

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/29/2021 1:58 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared 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: 7/29/2021 Time: 1:58 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 01/01/2020 and ending 12/31/2020 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) STEVE HOLMAN
Officer or Administrator of Provider(s)

CEO
Title

(Dated when report is electronically signed.)
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	361,452	-279,626	0	-1,994,405	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-13,520	-6		55,876	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	347,932	-279,632	0	-1,938,529	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 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:58 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 47804-		4.00 County: VIGO					
1.00 Street: 1606 NORTH SEVENTH ST		2.00 City: TERRE HAUTE									
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
3.00 Hospital		UNION HOSPITAL, INC.		150023	45460	1	01/01/1966	N	P	0	
4.00 Subprovider - IPF											
5.00 Subprovider - IRF		MEDICAL REHAB		15T023	45460	5	09/01/1989	N	P	0	
6.00 Subprovider - (Other)											
7.00 Swing Beds - SNF											
8.00 Swing Beds - NF											
9.00 Hospital-Based SNF											
10.00 Hospital-Based NF											
11.00 Hospital-Based OLTC											
12.00 Hospital-Based HHA											
13.00 Separately Certified ASC											
14.00 Hospital-Based Hospice											
15.00 Hospital-Based Health Clinic - RHC											
16.00 Hospital-Based Health Clinic - FOHC											
17.00 Hospital-Based (CMHC) I											
18.00 Renal Dialysis											
19.00 Other											
							From:	To:			
20.00 Cost Reporting Period (mm/dd/yyyy)							1.00	2.00			
21.00 Type of Control (see instructions)							01/01/2020	12/31/2020		20.00	
							2			21.00	
							1.00	2.00		3.00	
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		N	
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.		1,822	9,658	1,121	608	1,299	0		24.00		

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	57	433	48	9	64			25.00
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	N		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					Y	N		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01

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		NAHE 413.85 Y/N		Worksheet A Line #		Pass-Through Qualification Criteria Code	
60.02		1.00		23.01		1	
If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)							
		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)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospi- tal	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.000000	64.00

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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	0.00	21.15	0.000000		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	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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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. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	641,212		0	0	118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N N				120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y				5.06	122.00
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:58 pm	
		1.00	2.00		
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	Removed and reserved				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
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101	
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:			
143.00	City: TERRE HAUTE	State: IN		Zip Code: 47804	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
				1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:58 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 1:58 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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/28/2021	Y	04/28/2021		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 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 1:58 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.	CAROLYN		CHAPLIN	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.	317-713-7919		CCHAPLIN@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
7/29/2021 1:58 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.	SENIOR 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 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:58 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	
					Ti tle 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	203	74,298	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)		203	74,298	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,784	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	15	5,490		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)		257				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 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:58 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	21,574	1,266	47,467			1.00
2.00 HMO and other (see instructions)	8,088	12,617				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	554				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)	21,574	1,266	47,467			7.00
8.00 INTENSIVE CARE UNIT	3,351	0	7,699			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	432	3,916			12.00
13.00 NURSERY		119	2,894			13.00
14.00 Total (see instructions)	24,925	1,817	61,976	21.15	1,362.50	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,389	57	4,176	0.00	20.89	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)			14			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)				21.15	1,383.39	27.00
28.00 Observation Bed Days		2,610	9,789			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	74	141			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			215			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 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:58 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	5,321	245	14,593	1.00
2.00 HMO and other (see instructions)				1,501	2,508		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					41		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	5,321	245		14,593	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	178	4		307	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 01/01/2020
To 12/31/2020

Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 1:58 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	98,082,569	0	98,082,569	2,882,489.00	34.03
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		151,789	0	151,789	948.00	160.11
4.01	Physicians - Part A - Teaching		714,222	0	714,222	5,563.00	128.39
5.00	Physician and Non-Physician-Part B		3,406,525	0	3,406,525	7,559.00	450.66
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	1,439,712	1,439,712	43,701.00	32.94
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		17,047,355	-2,344,585	14,702,770	248,069.00	59.27
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,083,788	0	1,083,788	13,423.00	80.74
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		717,500	0	717,500	5,521.00	129.96
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		22,898,449	0	22,898,449	557,219.00	41.09
14.02	Related organization salaries		5,721,824	0	5,721,824	127,293.00	44.95
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,087,938	0	17,087,938		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,086,427	0	2,086,427		
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		13,682	0	13,682		
22.01	Physician Part A - Teaching		73,241	0	73,241		
23.00	Physician Part B		196,710	0	196,710		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		250,869	0	250,869		
25.50	Home office wage-related (core)		4,940,409	0	4,940,409		
25.51	Related organization wage-related (core)		1,220,534	0	1,220,534		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 1:58 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00 249,316	692,075	941,391	32,941.00	28.58	26.00
27.00	Administrative & General	5.00 7,886,803	-1,625,894	6,260,909	218,195.00	28.69	27.00
28.00	Administrative & General under contract (see inst.)	2,216,629	0	2,216,629	20,072.00	110.43	28.00
29.00	Maintenance & Repairs	6.00 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 79,452	1,125	80,577	2,995.00	26.90	30.00
31.00	Laundry & Linen Service	8.00 765,924	10,846	776,770	43,282.00	17.95	31.00
32.00	Housekeeping	9.00 2,137,038	30,261	2,167,299	135,664.00	15.98	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 1,842,630	-1,416,058	426,572	27,527.00	15.50	34.00
35.00	Dietary under contract (see instructions)	689,254	0	689,254	8,692.00	79.30	35.00
36.00	Cafeteria	11.00 0	1,439,237	1,439,237	89,768.00	16.03	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 2,374,870	33,629	2,408,499	48,439.00	49.72	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 2,769,091	39,212	2,808,303	121,954.00	23.03	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 01/01/2020
To 12/31/2020

Worksheet S-3
Part III
Date/Time Prepared:
7/29/2021 1:58 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	96,867,705	-1,439,712	95,427,993	2,854,430.00	33.43	1.00
2.00	Excluded area salaries (see instructions)	17,047,355	-2,344,585	14,702,770	248,069.00	59.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,820,350	904,873	80,725,223	2,606,361.00	30.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	30,421,561	0	30,421,561	703,456.00	43.25	4.00
5.00	Subtotal wage-related costs (see inst.)	23,262,563	0	23,262,563	0.00	28.82	5.00
6.00	Total (sum of lines 3 thru 5)	133,504,474	904,873	134,409,347	3,309,817.00	40.61	6.00
7.00	Total overhead cost (see instructions)	21,011,007	-795,567	20,215,440	749,529.00	26.97	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/29/2021 1:58 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	3,538,484	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,923,958	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	-127,629	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	49,233	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)	272,572	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	225,763	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	6,499,648	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	157,698	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	169,141	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,708,868	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/29/2021 1:58 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	1,083,788	19,708,868	1.00
2.00	Hospital	1,083,788	19,708,868	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 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/29/2021 1:58 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)			0.227791	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			43,625,603	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	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			259,128,744	6.00	
7.00	Medicaid cost (line 1 times line 6)			59,027,196	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)			15,401,593	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			87,288	9.00	
10.00	Stand-alone CHIP charges			226,917	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			51,690	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)			15,401,593	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)	14,128,184	3,527,000	17,655,184	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,218,273	3,527,000	6,745,273	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)	3,218,273	3,527,000	6,745,273	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)			25,111,250	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,197,376	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,842,116	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			23,269,134	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,945,239	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,690,512	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			28,092,105	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
7/29/2021 1:58 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		13,535,791	13,535,791	5,700,104	19,235,895	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		10,092,564	10,092,564	2,314,119	12,406,683	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	249,316	24,310	273,626	4,216,170	4,489,796	4.00
5.01	00540	NONPATIENT TELEPHONES	473,379	340,860	814,239	6,703	820,942	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	1,215,907	190,086	1,405,993	17,218	1,423,211	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	6,197,517	30,615,438	36,812,955	-9,907,305	26,905,650	5.06
7.00	00700	OPERATION OF PLANT	79,452	496,656	576,108	1,125	577,233	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	765,924	442,084	1,208,008	10,846	1,218,854	8.00
9.00	00900	HOUSEKEEPING	2,137,038	1,278,382	3,415,420	30,261	3,445,681	9.00
10.00	01000	DIETARY	1,842,630	2,762,653	4,605,283	-3,591,161	1,014,122	10.00
11.00	01100	CAFETERIA	0	0	0	3,614,340	3,614,340	11.00
13.00	01300	NURSING ADMINISTRATION	2,374,870	256,267	2,631,137	33,629	2,664,766	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,769,091	1,269,080	4,038,171	39,212	4,077,383	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,556,694	1,556,694	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,158,216	2,158,216	22.00
23.00	02300	PARAMED PRGM	0	0	0	84,195	84,195	23.00
23.01	02341	OTHER MED ED	747,040	72,908	819,948	60,746	880,694	23.01
23.02	02301	PARAMED PRGM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,120,407	7,641,751	27,762,158	-991,487	26,770,671	30.00
31.00	03100	INTENSIVE CARE UNIT	4,936,927	1,655,280	6,592,207	157,674	6,749,881	31.00
35.00	02040	INTENSIVE NURSERY	2,071,832	1,324,274	3,396,106	74,016	3,470,122	35.00
41.00	04100	SUBPROVIDER - IIRF	1,533,509	322,593	1,856,102	69,357	1,925,459	41.00
43.00	04300	NURSERY	0	0	0	1,099,229	1,099,229	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,207,867	18,487,456	21,695,323	-7,287,824	14,407,499	50.00
50.01	05001	CARDIAC SURGERY	2,367,828	1,999,622	4,367,450	-125,525	4,241,925	50.01
50.02	05002	WVSC	0	14,091,773	14,091,773	-1,986,210	12,105,563	50.02
51.00	05100	RECOVERY ROOM	1,346,650	332,423	1,679,073	19,069	1,698,142	51.00
51.02	05101	O/P TREATMENT ROOM	346,105	95,331	441,436	4,901	446,337	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,157,385	3,068,349	6,225,734	48,506	6,274,240	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,151,739	3,525,711	7,677,450	-4,065	7,673,385	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	284,282	5,235,437	5,519,719	4,026	5,523,745	55.00
56.00	05600	RADIOISOTOPE	349,139	1,294,224	1,643,363	4,944	1,648,307	56.00
57.00	05700	CT SCAN	1,036,668	822,850	1,859,518	14,680	1,874,198	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	728,447	560,288	1,288,735	10,315	1,299,050	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,820,606	27,994,645	29,815,251	-1,757,843	28,057,408	59.00
60.00	06000	LABORATORY	0	9,170,021	9,170,021	0	9,170,021	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,266,617	1,266,617	0	1,266,617	62.00
65.00	06500	RESPIRATORY THERAPY	3,011,983	1,344,917	4,356,900	57,412	4,414,312	65.00
66.00	06600	PHYSICAL THERAPY	0	4,352,442	4,352,442	0	4,352,442	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	3,355,792	3,355,792	0	3,355,792	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	858,440	858,440	0	858,440	68.00
69.00	06900	ELECTROCARDIOLOGY	609,267	9,999,182	10,608,449	8,627	10,617,076	69.00
69.01	06901	CARDIAC REHAB	267,886	47,086	314,972	3,793	318,765	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,355,912	1,512,335	3,868,247	33,361	3,901,608	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	896,641	896,641	-843,495	53,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,078,393	12,078,393	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,820,641	46,291,893	51,112,534	-3,999,753	47,112,781	73.00
76.00	03020	RENAL ACUTE	0	1,807,861	1,807,861	0	1,807,861	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	207,456	42,783	250,239	2,938	253,177	90.00
90.05	09005	PATIENT NUTRITION	262,078	35,397	297,475	3,711	301,186	90.05
90.07	09007	WOUND CLINIC	346,212	1,080,691	1,426,903	-11,044	1,415,859	90.07
91.00	09100	EMERGENCY	5,122,773	5,824,293	10,947,066	75,831	11,022,897	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)	83,315,763	237,715,477	321,031,240	3,108,649	324,139,889	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	1,742,730	2,843,617	4,586,347	145,870	4,732,217	194.00
194.01	07951	RENTAL PROPERTY	0	28,417	28,417	0	28,417	194.01
194.02	07954	FAMILY PRACTICE	4,923,259	1,623,224	6,546,483	-3,645,195	2,901,288	194.02
194.03	07952	WELLNESS	0	0	0	364,413	364,413	194.03
194.04	07955	PHYSICIAN PRACTICES	7,511,985	10,239,163	17,751,148	106,373	17,857,521	194.04
194.06	07953	SYCAMORE SPORTS MED	7,600	910,814	918,414	108	918,522	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/29/2021 1:58 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	581,232	115,462	696,694	-80,218	616,476	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	98,082,569	253,476,174	351,558,743	0	351,558,743	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
7/29/2021 1:58 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	-4,538,977	14,696,918	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-770,479	11,636,204	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	13,933,749	18,423,545	4.00
5.01	00540 NONPATIENT TELEPHONES	-51,398	769,544	5.01
5.02	00550 DATA PROCESSING	16,765,321	16,765,321	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	947,166	947,166	5.03
5.04	00570 ADMINITTING	0	1,423,211	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	7,923,257	7,923,257	5.05
5.06	00590 OTHER ADMIN AND GENERAL	3,337,625	30,243,275	5.06
7.00	00700 OPERATION OF PLANT	7,882,575	8,459,808	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-7,670	1,211,184	8.00
9.00	00900 HOUSEKEEPING	-143,637	3,302,044	9.00
10.00	01000 DIETARY	-883,652	130,470	10.00
11.00	01100 CAFETERIA	-727,192	2,887,148	11.00
13.00	01300 NURSING ADMINISTRATION	1,430,424	4,095,190	13.00
16.00	01600 MEDICAL RECORDS & LIBRARY	357,900	4,435,283	16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,556,694	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,158,216	22.00
23.00	02300 PARAMED PRGM	0	84,195	23.00
23.01	02341 OTHER MED ED	-648,227	232,467	23.01
23.02	02301 PARAMED PRGM	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	0	26,770,671	30.00
31.00	03100 INTENSIVE CARE UNIT	0	6,749,881	31.00
35.00	02040 INTENSIVE NURSERY	-904,000	2,566,122	35.00
41.00	04100 SUBPROVIDER - IRF	-314,159	1,611,300	41.00
43.00	04300 NURSERY	0	1,099,229	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-2,208,354	12,199,145	50.00
50.01	05001 CARDIAC SURGERY	-2,189,878	2,052,047	50.01
50.02	05002 WVSC	-1,373,063	10,732,500	50.02
51.00	05100 RECOVERY ROOM	15,291	1,713,433	51.00
51.02	05101 O/P TREATMENT ROOM	0	446,337	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	-2,368,990	3,905,250	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,209	7,697,594	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,523,745	55.00
56.00	05600 RADIOISOTOPE	0	1,648,307	56.00
57.00	05700 CT SCAN	252,584	2,126,782	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	70,902	1,369,952	58.00
59.00	05900 CARDIAC CATHETERIZATION	25,968	28,083,376	59.00
60.00	06000 LABORATORY	-45,091	9,124,930	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,266,617	62.00
65.00	06500 RESPIRATORY THERAPY	0	4,414,312	65.00
66.00	06600 PHYSICAL THERAPY	-1,540,579	2,811,863	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	-1,143,342	2,212,450	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,074,783	2,074,783	67.00
68.00	06800 SPEECH PATHOLOGY	141,263	999,703	68.00
69.00	06900 ELECTROCARDIOLOGY	18,801	10,635,877	69.00
69.01	06901 CARDIAC REHAB	376	319,141	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	-2,820,533	1,081,075	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-8,372	44,774	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,078,393	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	552,872	47,665,653	73.00
76.00	03020 RENAL ACUTE	0	1,807,861	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	253,177	90.00
90.05	09005 PATIENT NUTRITION	-984	300,202	90.05
90.07	09007 WOUND CLINIC	17,705	1,433,564	90.07
91.00	09100 EMERGENCY	-3,678,468	7,344,429	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	29,405,726	353,545,615	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 RURAL HEALTH	0	4,732,217	194.00
194.01	07951 RENTAL PROPERTY	0	28,417	194.01
194.02	07954 FAMILY PRACTICE	0	2,901,288	194.02
194.03	07952 WELLNESS	0	364,413	194.03
194.04	07955 PHYSICIAN PRACTICES	-410,000	17,447,521	194.04
194.06	07953 SYCAMORE SPORTS MED	-866,260	52,262	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	616,476	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/29/2021 1:58 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)	28,129,466	379,688,209	200.00	

