27.00	Total Inpatient Days (see instructions)	64,626	64,626		27.00
28.00	Ratio of inpatient days to total inpatient days	0.499876	0.052966		28.00
29.00	Program direct GME amount	1,184,243	125,480		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		17,730		30.00
31.00	Net Program direct GME amount			1,291,993	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		78,365,531	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)		65,912	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		78,299,619	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		51,115,130	42.00
43.00	Primary payer payments (see instructions)		5,276	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		51,109,854	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		129,409,473	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.605053	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.394947	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,291,993	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		781,724	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		510,269	50.00

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

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet G
Date/Time Prepared:
11/12/2018 4:13 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	65,345,825	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	49,643,813	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	4,468,365	0	0	0	7.00
8.00	Prepaid expenses	-18,595,321	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	100,862,682	0	0	0	11.00
FIXED ASSETS						
12.00	Land	37,266,965	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	332,148,831	0	0	0	15.00
16.00	Accumulated depreciation	-264,245,226	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	145,655,146	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)	250,825,716	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	77,099,664	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	77,099,664	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	428,788,062	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	34,406,282	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,882,194	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	14,576,253	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	70,864,729	0	0	0	45.00
LONG TERM LIABILITIES						
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	266,582,443	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	266,582,443	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	337,447,172	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	91,340,890				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)	91,340,890	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	428,788,062	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-1

Date/Time Prepared:
11/12/2018 4:13 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		102,900,227		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-11,559,337				2.00
3.00	Total (sum of line 1 and line 2)		91,340,890		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)		91,340,890		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)		91,340,890		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/12/2018 4:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	95,141,771		95,141,771	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,624,414		3,624,414	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)	98,766,185		98,766,185	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,240,315		25,240,315	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	15,215,931		15,215,931	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	40,456,246		40,456,246	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	139,222,431		139,222,431	17.00
18.00	Ancillary services	353,311,053	651,916,453	1,005,227,506	18.00
19.00	Outpatient services	30,697,358	118,690,856	149,388,214	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	0	29,840,073	29,840,073	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	523,230,842	800,447,382	1,323,678,224	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		314,502,686		29.00
30.00	HOME OFFICE	68,467,744			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)		68,467,744		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)		382,970,430		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-3

Date/Time Prepared:
11/12/2018 4:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,323,678,224	1.00
2.00	Less contractual allowances and discounts on patients' accounts	907,343,301	2.00
3.00	Net patient revenues (line 1 minus line 2)	416,334,923	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	382,970,430	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,364,493	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	11,966,039	24.00
24.01	NON OPERATING EXPENSES	4,117,319	24.01
25.00	Total other income (sum of lines 6-24)	16,083,358	25.00
26.00	Total (line 5 plus line 25)	49,447,851	26.00
27.00	OTHER EXPENSES	61,007,188	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	61,007,188	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-11,559,337	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 11/12/2018 4:13 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,787,082	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		181,119	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)		166.62	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.56	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)		170,420	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.52	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.20	8.00
9.00	Sum of lines 7 and 8		27.72	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.77	10.00
11.00	Disproportionate share adjustment (see instructions)		276,215	11.00
12.00	Total prospective capital payments (see instructions)		5,414,836	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00