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
7/29/2021 1:58 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PARAMED RECLASS					
1.00	PARAMED ED PRGM	23.00	67,667	15,570	1.00
	O		67,667	15,570	
B - FITNESS ACTIVITY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	77,667	27,577	1.00
2.00	WELLNESS	194.03	266,146	94,498	2.00
	O		343,813	122,075	
C - CLAY CITY RURAL HEALTH RECLASS					
1.00	RURAL HEALTH	194.00	0	49,852	1.00
	O		0	49,852	
D - CORK MEDICAL RURAL HEALTH RECLASS					
1.00	RURAL HEALTH	194.00	0	25,483	1.00
	O		0	25,483	
E - BRAZIL MEDICAL CENTER RECLASS					
1.00	RURAL HEALTH	194.00	0	45,857	1.00
	TOTALS		0	45,857	
F - HOUSE NURSE ASSISTANT RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	78,955	7,692	1.00
2.00	INTENSIVE NURSERY	35.00	40,193	3,916	2.00
3.00	SUBPROVIDER - IRF	41.00	42,860	4,175	3.00
	O		162,008	15,783	
G - EMPLOYEE ACCESS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	72,929	14,487	1.00
	O		72,929	14,487	
H - TUBE FEEDING RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	2,873	0	1.00
	O		2,873	0	
I - FAMILY MEDICINE RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,419,610	116,982	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,478,984	658,289	2.00
	O		2,898,594	775,271	
J - LOBBY PHARMACY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	528,335	3,482,031	1.00
	O		528,335	3,482,031	
K - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,078,393	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	O		0	12,078,393	
L - INTEREST RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,821,296	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,314,119	2.00
	O		0	8,135,415	
M - NURSERY RECLASS					
1.00	NURSERY	43.00	861,015	226,022	1.00
	O		861,015	226,022	
N - PHARMACY PARAMED RECLASS					
1.00	OTHER MED ED	23.01	44,974	4,557	1.00
	O		44,974	4,557	
O - CAFE RECLASS					
1.00	CAFETERIA	11.00	1,419,141	2,175,103	1.00
	O		1,419,141	2,175,103	
P - CENTRAL SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00	0	405,974	1.00
2.00	CARDIAC SURGERY	50.01	0	10,544	2.00
3.00	WVSC	50.02	0	60,732	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,796	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,340	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	323,058	6.00
7.00	RESPIRATORY THERAPY	65.00	0	14,761	7.00
8.00	EMERGENCY	91.00	0	3,290	8.00
	O		0	843,495	
Q - BONUS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	13,144	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	6,703	0	2.00
3.00	ADMINISTRATIVE	5.04	17,218	0	3.00
4.00	OTHER ADMIN AND GENERAL	5.06	82,891	0	4.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	OPERATION OF PLANT	7.00	1,125	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	10,846	0	6.00
7.00	HOUSEKEEPING	9.00	30,261	0	7.00
8.00	DIETARY	10.00	5,956	0	8.00
9.00	CAFETERIA	11.00	20,096	0	9.00
10.00	NURSING ADMINISTRATION	13.00	33,629	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	39,212	0	11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	20,102	0	12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	20,943	0	13.00
14.00	PARAMED ED PRGM	23.00	958	0	14.00
15.00	OTHER MED ED	23.01	11,215	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	270,468	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	71,027	0	17.00
18.00	INTENSIVE NURSERY	35.00	29,907	0	18.00
19.00	SUBPROVIDER - IRF	41.00	22,322	0	19.00
20.00	NURSERY	43.00	12,192	0	20.00
21.00	OPERATING ROOM	50.00	45,425	0	21.00
22.00	CARDIAC SURGERY	50.01	33,530	0	22.00
23.00	RECOVERY ROOM	51.00	19,069	0	23.00
24.00	O/P TREATMENT ROOM	51.02	4,901	0	24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	44,710	0	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	57,832	0	26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	4,026	0	27.00
28.00	RADIOISOTOPE	56.00	4,944	0	28.00
29.00	CT SCAN	57.00	14,680	0	29.00
30.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	10,315	0	30.00
31.00	CARDIAC CATHETERIZATION	59.00	25,781	0	31.00
32.00	RESPIRATORY THERAPY	65.00	42,651	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	8,627	0	33.00
34.00	CARDIAC REHAB	69.01	3,793	0	34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	33,361	0	35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	60,144	0	36.00
37.00	CLINIC	90.00	2,938	0	37.00
38.00	PATIENT NUTRITION	90.05	3,711	0	38.00
39.00	WOUND CLINIC	90.07	4,903	0	39.00
40.00	EMERGENCY	91.00	72,541	0	40.00
41.00	RURAL HEALTH	194.00	24,678	0	41.00
42.00	FAMILY PRACTICE	194.02	28,670	0	42.00
43.00	WELLNESS	194.03	3,769	0	43.00
44.00	PHYSICIAN PRACTICES	194.04	106,373	0	44.00
45.00	SYCAMORE SPORTS MED	194.06	108	0	45.00
46.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	7,198	0	46.00
	TOTALS		1,388,893	0	
500.00	Grand Total: Increases		7,790,242	28,009,394	500.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
7/29/2021 1:58 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - PARAMED RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	67,667	15,570	0		1.00
	O		67,667	15,570			
B - FITNESS ACTIVITY RECLASS							
1.00	OTHER ADMIN AND GENERAL	5.06	343,813	122,075	0		1.00
2.00	O	0.00	0	0	0		2.00
			343,813	122,075			
C - CLAY CITY RURAL HEALTH RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	49,852	9		1.00
	O		0	49,852			
D - CORK MEDICAL RURAL HEALTH RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	25,483	9		1.00
	O		0	25,483			
E - BRAZIL MEDICAL CENTER RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	45,857	9		1.00
	TOTALS		0	45,857			
F - HOUSE NURSE ASSISTANT RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	162,008	15,783	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
			162,008	15,783			
G - EMPLOYEE ACCESS RECLASS							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	72,929	14,487	0		1.00
	O		72,929	14,487			
H - TUBE FEEDING RECLASS							
1.00	DIETARY	10.00	2,873	0	0		1.00
	O		2,873	0			
I - FAMILY MEDICINE RECLASS							
1.00	FAMILY PRACTICE	194.02	2,898,594	775,271	0		1.00
2.00	O	0.00	0	0	0		2.00
			2,898,594	775,271			
J - LOBBY PHARMACY RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	528,335	3,482,031	0		1.00
	O		528,335	3,482,031			
K - IMPLANTABLE DEVICES RECLASS							
1.00	OPERATING ROOM	50.00	0	7,739,223	0		1.00
2.00	CARDIAC SURGERY	50.01	0	169,599	0		2.00
3.00	WVSC	50.02	0	2,046,942	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	2,106,682	0		4.00
5.00	WOUND CLINIC	90.07	0	15,947	0		5.00
	O		0	12,078,393			
L - INTEREST RECLASS							
1.00	OTHER ADMIN AND GENERAL	5.06	0	8,135,415	11		1.00
2.00	O	0.00	0	0	11		2.00
			0	8,135,415			
M - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	861,015	226,022	0		1.00
	O		861,015	226,022			
N - PHARMACY PARAMED RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	44,974	4,557	0		1.00
	O		44,974	4,557			
O - CAFE RECLASS							
1.00	DIETARY	10.00	1,419,141	2,175,103	0		1.00
	O		1,419,141	2,175,103			
P - CENTRAL SUPPLY RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	843,495	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
4.00	O	0.00	0	0	0		4.00
5.00	O	0.00	0	0	0		5.00
6.00	O	0.00	0	0	0		6.00
7.00	O	0.00	0	0	0		7.00
8.00	O	0.00	0	0	0		8.00
			0	843,495			
Q - BONUS RECLASS							
1.00	OTHER ADMIN AND GENERAL	5.06	1,388,893	0	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
4.00	O	0.00	0	0	0		4.00

	Decreases					Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
5.00		0.00	0	0	0	0	5.00
6.00		0.00	0	0	0	0	6.00
7.00		0.00	0	0	0	0	7.00
8.00		0.00	0	0	0	0	8.00
9.00		0.00	0	0	0	0	9.00
10.00		0.00	0	0	0	0	10.00
11.00		0.00	0	0	0	0	11.00
12.00		0.00	0	0	0	0	12.00
13.00		0.00	0	0	0	0	13.00
14.00		0.00	0	0	0	0	14.00
15.00		0.00	0	0	0	0	15.00
16.00		0.00	0	0	0	0	16.00
17.00		0.00	0	0	0	0	17.00
18.00		0.00	0	0	0	0	18.00
19.00		0.00	0	0	0	0	19.00
20.00		0.00	0	0	0	0	20.00
21.00		0.00	0	0	0	0	21.00
22.00		0.00	0	0	0	0	22.00
23.00		0.00	0	0	0	0	23.00
24.00		0.00	0	0	0	0	24.00
25.00		0.00	0	0	0	0	25.00
26.00		0.00	0	0	0	0	26.00
27.00		0.00	0	0	0	0	27.00
28.00		0.00	0	0	0	0	28.00
29.00		0.00	0	0	0	0	29.00
30.00		0.00	0	0	0	0	30.00
31.00		0.00	0	0	0	0	31.00
32.00		0.00	0	0	0	0	32.00
33.00		0.00	0	0	0	0	33.00
34.00		0.00	0	0	0	0	34.00
35.00		0.00	0	0	0	0	35.00
36.00		0.00	0	0	0	0	36.00
37.00		0.00	0	0	0	0	37.00
38.00		0.00	0	0	0	0	38.00
39.00		0.00	0	0	0	0	39.00
40.00		0.00	0	0	0	0	40.00
41.00		0.00	0	0	0	0	41.00
42.00		0.00	0	0	0	0	42.00
43.00		0.00	0	0	0	0	43.00
44.00		0.00	0	0	0	0	44.00
45.00		0.00	0	0	0	0	45.00
46.00		0.00	0	0	0	0	46.00
	TOTALS		1,388,893		0		
500.00	Grand Total: Decreases		7,790,242	28,009,394			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part I
Date/Time Prepared:
7/29/2021 1:58 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,264,710	595,525	0	595,525	0 1.00	
2.00	Land Improvements	20,383,165	152,710	0	152,710	0 2.00	
3.00	Buildings and Fixtures	345,126,619	57,714,444	0	57,714,444	0 3.00	
4.00	Building Improvements	2,268,190	20,569	0	20,569	0 4.00	
5.00	Fixed Equipment	0	0	0	0	0 5.00	
6.00	Movable Equipment	171,654,830	5,804,096	0	5,804,096	0 6.00	
7.00	HIT designated Assets	0	0	0	0	0 7.00	
8.00	Subtotal (sum of lines 1-7)	556,697,514	64,287,344	0	64,287,344	0 8.00	
9.00	Reconciling Items	0	0	0	0	0 9.00	
10.00	Total (line 8 minus line 9)	556,697,514	64,287,344	0	64,287,344	0 10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,860,235	0			1.00	
2.00	Land Improvements	20,535,875	0			2.00	
3.00	Buildings and Fixtures	402,841,063	0			3.00	
4.00	Building Improvements	2,288,759	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	177,458,926	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	620,984,858	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	620,984,858	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part II
Date/Time Prepared:
7/29/2021 1:58 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	13,535,791	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,092,564	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,628,355	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	13,535,791				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,092,564				2.00
3.00	Total (sum of lines 1-2)	0	23,628,355				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part III
Date/Time Prepared:
7/29/2021 1:58 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	443,525,932	0	443,525,932	0.714230	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	177,458,926	0	177,458,926	0.285770	0	2.00
3.00	Total (sum of lines 1-2)	620,984,858	0	620,984,858	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	9,168,687	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,438,586	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,607,273	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,528,231	0	0	0	14,696,918	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,197,618	0	0	0	11,636,204	2.00
3.00	Total (sum of lines 1-2)	7,725,849	0	0	0	26,333,122	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	-293,065	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-116,501	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	16,039	OTHER ADMIN AND GENERAL	5.06	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-1,239,625	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	-19,632	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	-16,965,576			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	76,225,916			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,091,594	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	-8,372	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients	A	-3,527	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-58,163	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	A	-13,224	OPERATION OF PLANT	7.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW 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		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/29/2021 1:58 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
				Cost Center	Line #		
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00	TELEPHONE DEPRECIATION	A	-53	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9 33.00
34.00	VENDING HOUSEKEEPING	A	-13,050	HOUSEKEEPING		9.00	0 34.00
36.00	LAB - BLDG	B	-159,064	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 36.00
38.00	LAB - ADMINISTRATION	B	-533	OTHER ADMIN AND GENERAL		5.06	0 38.00
39.00	LAB - LAUNDRY	B	-5,375	LAUNDRY & LINEN SERVICE		8.00	0 39.00
40.00	LAB - HOUSEKEEPING	B	-85,464	HOUSEKEEPING		9.00	0 40.00
41.00	LAB - OPERATION OF PLANT	B	-233,778	OPERATION OF PLANT		7.00	0 41.00
42.00	HAMILTON CENTER OPERATION OF PLANT	A	-65,857	OPERATION OF PLANT		7.00	0 42.00
42.01	HAMILTON CENTER NUTRITION	A	-315,347	DIETARY		10.00	0 42.01
45.00	FITNESS ACTIVITY	B	-54,739	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.00
45.01	UHF - HOUSEKEEPING	A	-1,234	HOUSEKEEPING		9.00	0 45.01
45.02	MISCELLANEOUS	B	-487,596	OTHER ADMIN AND GENERAL		5.06	0 45.02
45.03	CATERING	B	-12,953	CAFETERIA		11.00	0 45.03
45.04	MANAGEMENT SERVICES	B	-18,000	OTHER ADMIN AND GENERAL		5.06	0 45.04
45.05	PHYSICIAN MEALS	B	-148,427	CAFETERIA		11.00	0 45.05
45.06	OTHER RENTAL	B	-653,648	OPERATION OF PLANT		7.00	0 45.06
45.08	PHYSICIAN EQUIPMENT REVENUE	B	-21,945	OPERATION OF PLANT		7.00	0 45.08
45.09	LOBBY PHARMACY	B	-235,936	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.09
45.24	LOBBYING COSTS	A	-22,393	OTHER ADMIN AND GENERAL		5.06	0 45.24
45.26	AP&S REVENUE	B	-173,281	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 45.26
45.27	AP&S REVENUE	B	-243,564	DATA PROCESSING		5.02	0 45.27
45.29	COH REVENUE	B	-19,493	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 45.29
45.32	COH REVENUE	B	-4,650	NONPATIENT TELEPHONES		5.01	0 45.32
45.37	PHYSICIAN RENTAL	A	-500,807	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 45.37
45.38	PHYSICIAN RENTAL	A	-317,319	OPERATION OF PLANT		7.00	0 45.38
45.39	ACCELERATED DEPRECIATION	A	13,280	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 45.39
45.40	CHILD BIRTH CLASS	B	-1,400	DELIVERY ROOM & LABOR ROOM		52.00	0 45.40
45.42	CONTINUING EDUCATION	B	-1,000	OTHER ADMIN AND GENERAL		5.06	0 45.42
45.43	EDUCATION SERVICES	B	-13,351	OTHER ADMIN AND GENERAL		5.06	0 45.43
45.44	TRANSCRIPTION	B	-11,520	MEDICAL RECORDS & LIBRARY		16.00	0 45.44
45.45	VHA	B	-93,214	DRUGS CHARGED TO PATIENTS		73.00	0 45.45
45.47	LAUNDRY	B	-2,295	LAUNDRY & LINEN SERVICE		8.00	0 45.47
45.48	HOUSEKEEPING	B	-6,000	HOUSEKEEPING		9.00	0 45.48
45.49	LANDSBAUM	B	-96,684	OPERATION OF PLANT		7.00	0 45.49
46.00	MAPLE CENTER	B	-132,616	OTHER ADMIN AND GENERAL		5.06	0 46.00
46.01	AP&S A/P PD SPACE/EQUIP RENT R	B	-3,240,512	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 46.01
46.02	WVHC ST ANN/ASH PHARMACY REVEN	B	-3,943	DRUGS CHARGED TO PATIENTS		73.00	0 46.02
46.03	HAF	A	-19,977,445	OTHER ADMIN AND GENERAL		5.06	0 46.03
46.04	RECRUITMENT EXPENSE	A	-48,555	NURSING ADMINISTRATION		13.00	0 46.04
46.05	DIETARY EXPENSES	A	-893,449	DIETARY		10.00	0 46.05
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		28,129,466				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0023

Period: From 01/01/2020 To 12/31/2020

Worksheet A-8-1

Date/Time Prepared: 7/29/2021 1:58 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	648,227	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,710,658	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	7,385,145	3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	211,443	4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	51,270	4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	387,200	4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,544,623	0	4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	6,731,220	0	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	14,224,424	0	4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	184,327	0	4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	17,008,885	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	2,186,791	0	4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	7,923,257	0	4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	23,974,520	0	4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	9,336,300	0	4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	349,311	0	4.12
4.13	10.00	DIETARY	HOME OFFICE	325,144	0	4.13
4.14	11.00	CAFETERIA	HOME OFFICE	525,782	0	4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,478,979	0	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	427,583	0	4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	311,157	0	4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	10,173	0	4.18
4.19	50.02	WVSC	HOME OFFICE	196,467	0	4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	15,291	0	4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	256,142	0	4.21
4.22	57.00	CT SCAN	HOME OFFICE	252,584	0	4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (HOME OFFICE	70,902	0	4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	25,968	0	4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	193,679	0	4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	109,855	0	4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	153,261	0	4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	63,351	0	4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	21,121	0	4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	376	0	4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	1,520	0	4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	653,556	0	4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	17,705	0	4.33
4.34	50.00	OPERATING ROOM	HOME OFFICE	309,886	0	4.34
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,428,301	4,162,559	4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,377,316	2,630,513	4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	1,921,522	0	4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	794,270	716,358	4.39
4.40	194.04	PHYSICIAN PRACTICES	UNION THERAPIES	0	410,000	4.40
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	866,260	4.41
5.00	0			95,405,549	19,179,633	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 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:58 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 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:58 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	-648,227	0	1.00
2.00	-1,710,658	9	2.00
3.00	-7,385,145	9	3.00
4.00	-211,443	0	4.00
4.01	-51,270	0	4.01
4.02	-387,200	0	4.02
4.03	1,544,623	9	4.03
4.04	6,731,220	9	4.04
4.05	14,224,424	0	4.05
4.06	184,327	0	4.06
4.07	17,008,885	0	4.07
4.08	2,186,791	0	4.08
4.09	7,923,257	0	4.09
4.10	23,974,520	0	4.10
4.11	9,336,300	0	4.11
4.12	349,311	0	4.12
4.13	325,144	0	4.13
4.14	525,782	0	4.14
4.15	1,478,979	0	4.15
4.16	427,583	0	4.16
4.17	311,157	0	4.17
4.18	10,173	0	4.18
4.19	196,467	0	4.19
4.20	15,291	0	4.20
4.21	256,142	0	4.21
4.22	252,584	0	4.22
4.23	70,902	0	4.23
4.24	25,968	0	4.24
4.25	193,679	0	4.25
4.26	109,855	0	4.26
4.27	153,261	0	4.27
4.28	63,351	0	4.28
4.29	21,121	0	4.29
4.30	376	0	4.30
4.31	1,520	0	4.31
4.32	653,556	0	4.32
4.33	17,705	0	4.33
4.34	309,886	0	4.34
4.36	-1,734,258	0	4.36
4.37	-1,253,197	0	4.37
4.38	1,921,522	0	4.38
4.39	77,912	0	4.39
4.40	-410,000	0	4.40
4.41	-866,260	0	4.41
5.00	76,225,916		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 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:58 pm

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
7/29/2021 1:58 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	35.00	INTENSIVE NURSERY	904,000	904,000	0	169,700	0	1.00
2.00	41.00	SUBPROVIDER - IRF	314,159	314,159	0	211,500	0	2.00
3.00	50.00	OPERATING ROOM	2,846,100	2,792,100	54,000	246,400	141	3.00
4.00	50.01	CARDIAC SURGERY	2,200,051	2,200,051	0	246,400	0	4.00
5.00	50.02	WVSC	1,569,530	1,569,530	0	246,400	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	2,367,590	2,367,590	0	237,100	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	253,788	228,788	25,000	271,900	167	7.00
8.00	60.00	LABORATORY	617,000	0	617,000	260,300	4,570	8.00
9.00	69.00	ELECTROCARDIOLOGY	2,320	2,320	0	271,900	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	2,837,649	2,797,649	40,000	179,000	160	10.00
11.00	90.05	PATIENT NUTRITION	1,500	0	1,500	179,000	6	11.00
12.00	91.00	EMERGENCY	3,698,468	3,678,468	20,000	179,000	637	12.00
200.00			17,612,155	16,854,655	757,500		5,681	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	35.00	INTENSIVE NURSERY	0	0	0	0	43	1.00
2.00	41.00	SUBPROVIDER - IRF	0	0	0	0	2,538	2.00
3.00	50.00	OPERATING ROOM	16,703	835	0	0	0	3.00
4.00	50.01	CARDIAC SURGERY	0	0	3,926	0	77,046	4.00
5.00	50.02	WVSC	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	21,830	1,092	0	0	252	7.00
8.00	60.00	LABORATORY	571,909	28,595	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	86	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	13,769	688	4,089	58	125,481	10.00
11.00	90.05	PATIENT NUTRITION	516	26	0	0	0	11.00
12.00	91.00	EMERGENCY	54,819	2,741	0	0	728	12.00
200.00			679,546	33,977	8,015	58	206,174	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	35.00	INTENSIVE NURSERY	0	0	0	904,000	1.00
2.00	41.00	SUBPROVIDER - IRF	0	0	0	314,159	2.00
3.00	50.00	OPERATING ROOM	0	16,703	37,297	2,829,397	3.00
4.00	50.01	CARDIAC SURGERY	0	0	0	2,200,051	4.00
5.00	50.02	WVSC	0	0	0	1,569,530	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	2,367,590	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	25	21,855	3,145	231,933	7.00
8.00	60.00	LABORATORY	0	571,909	45,091	45,091	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,320	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	1,769	15,596	24,404	2,822,053	10.00
11.00	90.05	PATIENT NUTRITION	0	516	984	984	11.00
12.00	91.00	EMERGENCY	4	54,823	0	3,678,468	12.00
200.00			1,798	681,402	110,921	16,965,576	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:58 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				4.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	14,696,918	14,696,918				1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	11,636,204		11,636,204			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	18,423,545	64,907	0	18,488,452		4.00	
5.01 00540 NONPATIENT TELEPHONES	769,544	9,835	62,716	91,929	934,024	5.01	
5.02 00550 DATA PROCESSING	16,765,321	0	0	0	0	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	947,166	0	0	0	0	5.03	
5.04 00570 ADMITTING	1,423,211	45,836	1,245	236,127	33,869	5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	7,923,257	0	0	0	0	5.05	
5.06 00590 OTHER ADMIN AND GENERAL	30,243,275	260,540	39,501	871,758	87,306	5.06	
7.00 00700 OPERATION OF PLANT	8,459,808	5,012,836	10,628	15,429	53,437	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	1,211,184	89,636	188,569	148,741	13,547	8.00	
9.00 00900 HOUSEKEEPING	3,302,044	23,172	59,880	415,010	6,021	9.00	
10.00 01000 DIETARY	130,470	164,302	184,583	85,539	22,579	10.00	
11.00 01100 CAFETERIA	2,887,148	117,239	7,916	271,747	0	11.00	
13.00 01300 NURSING ADMINISTRATION	4,095,190	35,567	98	461,196	6,774	13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	4,435,283	79,082	11,157	537,754	22,579	16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,556,694	0	0	271,837	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,158,216	0	0	283,206	0	22.00	
23.00 02300 PARAMED ED PRGM	84,195	0	0	12,957	0	23.00	
23.01 02341 OTHER MED ED	232,467	10,778	52	39,029	0	23.01	
23.02 02301 PARAMED ED PRGM	0	0	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	26,770,671	2,880,036	914,244	3,712,005	128,700	30.00	
31.00 03100 INTENSIVE CARE UNIT	6,749,881	344,143	622,026	973,863	21,827	31.00	
35.00 02040 INTENSIVE NURSERY	2,566,122	58,859	173,915	410,043	13,547	35.00	
41.00 04100 SUBPROVIDER - I RF	1,611,300	230,871	16,885	306,012	23,332	41.00	
43.00 04300 NURSERY	1,099,229	11,347	1,548	164,873	3,011	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	12,199,145	650,922	2,202,670	622,963	61,716	50.00	
50.01 05001 CARDIAC SURGERY	2,052,047	28,007	329,581	459,829	4,516	50.01	
50.02 05002 WVSC	10,732,500	455,649	718,162	0	0	50.02	
51.00 05100 RECOVERY ROOM	1,713,433	21,436	51,750	261,517	13,547	51.00	
51.02 05101 O/P TREATMENT ROOM	446,337	358,154	60,815	67,213	20,321	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,905,250	354,936	225,257	613,160	17,311	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,697,594	474,899	1,336,365	793,304	81,285	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	5,523,745	395,083	218,035	55,207	30,858	55.00	
56.00 05600 RADIO SOTOPE	1,648,307	131,729	414,126	67,802	0	56.00	
57.00 05700 CT SCAN	2,126,782	32,513	138,903	201,319	5,268	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,369,952	38,815	813,251	141,463	3,011	58.00	
59.00 05900 CARDIAC CATHETERIZATION	28,083,376	526,618	267,128	353,559	25,590	59.00	
60.00 06000 LABORATORY	9,124,930	0	0	0	6,021	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,266,617	0	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	4,414,312	75,984	348,186	584,923	10,537	65.00	
66.00 06600 PHYSICAL THERAPY	2,811,863	151,938	19,690	0	17,311	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	2,212,450	0	103,786	0	753	66.02	
67.00 06700 OCCUPATIONAL THERAPY	2,074,783	24,819	0	0	3,763	67.00	
68.00 06800 SPEECH PATHOLOGY	999,703	49,219	1,250	0	753	68.00	
69.00 06900 ELECTROCARDIOLOGY	10,635,877	47,617	1,268,708	118,319	3,011	69.00	
69.01 06901 CARDIAC REHAB	319,141	97,809	73,616	52,023	4,516	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	1,081,075	0	96,368	457,515	12,795	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	44,774	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	12,078,393	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	47,665,653	310,088	160,427	826,380	37,632	73.00	
76.00 03020 RENAL ACUTE	1,807,861	52,767	7,346	0	3,011	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	253,177	10,449	0	40,288	0	90.00	
90.05 09005 PATIENT NUTRITION	300,202	28,891	799	50,895	0	90.05	
90.07 09007 WOUND CLINIC	1,433,564	134,005	23,667	67,234	9,784	90.07	
91.00 09100 EMERGENCY	7,344,429	360,654	183,897	994,835	47,416	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)	353,545,615	14,251,987	11,358,746	16,138,803	857,255	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	4,732,217	0	79,929	338,436	753	194.00	
194.01 07951 RENTAL PROPERTY	28,417	0	4,318	0	0	194.01	
194.02 07954 FAMILY PRACTICE	2,901,288	179,631	105,699	401,047	53,437	194.02	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:58 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.03 07952 WELLNESS	364,413	222,398	0	50,963	0	194.03
194.04 07955 PHYSICIAN PRACTICES	17,447,521	0	86,012	1,458,817	16,558	194.04
194.06 07953 SYCAMORE SPORTS MED	52,262	0	64	1,476	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	616,476	42,902	1,436	98,910	6,021	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)	379,688,209	14,696,918	11,636,204	18,488,452	934,024	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:58 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	16,765,321				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	947,166			5.03
5.04	00570	ADMINING	101,057	4,625	1,845,970		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	7,923,257	5.05
5.06	00590	OTHER ADMIN AND GENERAL	373,910	27	0	0	31,876,317
7.00	00700	OPERATION OF PLANT	0	0	0	0	13,552,138
8.00	00800	LAUNDRY & LINEN SERVICE	40,423	830	0	0	1,692,930
9.00	00900	HOUSEKEEPING	70,740	1,237	0	0	3,878,104
10.00	01000	DIETARY	171,797	130	0	0	759,400
11.00	01100	CAFETERIA	0	0	0	0	3,284,050
13.00	01300	NURSING ADMINISTRATION	10,106	0	0	0	4,608,931
16.00	01600	MEDICAL RECORDS & LIBRARY	495,178	87	0	0	5,581,120
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,828,531
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,441,422
23.00	02300	PARAMED PRGM	0	0	0	0	97,152
23.01	02341	OTHER MED ED	0	0	0	0	282,326
23.02	02301	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,476,813	213,246	337,052	594,138	40,026,905
31.00	03100	INTENSIVE CARE UNIT	10,106	86,007	104,422	166,931	9,079,206
35.00	02040	INTENSIVE NURSERY	141,480	14,374	60,930	97,404	3,536,674
41.00	04100	SUBPROVIDER - IRF	0	8,142	15,486	24,756	2,236,784
43.00	04300	NURSERY	0	0	9,534	15,241	1,304,783
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	778,137	23,576	284,417	953,807	17,777,353
50.01	05001	CARDIAC SURGERY	80,845	94,554	19,445	31,168	3,099,992
50.02	05002	WVSC	869,088	215,748	200	601,950	13,593,297
51.00	05100	RECOVERY ROOM	333,487	21,979	10,411	46,849	2,474,409
51.02	05101	O/P TREATMENT ROOM	40,423	7,173	81	12,022	1,012,539
52.00	05200	DELIVERY ROOM & LABOR ROOM	414,333	35,672	60,765	117,617	5,744,301
54.00	05400	RADIOLOGY-DIAGNOSTIC	505,284	11,424	51,598	311,128	11,262,881
55.00	05500	RADIOLOGY-THERAPEUTIC	485,073	536	7,847	247,265	6,963,649
56.00	05600	RADIOISOTOPE	60,634	868	3,886	46,644	2,373,996
57.00	05700	CT SCAN	0	28,327	49,289	257,418	2,839,819
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,211	994	8,531	72,258	2,468,486
59.00	05900	CARDIAC CATHETERIZATION	727,609	11,967	127,143	519,147	30,642,137
60.00	06000	LABORATORY	0	0	161,305	458,754	9,751,010
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	8,328	16,735	1,291,680
65.00	06500	RESPIRATORY THERAPY	171,797	40,287	112,085	195,165	5,953,276
66.00	06600	PHYSICAL THERAPY	363,804	327	28,233	66,651	3,459,817
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	70,740	710	0	37,804	2,426,243
67.00	06700	OCCUPATIONAL THERAPY	0	0	19,942	52,741	2,176,048
68.00	06800	SPEECH PATHOLOGY	0	0	4,522	21,801	1,077,248
69.00	06900	ELECTROCARDIOLOGY	373,910	259	52,097	421,233	12,921,031
69.01	06901	CARDIAC REHAB	30,317	200	333	7,493	585,448
70.00	07000	ELECTROENCEPHALOGRAPHY	262,748	347	4,045	16,930	1,931,823
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	44,774
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	27,774	124,057	12,230,224
73.00	07300	DRUGS CHARGED TO PATIENTS	1,475,429	14,946	159,155	1,644,790	52,294,500
76.00	03020	RENAL ACUTE	0	9,892	11,988	20,997	1,913,862
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	20,211	81	1	4,198	328,405
90.05	09005	PATIENT NUTRITION	40,423	20	0	744	421,974
90.07	09007	WOUND CLINIC	131,374	15,567	67	54,244	1,869,506
91.00	09100	EMERGENCY	1,020,674	78,443	105,058	663,177	10,798,583
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,168,161	942,602	1,845,970	7,923,257	347,795,084
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	808,454	1,808	0	0	5,961,597
194.01	07951	RENTAL PROPERTY	0	0	0	0	32,735
194.02	07954	FAMILY PRACTICE	454,756	3	0	0	4,095,861
194.03	07952	WELLNESS	0	0	0	0	637,774
194.04	07955	PHYSICIAN PRACTICES	1,293,527	2,717	0	0	20,305,152
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	53,802
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	40,423	36	0	0	806,204

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part I Date/Time Prepared: 7/29/2021 1:58 pm	
Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	16,765,321	947,166	1,845,970	7,923,257	379,688,209	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/29/2021 1:58 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	31,876,317				5.06
7.00	00700	OPERATION OF PLANT	1,242,026	14,794,164			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	155,154	142,545	1,990,629		8.00
9.00	00900	HOUSEKEEPING	355,420	36,850	139,143	4,409,517	9.00
10.00	01000	DIETARY	69,597	261,284	7,366	78,834	1,176,481
11.00	01100	CAFETERIA	300,977	186,441	0	56,252	0
13.00	01300	NURSING ADMINISTRATION	422,399	56,561	0	17,065	0
16.00	01600	MEDICAL RECORDS & LIBRARY	511,498	125,762	0	37,944	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	167,581	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	223,751	0	0	0	0
23.00	02300	PARAMED ED PRGM	8,904	0	0	0	0
23.01	02341	OTHER MED ED	25,875	17,140	0	5,171	0
23.02	02301	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,668,386	4,580,019	660,468	1,381,868	874,225
31.00	03100	INTENSIVE CARE UNIT	832,091	547,278	81,132	165,123	141,333
35.00	02040	INTENSIVE NURSERY	324,129	93,601	10,182	28,241	0
41.00	04100	SUBPROVIDER - IRF	204,997	367,145	23,697	110,774	76,662
43.00	04300	NURSERY	119,581	18,044	0	5,444	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,629,259	1,035,138	128,567	312,318	0
50.01	05001	CARDIAC SURGERY	284,108	44,539	80	13,438	0
50.02	05002	WVSC	1,245,798	724,602	136,377	218,624	0
51.00	05100	RECOVERY ROOM	226,775	34,089	100,289	10,285	0
51.02	05101	O/P TREATMENT ROOM	92,797	569,559	6,905	171,845	78,747
52.00	05200	DELIVERY ROOM & LABOR ROOM	526,454	564,441	93,608	170,301	26
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,032,221	755,215	57,049	227,861	0
55.00	05500	RADIOLOGY-THERAPEUTIC	638,205	628,286	26,778	189,564	0
56.00	05600	RADIO SOTOPE	217,572	209,484	11,253	63,205	0
57.00	05700	CT SCAN	260,264	51,705	0	15,600	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	226,232	61,726	68,795	18,624	0
59.00	05900	CARDIAC CATHETERIZATION	2,808,291	837,461	53,257	252,676	5,488
60.00	06000	LABORATORY	893,661	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	118,380	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	545,606	120,834	0	36,458	0
66.00	06600	PHYSICAL THERAPY	317,085	241,621	6,582	72,901	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	222,360	0	34,763	0	0
67.00	06700	OCCUPATIONAL THERAPY	199,430	39,469	0	11,908	0
68.00	06800	SPEECH PATHOLOGY	98,728	78,271	0	23,616	0
69.00	06900	ELECTROCARDIOLOGY	1,184,187	75,724	33,358	22,847	0
69.01	06901	CARDIAC REHAB	53,655	155,542	461	46,930	0
70.00	07000	ELECTROENCEPHALOGRAPHY	177,048	0	4,727	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,103	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,120,876	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,792,737	493,121	0	148,783	0
76.00	03020	RENAL ACUTE	175,402	83,913	8,933	25,318	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	30,098	16,616	0	5,013	0
90.05	09005	PATIENT NUTRITION	38,673	45,944	0	13,862	0
90.07	09007	WOUND CLINIC	171,336	213,103	17,553	64,297	0
91.00	09100	EMERGENCY	989,669	573,535	269,686	173,045	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,953,376	14,086,608	1,981,009	4,196,035	1,176,481
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	546,368	0	1,230	0	0
194.01	07951	RENTAL PROPERTY	3,000	0	0	0	0
194.02	07954	FAMILY PRACTICE	375,377	285,660	1,465	86,188	0
194.03	07952	WELLNESS	58,451	353,671	0	106,709	0
194.04	07955	PHYSICIAN PRACTICES	1,860,927	0	6,925	0	0
194.06	07953	SYCAMORE SPORTS MED	4,931	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	73,887	68,225	0	20,585	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023			Period: From 01/01/2020 To 12/31/2020		Worksheet B Part I Date/Time Prepared: 7/29/2021 1:58 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)	31,876,317	14,794,164	1,990,629	4,409,517	1,176,481		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS						
	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SERVICES-SALA	SERVICES-OTHE		
				RY & FRINGES	R PRGM COSTS		
	11.00	13.00	16.00	21.00	22.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA	3,827,720					11.00	
13.00 01300 NURSING ADMINISTRATION	80,485	5,185,441				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	202,423	0	6,458,747			16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	72,540	0	0	2,068,652		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	15,199	0	0	0	2,680,372	22.00	
23.00 02300 PARAMED ED PRGM	3,800	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	24,180	44,169	0	0	0	23.01	
23.02 02301 PARAMED ED PRGM	0	0	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,057,363	1,959,746	484,348	945,893	1,225,601	30.00	
31.00 03100 INTENSIVE CARE UNIT	246,638	485,180	136,084	0	0	31.00	
35.00 02040 INTENSIVE NURSERY	99,830	196,382	79,405	30,374	39,356	35.00	
41.00 04100 SUBPROVIDER - IRF	72,195	142,020	20,181	0	0	41.00	
43.00 04300 NURSERY	61,141	120,276	12,424	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	204,841	402,957	777,554	104,830	135,830	50.00	
50.01 05001 CARDIAC SURGERY	32,471	35,335	25,408	0	0	50.01	
50.02 05002 WVSC	0	0	490,717	0	0	50.02	
51.00 05100 RECOVERY ROOM	74,268	146,097	38,192	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	14,508	28,540	9,801	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	162,698	297,631	95,883	203,747	263,997	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	223,839	0	253,635	13,977	18,111	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	15,544	0	201,573	9,945	12,886	55.00	
56.00 05600 RADIO SOTOPE	13,817	0	38,024	0	0	56.00	
57.00 05700 CT SCAN	44,561	0	209,850	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	32,125	0	58,906	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	90,503	0	423,215	10,214	13,235	59.00	
60.00 06000 LABORATORY	0	0	373,982	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	13,643	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	139,554	259,578	159,101	5,914	7,662	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	54,335	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	30,818	50,265	65,129	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	42,995	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	17,772	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	51,815	101,928	343,394	0	0	69.00	
69.01 06901 CARDIAC REHAB	13,817	27,181	6,109	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	28,325	25,822	13,802	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	101,133	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	159,244	274,527	1,340,466	12,096	15,673	73.00	
76.00 03020 RENAL ACUTE	0	0	17,117	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	7,254	14,270	3,422	339,758	440,227	90.00	
90.05 09005 PATIENT NUTRITION	12,090	23,783	607	0	0	90.05	
90.07 09007 WOUND CLINIC	17,617	34,656	44,221	21,772	28,211	90.07	
91.00 09100 EMERGENCY	287,399	565,363	540,630	188,426	244,145	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,562,084	5,185,441	6,458,747	1,937,211	2,510,063	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	81,867	0	0	131,441	170,309	194.02	
194.03 07952 WELLNESS	0	0	0	0	0	194.03	
194.04 07955 PHYSICIAN PRACTICES	161,316	0	0	0	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				11.00	13.00	
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	0	0 194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,453	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments					0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	3,827,720	5,185,441	6,458,747	2,068,652	2,680,372	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/29/2021 1:58 pm		
Cost Center Description				PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
				23.00	23.01	23.02	24.00	25.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM	109,856					23.00
23.01	02341	OTHER MED ED		398,861				23.01
23.02	02301	PARAMED ED PRGM			0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	56,864,822	-2,171,494	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	11,714,065	0	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	3,104,404	-69,730	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,254,455	0	41.00
43.00	04300	NURSERY	0	0	0	1,641,693	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	22,508,647	-240,660	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	3,535,371	0	50.01
50.02	05002	WVSC	0	0	0	16,409,415	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,104,404	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	1,985,241	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,123,087	-467,744	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,856	0	0	13,954,645	-32,088	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,686,430	-22,831	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,927,351	0	56.00
57.00	05700	CT SCAN	0	0	0	3,421,799	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,934,894	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	35,136,477	-23,449	59.00
60.00	06000	LABORATORY	0	0	0	11,018,653	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,423,703	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,227,983	-13,576	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,152,341	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	2,829,578	-115,394	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,469,850	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,295,635	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,734,284	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	889,143	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,181,547	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48,877	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,452,233	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	398,861	0	59,930,008	-27,769	73.00
76.00	03020	RENAL ACUTE	0	0	0	2,224,545	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,185,063	-779,985	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	556,933	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	2,482,272	-49,983	90.07
91.00	09100	EMERGENCY	0	0	0	14,630,481	-432,571	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)	109,856	398,861	0	343,374,099	-4,447,274	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	6,509,195	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	35,735	0	194.01
194.02	07954	FAMILY PRACTICE	0	0	0	5,228,168	-301,750	194.02
194.03	07952	WELLNESS	0	0	0	1,156,605	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	0	0	22,334,320	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
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Cost Center Description			PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	58,733	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	991,354	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	109,856	398,861	0	379,688,209	-4,749,024	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMIN TTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02341 OTHER MED ED		23.01
23.02	02301 PARAMED ED PRGM		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	54,693,328	30.00
31.00	03100 INTENSIVE CARE UNIT	11,714,065	31.00
35.00	02040 INTENSIVE NURSERY	4,368,444	35.00
41.00	04100 SUBPROVIDER - IRF	3,254,455	41.00
43.00	04300 NURSERY	1,641,693	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	22,267,987	50.00
50.01	05001 CARDIAC SURGERY	3,535,371	50.01
50.02	05002 WVSC	16,409,415	50.02
51.00	05100 RECOVERY ROOM	3,104,404	51.00
51.02	05101 O/P TREATMENT ROOM	1,985,241	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,655,343	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,922,557	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,663,599	55.00
56.00	05600 RADIOISOTOPE	2,927,351	56.00
57.00	05700 CT SCAN	3,421,799	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,934,894	58.00
59.00	05900 CARDIAC CATHETERIZATION	35,113,028	59.00
60.00	06000 LABORATORY	11,018,653	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,423,703	62.00
65.00	06500 RESPIRATORY THERAPY	7,214,407	65.00
66.00	06600 PHYSICAL THERAPY	4,152,341	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,714,184	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,469,850	67.00
68.00	06800 SPEECH PATHOLOGY	1,295,635	68.00
69.00	06900 ELECTROCARDIOLOGY	14,734,284	69.00
69.01	06901 CARDIAC REHAB	889,143	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	2,181,547	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	48,877	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,452,233	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,902,239	73.00
76.00	03020 RENAL ACUTE	2,224,545	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	405,078	90.00
90.05	09005 PATIENT NUTRITION	556,933	90.05
90.07	09007 WOUND CLINIC	2,432,289	90.07
91.00	09100 EMERGENCY	14,197,910	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)	338,926,825	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	6,509,195	194.00
194.01	07951 RENTAL PROPERTY	35,735	194.01
194.02	07954 FAMILY PRACTICE	4,926,418	194.02
194.03	07952 WELLNESS	1,156,605	194.03
194.04	07955 PHYSICIAN PRACTICES	22,334,320	194.04
194.06	07953 SYCAMORE SPORTS MED	58,733	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	991,354	194.07
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/29/2021 1:58 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	374,939,185		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:58 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	64,907	0	64,907	4.00
5.01 00540	NONPATIENT TELEPHONES	0	9,835	62,716	72,551	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	5,111	45,836	1,245	52,192	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	53,535	260,540	39,501	353,576	5.06
7.00 00700	OPERATION OF PLANT	24,000	5,012,836	10,628	5,047,464	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	16,213	89,636	188,569	294,418	8.00
9.00 00900	HOUSEKEEPING	1,777	23,172	59,880	84,829	9.00
10.00 01000	DIETARY	3,240	164,302	184,583	352,125	10.00
11.00 01100	CAFETERIA	0	117,239	7,916	125,155	11.00
13.00 01300	NURSING ADMINISTRATION	1,247	35,567	98	36,912	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,243	79,082	11,157	98,482	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	23.00
23.01 02341	OTHER MED ED	0	10,778	52	10,830	23.01
23.02 02301	PARAMED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	164,364	2,880,036	914,244	3,958,644	30.00
31.00 03100	INTENSIVE CARE UNIT	386,339	344,143	622,026	1,352,508	31.00
35.00 02040	INTENSIVE NURSERY	2,952	58,859	173,915	235,726	35.00
41.00 04100	SUBPROVIDER - IIRF	9,475	230,871	16,885	257,231	41.00
43.00 04300	NURSERY	0	11,347	1,548	12,895	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	861,718	650,922	2,202,670	3,715,310	50.00
50.01 05001	CARDIAC SURGERY	36,018	28,007	329,581	393,606	50.01
50.02 05002	WVSC	424,993	455,649	718,162	1,598,804	50.02
51.00 05100	RECOVERY ROOM	2,646	21,436	51,750	75,832	51.00
51.02 05101	O/P TREATMENT ROOM	1,092	358,154	60,815	420,061	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	11,510	354,936	225,257	591,703	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	653,307	474,899	1,336,365	2,464,571	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	869,525	395,083	218,035	1,482,643	55.00
56.00 05600	RADIOISOTOPE	227,274	131,729	414,126	773,129	56.00
57.00 05700	CT SCAN	134,397	32,513	138,903	305,813	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	42,015	38,815	813,251	894,081	58.00
59.00 05900	CARDIAC CATHETERIZATION	141,014	526,618	267,128	934,760	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	138,886	75,984	348,186	563,056	65.00
66.00 06600	PHYSICAL THERAPY	1,120	151,938	19,690	172,748	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	376,073	0	103,786	479,859	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	24,819	0	24,819	67.00
68.00 06800	SPEECH PATHOLOGY	41,563	49,219	1,250	92,032	68.00
69.00 06900	ELECTROCARDIOLOGY	488,992	47,617	1,268,708	1,805,317	69.00
69.01 06901	CARDIAC REHAB	0	97,809	73,616	171,425	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	20,302	0	96,368	116,670	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	802,956	310,088	160,427	1,273,471	73.00
76.00 03020	RENAL ACUTE	1,247	52,767	7,346	61,360	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	10,449	0	10,449	90.00
90.05 09005	PATIENT NUTRITION	0	28,891	799	29,690	90.05
90.07 09007	WOUND CLINIC	4,546	134,005	23,667	162,218	90.07
91.00 09100	EMERGENCY	39,966	360,654	183,897	584,517	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,997,656	14,251,987	11,358,746	31,608,389	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	373,262	0	79,929	453,191	194.00
194.01 07951	RENTAL PROPERTY	0	0	4,318	4,318	194.01
194.02 07954	FAMILY PRACTICE	13,742	179,631	105,699	299,072	194.02
194.03 07952	WELLNESS	0	222,398	0	222,398	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:58 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	485,922	0	86,012	571,934	5,120	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	64	64	5	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,654	42,902	1,436	47,992	347	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)	6,874,236	14,696,918	11,636,204	33,207,358	64,907	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	72,874					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMINING	2,642	0	0	55,663		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	6,812	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	4,169	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,057	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	470	0	0	0	0	9.00
10.00	01000	DIETARY	1,762	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	528	0	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,762	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	0	0	0	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,041	0	0	10,362	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,703	0	0	3,135	0	31.00
35.00	02040	INTENSIVE NURSERY	1,057	0	0	1,829	0	35.00
41.00	04100	SUBPROVIDER - IRF	1,820	0	0	465	0	41.00
43.00	04300	NURSERY	235	0	0	286	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,815	0	0	8,538	0	50.00
50.01	05001	CARDIAC SURGERY	352	0	0	584	0	50.01
50.02	05002	WVSC	0	0	0	6	0	50.02
51.00	05100	RECOVERY ROOM	1,057	0	0	313	0	51.00
51.02	05101	O/P TREATMENT ROOM	1,585	0	0	2	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,351	0	0	1,824	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,342	0	0	1,549	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,408	0	0	236	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	117	0	56.00
57.00	05700	CT SCAN	411	0	0	1,480	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	235	0	0	256	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,997	0	0	3,817	0	59.00
60.00	06000	LABORATORY	470	0	0	4,843	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	250	0	62.00
65.00	06500	RESPIRATORY THERAPY	822	0	0	3,365	0	65.00
66.00	06600	PHYSICAL THERAPY	1,351	0	0	848	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	59	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	294	0	0	599	0	67.00
68.00	06800	SPEECH PATHOLOGY	59	0	0	136	0	68.00
69.00	06900	ELECTROCARDIOLOGY	235	0	0	1,564	0	69.00
69.01	06901	CARDIAC REHAB	352	0	0	10	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	998	0	0	121	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	834	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,936	0	0	4,778	0	73.00
76.00	03020	RENAL ACUTE	235	0	0	360	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	763	0	0	2	0	90.07
91.00	09100	EMERGENCY	3,699	0	0	3,154	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,884	0	0	55,663	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	59	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	4,169	0	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	1,292	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	470	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 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)	72,874	0	0	55,663	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 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	363,447				5.06
7.00	00700	OPERATION OF PLANT	14,162	5,065,849			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,769	48,810	346,576		8.00
9.00	00900	HOUSEKEEPING	4,053	12,618	24,225	127,651	9.00
10.00	01000	DIETARY	794	89,469	1,282	2,282	448,014
11.00	01100	CAFETERIA	3,432	63,842	0	1,628	0
13.00	01300	NURSING ADMINISTRATION	4,816	19,368	0	494	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,832	43,064	0	1,098	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,911	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,551	0	0	0	0
23.00	02300	PARAMED ED PRGM	102	0	0	0	0
23.01	02341	OTHER MED ED	295	5,869	0	150	0
23.02	02301	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,828	1,568,298	114,993	40,004	332,911
31.00	03100	INTENSIVE CARE UNIT	9,488	187,400	14,125	4,780	53,821
35.00	02040	INTENSIVE NURSERY	3,696	32,051	1,773	818	0
41.00	04100	SUBPROVIDER - IRF	2,337	125,719	4,126	3,207	29,194
43.00	04300	NURSERY	1,363	6,179	0	158	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,577	354,454	22,384	9,041	0
50.01	05001	CARDIAC SURGERY	3,239	15,251	14	389	0
50.02	05002	WVSC	14,205	248,120	23,744	6,329	0
51.00	05100	RECOVERY ROOM	2,586	11,673	17,461	298	0
51.02	05101	O/P TREATMENT ROOM	1,058	195,030	1,202	4,975	29,988
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,003	193,277	16,297	4,930	10
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,770	258,602	9,932	6,596	0
55.00	05500	RADIOLOGY-THERAPEUTIC	7,277	215,139	4,662	5,488	0
56.00	05600	RADIOISOTOPE	2,481	71,732	1,959	1,830	0
57.00	05700	CT SCAN	2,968	17,705	0	452	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,580	21,137	11,977	539	0
59.00	05900	CARDIAC CATHETERIZATION	32,021	286,765	9,272	7,315	2,090
60.00	06000	LABORATORY	10,190	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,350	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	6,221	41,376	0	1,055	0
66.00	06600	PHYSICAL THERAPY	3,616	82,736	1,146	2,110	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	2,535	0	6,052	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,274	13,515	0	345	0
68.00	06800	SPEECH PATHOLOGY	1,126	26,802	0	684	0
69.00	06900	ELECTROCARDIOLOGY	13,502	25,930	5,808	661	0
69.01	06901	CARDIAC REHAB	612	53,261	80	1,359	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,019	0	823	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	47	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,781	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	54,630	168,856	0	4,307	0
76.00	03020	RENAL ACUTE	2,000	28,734	1,555	733	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	343	5,690	0	145	0
90.05	09005	PATIENT NUTRITION	441	15,732	0	401	0
90.07	09007	WOUND CLINIC	1,954	72,971	3,056	1,861	0
91.00	09100	EMERGENCY	11,285	196,391	46,953	5,009	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	330,120	4,823,566	344,901	121,471	448,014
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	6,230	0	214	0	0
194.01	07951	RENTAL PROPERTY	34	0	0	0	0
194.02	07954	FAMILY PRACTICE	4,280	97,816	255	2,495	0
194.03	07952	WELLNESS	666	121,105	0	3,089	0
194.04	07955	PHYSICIAN PRACTICES	21,219	0	1,206	0	0
194.06	07953	SYCAMORE SPORTS MED	56	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	842	23,362	0	596	0
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 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)	363,447	5,065,849	346,576	127,651	448,014		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description	INTERNS & RESIDENTS					
	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	11.00	13.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01 00540	NONPATIENT TELEPHONES				5.01	
5.02 00550	DATA PROCESSING				5.02	
5.03 00560	PURCHASING RECEIVING AND STORES				5.03	
5.04 00570	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	195,011			11.00	
13.00 01300	NURSING ADMINISTRATION	4,100	67,837		13.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	10,313	0	162,438	16.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,696	0	0	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	774	0	0	22.00	
23.00 02300	PARAMED ED PRGM	194	0	0	23.00	
23.01 02341	OTHER MED ED	1,232	578	0	23.01	
23.02 02301	PARAMED ED PRGM	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	53,868	25,639	12,162	30.00	
31.00 03100	INTENSIVE CARE UNIT	12,565	6,347	3,417	31.00	
35.00 02040	INTENSIVE NURSERY	5,086	2,569	1,994	35.00	
41.00 04100	SUBPROVIDER - IRF	3,678	1,858	507	41.00	
43.00 04300	NURSERY	3,115	1,573	312	43.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,436	5,272	19,524	50.00	
50.01 05001	CARDIAC SURGERY	1,654	462	638	50.01	
50.02 05002	WVSC	0	0	12,322	50.02	
51.00 05100	RECOVERY ROOM	3,784	1,911	959	51.00	
51.02 05101	O/P TREATMENT ROOM	739	373	246	51.02	
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,289	3,894	2,408	52.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,404	0	6,369	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	792	0	5,061	55.00	
56.00 05600	RADIOISOTOPE	704	0	955	56.00	
57.00 05700	CT SCAN	2,270	0	5,269	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,637	0	1,479	58.00	
59.00 05900	CARDIAC CATHETERIZATION	4,611	0	10,627	59.00	
60.00 06000	LABORATORY	0	0	9,390	60.00	
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	343	62.00	
65.00 06500	RESPIRATORY THERAPY	7,110	3,396	3,995	65.00	
66.00 06600	PHYSICAL THERAPY	0	0	1,364	66.00	
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01	
66.02 06602	O/P PHYSICAL THERAPY	0	0	774	66.02	
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,080	67.00	
68.00 06800	SPEECH PATHOLOGY	0	0	446	68.00	
69.00 06900	ELECTROCARDIOLOGY	2,640	1,333	8,622	69.00	
69.01 06901	CARDIAC REHAB	704	356	153	69.01	
70.00 07000	ELECTROENCEPHALOGRAPHY	1,443	338	347	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	2,539	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	8,113	3,591	33,920	73.00	
76.00 03020	RENAL ACUTE	0	0	430	76.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	370	187	86	90.00	
90.05 09005	PATIENT NUTRITION	616	311	15	90.05	
90.07 09007	WOUND CLINIC	898	453	1,110	90.07	
91.00 09100	EMERGENCY	14,642	7,396	13,575	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)	181,477	67,837	162,438	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00	
194.00 07950	RURAL HEALTH	0	0	0	194.00	
194.01 07951	RENTAL PROPERTY	0	0	0	194.01	
194.02 07954	FAMILY PRACTICE	4,171	0	0	194.02	
194.03 07952	WELLNESS	0	0	0	194.03	
194.04 07955	PHYSICIAN PRACTICES	8,219	0	0	194.04	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				11.00	13.00	
194.06 07953 SYCAMORE SPORTS MED	0	0	0			194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,144	0	0			194.07
200.00 Cross Foot Adjustments				6,561	4,319	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	195,011	67,837	162,438	6,561	4,319	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 pm		
Cost Center	Description	PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		23.00	23.01	23.02	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMIN AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM	341			23.00
23.01	02341	OTHER MED ED		19,091		23.01
23.02	02301	PARAMED ED PRGM			0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			6,181,798	0 30.00
31.00	03100	INTENSIVE CARE UNIT			1,652,707	0 31.00
35.00	02040	INTENSIVE NURSERY			288,038	0 35.00
41.00	04100	SUBPROVIDER - IRF			431,216	0 41.00
43.00	04300	NURSERY			26,695	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			4,170,537	0 50.00
50.01	05001	CARDIAC SURGERY			417,803	0 50.01
50.02	05002	WVSC			1,903,530	0 50.02
51.00	05100	RECOVERY ROOM			116,792	0 51.00
51.02	05101	O/P TREATMENT ROOM			655,495	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM			832,138	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,779,919	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,723,900	0 55.00
56.00	05600	RADIOISOTOPE			853,145	0 56.00
57.00	05700	CT SCAN			337,075	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			934,417	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			1,294,516	0 59.00
60.00	06000	LABORATORY			24,893	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			1,943	0 62.00
65.00	06500	RESPIRATORY THERAPY			632,449	0 65.00
66.00	06600	PHYSICAL THERAPY			265,919	0 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY			489,279	0 66.02
67.00	06700	OCCUPATIONAL THERAPY			42,926	0 67.00
68.00	06800	SPEECH PATHOLOGY			121,285	0 68.00
69.00	06900	ELECTROCARDIOLOGY			1,866,027	0 69.00
69.01	06901	CARDIAC REHAB			228,495	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY			124,365	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			47	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			16,154	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,557,502	0 73.00
76.00	03020	RENAL ACUTE			95,407	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			17,411	0 90.00
90.05	09005	PATIENT NUTRITION			47,385	0 90.05
90.07	09007	WOUND CLINIC			245,522	0 90.07
91.00	09100	EMERGENCY			890,112	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	31,266,842 0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0 190.00
194.00	07950	RURAL HEALTH			460,882	0 194.00
194.01	07951	RENTAL PROPERTY			4,352	0 194.01
194.02	07954	FAMILY PRACTICE			413,665	0 194.02
194.03	07952	WELLNESS			347,437	0 194.03
194.04	07955	PHYSICIAN PRACTICES			608,990	0 194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 pm			
Cost Center Description		PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
194.06	07953 SYCAMORE SPORTS MED				125	0	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				74,753	0	194.07
200.00	Cross Foot Adjustments	341	19,091	0	30,312	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	341	19,091	0	33,207,358	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02341 OTHER MED ED		23.01
23.02	02301 PARAMED ED PRGM		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	6,181,798	30.00
31.00	03100 INTENSIVE CARE UNIT	1,652,707	31.00
35.00	02040 INTENSIVE NURSERY	288,038	35.00
41.00	04100 SUBPROVIDER - IRF	431,216	41.00
43.00	04300 NURSERY	26,695	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,170,537	50.00
50.01	05001 CARDIAC SURGERY	417,803	50.01
50.02	05002 WVSC	1,903,530	50.02
51.00	05100 RECOVERY ROOM	116,792	51.00
51.02	05101 O/P TREATMENT ROOM	655,495	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	832,138	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,779,919	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,723,900	55.00
56.00	05600 RADIOISOTOPE	853,145	56.00
57.00	05700 CT SCAN	337,075	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	934,417	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,294,516	59.00
60.00	06000 LABORATORY	24,893	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,943	62.00
65.00	06500 RESPIRATORY THERAPY	632,449	65.00
66.00	06600 PHYSICAL THERAPY	265,919	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	489,279	66.02
67.00	06700 OCCUPATIONAL THERAPY	42,926	67.00
68.00	06800 SPEECH PATHOLOGY	121,285	68.00
69.00	06900 ELECTROCARDIOLOGY	1,866,027	69.00
69.01	06901 CARDIAC REHAB	228,495	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	124,365	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,154	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,557,502	73.00
76.00	03020 RENAL ACUTE	95,407	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	17,411	90.00
90.05	09005 PATIENT NUTRITION	47,385	90.05
90.07	09007 WOUND CLINIC	245,522	90.07
91.00	09100 EMERGENCY	890,112	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	31,266,842	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	460,882	194.00
194.01	07951 RENTAL PROPERTY	4,352	194.01
194.02	07954 FAMILY PRACTICE	413,665	194.02
194.03	07952 WELLNESS	347,437	194.03
194.04	07955 PHYSICIAN PRACTICES	608,990	194.04
194.06	07953 SYCAMORE SPORTS MED	125	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	74,753	194.07
200.00	Cross Foot Adjustments	30,312	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 1:58 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	33,207,358	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:58 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	981,808				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		4,020,405			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,336	0	96,552,023		4.00
5.01 00540	NONPATIENT TELEPHONES	657	21,669	480,082	1,241	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMITTING	3,062	430	1,233,125	45	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	17,405	13,648	4,552,569	116	5.06
7.00 00700	OPERATION OF PLANT	334,876	3,672	80,577	71	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,988	65,152	776,770	18	8.00
9.00 00900	HOUSEKEEPING	1,548	20,689	2,167,299	8	9.00
10.00 01000	DIETARY	10,976	63,775	446,708	30	10.00
11.00 01100	CAFETERIA	7,832	2,735	1,419,141	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,376	34	2,408,499	9	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,283	3,855	2,808,303	30	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,419,610	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,478,984	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	67,667	0	23.00
23.01 02341	OTHER MED ED	720	18	203,823	0	23.01
23.02 02301	PARAMED ED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	192,397	315,879	19,385,171	171	30.00
31.00 03100	INTENSIVE CARE UNIT	22,990	214,915	5,085,791	29	31.00
35.00 02040	INTENSIVE NURSERY	3,932	60,089	2,141,363	18	35.00
41.00 04100	SUBPROVIDER - IRF	15,423	5,834	1,598,084	31	41.00
43.00 04300	NURSERY	758	535	861,015	4	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	43,484	761,041	3,253,292	82	50.00
50.01 05001	CARDIAC SURGERY	1,871	113,873	2,401,358	6	50.01
50.02 05002	WVSC	30,439	248,131	0	0	50.02
51.00 05100	RECOVERY ROOM	1,432	17,880	1,365,719	18	51.00
51.02 05101	O/P TREATMENT ROOM	23,926	21,012	351,006	27	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	23,711	77,828	3,202,095	23	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	31,725	461,725	4,142,863	108	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	26,393	75,333	288,308	41	55.00
56.00 05600	RADIOISOTOPE	8,800	143,084	354,083	0	56.00
57.00 05700	CT SCAN	2,172	47,992	1,051,348	7	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	280,985	738,762	4	58.00
59.00 05900	CARDIAC CATHETERIZATION	35,180	92,295	1,846,387	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	5,076	120,301	3,054,634	14	65.00
66.00 06600	PHYSICAL THERAPY	10,150	6,803	0	23	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	0	35,859	0	1	66.02
67.00 06700	OCCUPATIONAL THERAPY	1,658	0	0	5	67.00
68.00 06800	SPEECH PATHOLOGY	3,288	432	0	1	68.00
69.00 06900	ELECTROCARDIOLOGY	3,181	438,349	617,894	4	69.00
69.01 06901	CARDIAC REHAB	6,534	25,435	271,679	6	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	33,296	2,389,273	17	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	20,715	55,429	4,315,594	50	73.00
76.00 03020	RENAL ACUTE	3,525	2,538	0	4	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	698	0	210,394	0	90.00
90.05 09005	PATIENT NUTRITION	1,930	276	265,789	0	90.05
90.07 09007	WOUND CLINIC	8,952	8,177	351,115	13	90.07
91.00 09100	EMERGENCY	24,093	63,538	5,195,314	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)	952,085	3,924,541	84,281,488	1,139	1,402
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	0	27,616	1,767,408	1	80
194.01 07951	RENTAL PROPERTY	0	1,492	0	0	194.01
194.02 07954	FAMILY PRACTICE	12,000	36,520	2,094,381	71	45

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:58 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
			NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
			1.00	2.00	4.00	5.01	5.02	
194.03	07952	WELLNESS	14,857	0	266,146	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	29,718	7,618,358	22	128	194.04
194.06	07953	SYCAMORE SPORTS MED	0	22	7,708	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	496	516,534	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)	14,696,918	11,636,204	18,488,452	934,024	16,765,321	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.969238	2.894287	0.191487	752.638195	10,105.678722	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			64,907	72,874	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000672	58.721998	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	6,651,932				5.03	
5.04	00570	ADMITTING	32,480	554,102,824			5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,487,886,574		5.05	
5.06	00590	OTHER ADMIN AND GENERAL	189	0	0	-31,876,317	5.06	
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	5,831	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	8,684	0	0	0	9.00	
10.00	01000	DIETARY	911	0	0	0	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	609	0	0	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED PRGM	0	0	0	0	23.00	
23.01	02341	OTHER MED ED	0	0	0	0	23.01	
23.02	02301	PARAMED PRGM	0	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,497,621	101,110,541	111,575,262	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	604,024	31,348,544	31,348,544	0	31.00	
35.00	02040	INTENSIVE NURSERY	100,945	18,291,881	18,291,881	0	35.00	
41.00	04100	SUBPROVIDER - IRF	57,179	4,648,967	4,648,967	0	41.00	
43.00	04300	NURSERY	0	2,862,090	2,862,090	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	165,573	85,384,900	179,118,614	0	50.00	
50.01	05001	CARDIAC SURGERY	664,048	5,837,500	5,853,080	0	50.01	
50.02	05002	WVSC	1,515,232	60,000	113,042,295	0	50.02	
51.00	05100	RECOVERY ROOM	154,359	3,125,488	8,797,944	0	51.00	
51.02	05101	O/P TREATMENT ROOM	50,377	24,372	2,257,663	0	51.02	
52.00	05200	DELIVERY ROOM & LABOR ROOM	250,522	18,242,166	22,087,728	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,228	15,490,298	58,427,803	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,761	2,355,751	46,434,749	0	55.00	
56.00	05600	RADIO SOTOPE	6,093	1,166,749	8,759,344	0	56.00	
57.00	05700	CT SCAN	198,937	14,797,123	48,341,336	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,983	2,561,100	13,569,668	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	84,044	38,169,738	97,492,408	0	59.00	
60.00	06000	LABORATORY	0	48,425,493	86,151,024	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,500,005	3,142,730	0	62.00	
65.00	06500	RESPIRATORY THERAPY	282,937	33,649,181	36,650,788	0	65.00	
66.00	06600	PHYSICAL THERAPY	2,297	8,475,743	12,516,599	0	66.00	
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01	
66.02	06602	O/P PHYSICAL THERAPY	4,988	0	7,099,331	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	5,986,659	9,904,420	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	1,357,630	4,094,040	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,818	15,640,064	79,104,830	0	69.00	
69.01	06901	CARDIAC REHAB	1,405	99,978	1,407,197	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,434	1,214,260	3,179,436	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	8,337,974	23,297,178	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	104,968	47,779,896	308,831,438	0	73.00	
76.00	03020	RENAL ACUTE	69,474	3,598,803	3,943,015	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	568	330	788,290	0	90.00	
90.05	09005	PATIENT NUTRITION	138	0	139,805	0	90.05	
90.07	09007	WOUND CLINIC	109,325	20,000	10,186,728	0	90.07	
91.00	09100	EMERGENCY	550,901	31,539,600	124,540,349	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,619,883	554,102,824	1,487,886,574	-31,876,317	315,918,767	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
194.00	07950	RURAL HEALTH	12,695	0	0	0	194.00	
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01	
194.02	07954	FAMILY PRACTICE	24	0	0	0	194.02	
194.03	07952	WELLNESS	0	0	0	0	194.03	
194.04	07955	PHYSICIAN PRACTICES	19,080	0	0	0	194.04	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:58 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	53,802	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	250	0	0	0	806,204	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)	947,166	1,845,970	7,923,257		31,876,317	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.142390	0.003331	0.005325		0.091648	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	55,663	0		363,447	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000100	0.000000		0.001045	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 01/01/2020 To 12/31/2020	Worksheet B-1 Date/Time Prepared: 7/29/2021 1:58 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	621,472				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,066,683			8.00
9.00	00900	HOUSEKEEPING	1,548	74,560	613,936		9.00
10.00	01000	DIETARY	10,976	3,947	10,976	179,444	10.00
11.00	01100	CAFETERIA	7,832	0	7,832	0	11,081
13.00	01300	NURSING ADMINISTRATION	2,376	0	2,376	0	233
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	0	586
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	210
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	44
23.00	02300	PARAMED PRGM	0	0	0	0	11
23.01	02341	OTHER MED ED	720	0	720	0	70
23.02	02301	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	192,397	353,912	192,397	133,342	3,061
31.00	03100	INTENSIVE CARE UNIT	22,990	43,475	22,990	21,557	714
35.00	02040	INTENSIVE NURSERY	3,932	5,456	3,932	0	289
41.00	04100	SUBPROVIDER - IRF	15,423	12,698	15,423	11,693	209
43.00	04300	NURSERY	758	0	758	0	177
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,484	68,893	43,484	0	593
50.01	05001	CARDIAC SURGERY	1,871	43	1,871	0	94
50.02	05002	WVSC	30,439	73,078	30,439	0	0
51.00	05100	RECOVERY ROOM	1,432	53,740	1,432	0	215
51.02	05101	O/P TREATMENT ROOM	23,926	3,700	23,926	12,011	42
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,711	50,160	23,711	4	471
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,725	30,570	31,725	0	648
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	14,349	26,393	0	45
56.00	05600	RADIOISOTOPE	8,800	6,030	8,800	0	40
57.00	05700	CT SCAN	2,172	0	2,172	0	129
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	36,864	2,593	0	93
59.00	05900	CARDIAC CATHETERIZATION	35,180	28,538	35,180	837	262
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	5,076	0	5,076	0	404
66.00	06600	PHYSICAL THERAPY	10,150	3,527	10,150	0	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	18,628	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,658	0	1,658	0	0
68.00	06800	SPEECH PATHOLOGY	3,288	0	3,288	0	0
69.00	06900	ELECTROCARDIOLOGY	3,181	17,875	3,181	0	150
69.01	06901	CARDIAC REHAB	6,534	247	6,534	0	40
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,533	0	0	82
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	20,715	0	20,715	0	461
76.00	03020	RENAL ACUTE	3,525	4,787	3,525	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	698	0	698	0	21
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	35
90.07	09007	WOUND CLINIC	8,952	9,406	8,952	0	51
91.00	09100	EMERGENCY	24,093	144,512	24,093	0	832
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	591,749	1,061,528	584,213	179,444	10,312
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	659	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	12,000	785	12,000	0	237
194.03	07952	WELLNESS	14,857	0	14,857	0	0
194.04	07955	PHYSICIAN PRACTICES	0	3,711	0	0	467
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:58 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	65	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)	14,794,164	1,990,629	4,409,517	1,176,481	3,827,720	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.805037	1.866186	7.182372	6.556257	345.430918	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,065,849	346,576	127,651	448,014	195,011	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.151371	0.324910	0.207922	2.496679	17.598682	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (PARAMED RADIOLOGY)	
			SERVICES-SALA RY & FRINGES (INTERNS)	SERVICES-OTHE R PRGM COSTS (INTERNS)		
	13.00	16.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMIN AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	7,631					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,487,886,574				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	7,696			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		7,696		22.00
23.00 02300 PARAMED ED PRGM	0	0			100	23.00
23.01 02341 OTHER MED ED	65	0				23.01
23.02 02301 PARAMED ED PRGM	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,884	111,575,262	3,519	3,519	0	30.00
31.00 03100 INTENSIVE CARE UNIT	714	31,348,544	0	0	0	31.00
35.00 02040 INTENSIVE NURSERY	289	18,291,881	113	113	0	35.00
41.00 04100 SUBPROVIDER - IRF	209	4,648,967	0	0	0	41.00
43.00 04300 NURSERY	177	2,862,090	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	593	179,118,614	390	390	0	50.00
50.01 05001 CARDIAC SURGERY	52	5,853,080	0	0	0	50.01
50.02 05002 WVSC	0	113,042,295	0	0	0	50.02
51.00 05100 RECOVERY ROOM	215	8,797,944	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	42	2,257,663	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	438	22,087,728	758	758	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	58,427,803	52	52	100	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	46,434,749	37	37	0	55.00
56.00 05600 RADIO SOTOPE	0	8,759,344	0	0	0	56.00
57.00 05700 CT SCAN	0	48,341,336	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,569,668	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	97,492,408	38	38	0	59.00
60.00 06000 LABORATORY	0	86,151,024	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,142,730	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	382	36,650,788	22	22	0	65.00
66.00 06600 PHYSICAL THERAPY	0	12,516,599	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	7,099,331	187	187	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	9,904,420	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,094,040	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	150	79,104,830	0	0	0	69.00
69.01 06901 CARDIAC REHAB	40	1,407,197	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	38	3,179,436	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	23,297,178	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	404	308,831,438	45	45	0	73.00
76.00 03020 RENAL ACUTE	0	3,943,015	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	21	788,290	1,264	1,264	0	90.00
90.05 09005 PATIENT NUTRITION	35	139,805	0	0	0	90.05
90.07 09007 WOUND CLINIC	51	10,186,728	81	81	0	90.07
91.00 09100 EMERGENCY	832	124,540,349	701	701	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,631	1,487,886,574	7,207	7,207	100
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 RURAL HEALTH	0	0	0	0	0	194.00
194.01 07951 RENTAL PROPERTY	0	0	0	0	0	194.01
194.02 07954 FAMILY PRACTICE	0	0	489	489	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:58 pm

Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (PARAMED RADIOLOGY)	
			SERVICES-SALA RY & FRINGES (INTERNS)	SERVICES-OTHE R PRGM COSTS (INTERNS)		
	13.00	16.00	21.00	22.00	23.00	
194.03 07952 WELLNESS	0	0	0	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	0	0	0	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,185,441	6,458,747	2,068,652	2,680,372	109,856	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	679.523129	0.004341	268.795738	348.281185	1,098.560000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	67,837	162,438	6,561	4,319	341	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	8.889661	0.000109	0.852521	0.561201	3.410000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02341	OTHER MED ED	100	23.01
23.02	02301	PARAMED ED PRGM	100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02040	INTENSIVE NURSERY	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	CARDIAC SURGERY	0	50.01
50.02	05002	WVSC	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CARDIAC REHAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	73.00
76.00	03020	RENAL ACUTE	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.05	09005	PATIENT NUTRITION	0	90.05
90.07	09007	WOUND CLINIC	0	90.07
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	RURAL HEALTH	0	194.00
194.01	07951	RENTAL PROPERTY	0	194.01
194.02	07954	FAMILY PRACTICE	0	194.02
194.03	07952	WELLNESS	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.01	23.02	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	194.07
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	398,861	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,988.610000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	19,091	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	190.910000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 1:58 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		54,693,328		54,693,328	30.00
31.00	03100 INTENSIVE CARE UNIT		11,714,065		11,714,065	31.00
35.00	02040 INTENSIVE NURSERY		4,368,444		4,368,444	35.00
41.00	04100 SUBPROVIDER - IRF		3,254,455		3,254,455	41.00
43.00	04300 NURSERY		1,641,693		1,641,693	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		22,267,987		22,267,987	50.00
50.01	05001 CARDIAC SURGERY		3,535,371		3,535,371	50.01
50.02	05002 WVSC		16,409,415		16,409,415	50.02
51.00	05100 RECOVERY ROOM		3,104,404		3,104,404	51.00
51.02	05101 O/P TREATMENT ROOM		1,985,241		1,985,241	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,655,343		7,655,343	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,922,557		13,922,557	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		8,663,599		8,663,599	55.00
56.00	05600 RADIOISOTOPE		2,927,351		2,927,351	56.00
57.00	05700 CT SCAN		3,421,799		3,421,799	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,934,894		2,934,894	58.00
59.00	05900 CARDIAC CATHETERIZATION		35,113,028		35,113,028	59.00
60.00	06000 LABORATORY		11,018,653		11,018,653	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,423,703		1,423,703	62.00
65.00	06500 RESPIRATORY THERAPY	0	7,214,407		7,214,407	65.00
66.00	06600 PHYSICAL THERAPY	0	4,152,341		4,152,341	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	2,714,184		2,714,184	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	2,469,850		2,469,850	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,295,635		1,295,635	68.00
69.00	06900 ELECTROCARDIOLOGY		14,734,284		14,734,284	69.00
69.01	06901 CARDIAC REHAB		889,143		889,143	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		2,181,547		2,181,547	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		48,877		48,877	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,452,233		13,452,233	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		59,902,239		59,902,239	73.00
76.00	03020 RENAL ACUTE		2,224,545		2,224,545	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		405,078		405,078	90.00
90.05	09005 PATIENT NUTRITION		556,933		556,933	90.05
90.07	09007 WOUND CLINIC		2,432,289		2,432,289	90.07
91.00	09100 EMERGENCY		14,197,910		14,197,910	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		9,350,844		9,350,844	92.00
200.00	Subtotal (see instructions)	0	348,277,669	110,921	348,388,590	200.00
201.00	Less Observation Beds		9,350,844		9,350,844	201.00
202.00	Total (see instructions)	0	338,926,825	110,921	339,037,746	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 1:58 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	98,067,475		98,067,475	30.00
31.00	03100	INTENSIVE CARE UNIT	31,348,544		31,348,544	31.00
35.00	02040	INTENSIVE NURSERY	18,291,881		18,291,881	35.00
41.00	04100	SUBPROVIDER - IRF	4,648,967		4,648,967	41.00
43.00	04300	NURSERY	2,862,090		2,862,090	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,384,900	93,733,714	179,118,614	50.00
50.01	05001	CARDIAC SURGERY	5,837,500	15,580	5,853,080	50.01
50.02	05002	WVSC	60,000	112,982,295	113,042,295	50.02
51.00	05100	RECOVERY ROOM	3,125,488	5,672,456	8,797,944	51.00
51.02	05101	O/P TREATMENT ROOM	24,372	2,233,291	2,257,663	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,242,166	3,845,562	22,087,728	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,490,298	42,937,505	58,427,803	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,355,751	44,078,998	46,434,749	55.00
56.00	05600	RADIOISOTOPE	1,166,749	7,592,595	8,759,344	56.00
57.00	05700	CT SCAN	14,797,123	33,544,213	48,341,336	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,561,100	11,008,568	13,569,668	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,169,738	59,322,670	97,492,408	59.00
60.00	06000	LABORATORY	48,425,493	37,725,531	86,151,024	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,500,005	642,725	3,142,730	62.00
65.00	06500	RESPIRATORY THERAPY	33,649,181	3,001,607	36,650,788	65.00
66.00	06600	PHYSICAL THERAPY	8,475,743	4,040,856	12,516,599	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	7,099,331	7,099,331	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,986,659	3,917,761	9,904,420	67.00
68.00	06800	SPEECH PATHOLOGY	1,357,630	2,736,410	4,094,040	68.00
69.00	06900	ELECTROCARDIOLOGY	15,640,064	63,464,766	79,104,830	69.00
69.01	06901	CARDIAC REHAB	99,978	1,307,219	1,407,197	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,214,260	1,965,176	3,179,436	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,337,974	14,959,204	23,297,178	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,779,896	261,051,542	308,831,438	73.00
76.00	03020	RENAL ACUTE	3,598,803	344,212	3,943,015	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	330	787,960	788,290	90.00
90.05	09005	PATIENT NUTRITION	0	139,805	139,805	90.05
90.07	09007	WOUND CLINIC	20,000	10,166,728	10,186,728	90.07
91.00	09100	EMERGENCY	31,539,600	93,000,749	124,540,349	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,043,066	10,464,721	13,507,787	92.00
200.00		Subtotal (see instructions)	554,102,824	933,783,750	1,487,886,574	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	554,102,824	933,783,750	1,487,886,574	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 1:58 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	0.124528		50.00
50.01	05001 CARDIAC SURGERY	0.604019		50.01
50.02	05002 WVSC	0.145162		50.02
51.00	05100 RECOVERY ROOM	0.352856		51.00
51.02	05101 O/P TREATMENT ROOM	0.879335		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.346588		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.238340		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.186576		55.00
56.00	05600 RADIOISOTOPE	0.334198		56.00
57.00	05700 CT SCAN	0.070784		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.216283		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.360162		59.00
60.00	06000 LABORATORY	0.128423		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.453015		62.00
65.00	06500 RESPIRATORY THERAPY	0.196842		65.00
66.00	06600 PHYSICAL THERAPY	0.331747		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.382315		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.249368		67.00
68.00	06800 SPEECH PATHOLOGY	0.316469		68.00
69.00	06900 ELECTROCARDIOLOGY	0.186263		69.00
69.01	06901 CARDIAC REHAB	0.631854		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.693818		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.577419		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.193964		73.00
76.00	03020 RENAL ACUTE	0.564174		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.513869		90.00
90.05	09005 PATIENT NUTRITION	3.990680		90.05
90.07	09007 WOUND CLINIC	0.238770		90.07
91.00	09100 EMERGENCY	0.114002		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.692256		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 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:58 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	54,693,328		54,693,328	0	54,693,328	30.00
31.00	03100 INTENSIVE CARE UNIT	11,714,065		11,714,065	0	11,714,065	31.00
35.00	02040 INTENSIVE NURSERY	4,368,444		4,368,444	0	4,368,444	35.00
41.00	04100 SUBPROVIDER - IRF	3,254,455		3,254,455	0	3,254,455	41.00
43.00	04300 NURSERY	1,641,693		1,641,693	0	1,641,693	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,267,987		22,267,987	37,297	22,305,284	50.00
50.01	05001 CARDIAC SURGERY	3,535,371		3,535,371	0	3,535,371	50.01
50.02	05002 WVSC	16,409,415		16,409,415	0	16,409,415	50.02
51.00	05100 RECOVERY ROOM	3,104,404		3,104,404	0	3,104,404	51.00
51.02	05101 O/P TREATMENT ROOM	1,985,241		1,985,241	0	1,985,241	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,655,343		7,655,343	0	7,655,343	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,922,557		13,922,557	3,145	13,925,702	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,663,599		8,663,599	0	8,663,599	55.00
56.00	05600 RADIOISOTOPE	2,927,351		2,927,351	0	2,927,351	56.00
57.00	05700 CT SCAN	3,421,799		3,421,799	0	3,421,799	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,934,894		2,934,894	0	2,934,894	58.00
59.00	05900 CARDIAC CATHETERIZATION	35,113,028		35,113,028	0	35,113,028	59.00
60.00	06000 LABORATORY	11,018,653		11,018,653	45,091	11,063,744	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,423,703		1,423,703	0	1,423,703	62.00
65.00	06500 RESPIRATORY THERAPY	7,214,407	0	7,214,407	0	7,214,407	65.00
66.00	06600 PHYSICAL THERAPY	4,152,341	0	4,152,341	0	4,152,341	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,714,184	0	2,714,184	0	2,714,184	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,469,850	0	2,469,850	0	2,469,850	67.00
68.00	06800 SPEECH PATHOLOGY	1,295,635	0	1,295,635	0	1,295,635	68.00
69.00	06900 ELECTROCARDIOLOGY	14,734,284		14,734,284	0	14,734,284	69.00
69.01	06901 CARDIAC REHAB	889,143		889,143	0	889,143	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	2,181,547		2,181,547	24,404	2,205,951	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	48,877		48,877	0	48,877	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,452,233		13,452,233	0	13,452,233	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,902,239		59,902,239	0	59,902,239	73.00
76.00	03020 RENAL ACUTE	2,224,545		2,224,545	0	2,224,545	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	405,078		405,078	0	405,078	90.00
90.05	09005 PATIENT NUTRITION	556,933		556,933	984	557,917	90.05
90.07	09007 WOUND CLINIC	2,432,289		2,432,289	0	2,432,289	90.07
91.00	09100 EMERGENCY	14,197,910		14,197,910	0	14,197,910	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,350,844		9,350,844	0	9,350,844	92.00
200.00	Subtotal (see instructions)	348,277,669	0	348,277,669	110,921	348,388,590	200.00
201.00	Less Observation Beds	9,350,844		9,350,844	0	9,350,844	201.00
202.00	Total (see instructions)	338,926,825	0	338,926,825	110,921	339,037,746	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 1:58 pm
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		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	98,067,475		98,067,475		30.00
31.00	03100	INTENSIVE CARE UNIT	31,348,544		31,348,544		31.00
35.00	02040	INTENSIVE NURSERY	18,291,881		18,291,881		35.00
41.00	04100	SUBPROVIDER - IRF	4,648,967		4,648,967		41.00
43.00	04300	NURSERY	2,862,090		2,862,090		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	85,384,900	93,733,714	179,118,614	0.124320	50.00
50.01	05001	CARDIAC SURGERY	5,837,500	15,580	5,853,080	0.604019	50.01
50.02	05002	WVSC	60,000	112,982,295	113,042,295	0.145162	50.02
51.00	05100	RECOVERY ROOM	3,125,488	5,672,456	8,797,944	0.352856	51.00
51.02	05101	O/P TREATMENT ROOM	24,372	2,233,291	2,257,663	0.879335	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,242,166	3,845,562	22,087,728	0.346588	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,490,298	42,937,505	58,427,803	0.238287	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,355,751	44,078,998	46,434,749	0.186576	55.00
56.00	05600	RADIOISOTOPE	1,166,749	7,592,595	8,759,344	0.334198	56.00
57.00	05700	CT SCAN	14,797,123	33,544,213	48,341,336	0.070784	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,561,100	11,008,568	13,569,668	0.216283	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,169,738	59,322,670	97,492,408	0.360162	59.00
60.00	06000	LABORATORY	48,425,493	37,725,531	86,151,024	0.127899	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,500,005	642,725	3,142,730	0.453015	62.00
65.00	06500	RESPIRATORY THERAPY	33,649,181	3,001,607	36,650,788	0.196842	65.00
66.00	06600	PHYSICAL THERAPY	8,475,743	4,040,856	12,516,599	0.331747	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	7,099,331	7,099,331	0.382315	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,986,659	3,917,761	9,904,420	0.249368	67.00
68.00	06800	SPEECH PATHOLOGY	1,357,630	2,736,410	4,094,040	0.316469	68.00
69.00	06900	ELECTROCARDIOLOGY	15,640,064	63,464,766	79,104,830	0.186263	69.00
69.01	06901	CARDIAC REHAB	99,978	1,307,219	1,407,197	0.631854	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,214,260	1,965,176	3,179,436	0.686143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,337,974	14,959,204	23,297,178	0.577419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,779,896	261,051,542	308,831,438	0.193964	73.00
76.00	03020	RENAL ACUTE	3,598,803	344,212	3,943,015	0.564174	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	330	787,960	788,290	0.513869	90.00
90.05	09005	PATIENT NUTRITION	0	139,805	139,805	3.983642	90.05
90.07	09007	WOUND CLINIC	20,000	10,166,728	10,186,728	0.238770	90.07
91.00	09100	EMERGENCY	31,539,600	93,000,749	124,540,349	0.114002	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,043,066	10,464,721	13,507,787	0.692256	92.00
200.00		Subtotal (see instructions)	554,102,824	933,783,750	1,487,886,574		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	554,102,824	933,783,750	1,487,886,574		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 1:58 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 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 7/29/2021 1:58 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	6,181,798	0	6,181,798	57,256	107.97	30.00	
31.00	INTENSIVE CARE UNIT	1,652,707		1,652,707	7,699	214.67	31.00	
35.00	INTENSIVE NURSERY	288,038		288,038	3,916	73.55	35.00	
41.00	SUBPROVIDER - IRF	431,216	0	431,216	4,176	103.26	41.00	
43.00	NURSERY	26,695		26,695	2,894	9.22	43.00	
200.00	Total (lines 30 through 199)	8,580,454		8,580,454	75,941		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	21,574	2,329,345					30.00
31.00	INTENSIVE CARE UNIT	3,351	719,359					31.00
35.00	INTENSIVE NURSERY	0	0					35.00
41.00	SUBPROVIDER - IRF	2,389	246,688					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	27,314	3,295,392					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS	
						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	4,170,537	179,118,614	0.023284	36,984,877	861,156	50.00
50.01	05001 CARDIAC SURGERY	417,803	5,853,080	0.071382	2,194,619	156,656	50.01
50.02	05002 WVSC	1,903,530	113,042,295	0.016839	57,472	968	50.02
51.00	05100 RECOVERY ROOM	116,792	8,797,944	0.013275	1,473,746	19,564	51.00
51.02	05101 O/P TREATMENT ROOM	655,495	2,257,663	0.290342	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	832,138	22,087,728	0.037674	15,413	581	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,779,919	58,427,803	0.047579	7,968,966	379,155	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,723,900	46,434,749	0.037125	1,122,555	41,675	55.00
56.00	05600 RADIOISOTOPE	853,145	8,759,344	0.097398	602,932	58,724	56.00
57.00	05700 CT SCAN	337,075	48,341,336	0.006973	7,547,589	52,629	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	934,417	13,569,668	0.068861	1,106,230	76,176	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,294,516	97,492,408	0.013278	15,269,999	202,755	59.00
60.00	06000 LABORATORY	24,893	86,151,024	0.000289	22,067,973	6,378	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,943	3,142,730	0.000618	1,231,700	761	62.00
65.00	06500 RESPIRATORY THERAPY	632,449	36,650,788	0.017256	14,098,279	243,280	65.00
66.00	06600 PHYSICAL THERAPY	265,919	12,516,599	0.021245	3,210,329	68,203	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	489,279	7,099,331	0.068919	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	42,926	9,904,420	0.004334	1,740,556	7,544	67.00
68.00	06800 SPEECH PATHOLOGY	121,285	4,094,040	0.029625	485,435	14,381	68.00
69.00	06900 ELECTROCARDIOLOGY	1,866,027	79,104,830	0.023589	7,719,413	182,093	69.00
69.01	06901 CARDIAC REHAB	228,495	1,407,197	0.162376	50,980	8,278	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	124,365	3,179,436	0.039115	472,979	18,501	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,154	23,297,178	0.000693	4,518,667	3,131	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,557,502	308,831,438	0.005043	21,209,486	106,959	73.00
76.00	03020 RENAL ACUTE	95,407	3,943,015	0.024196	1,886,836	45,654	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	17,411	788,290	0.022087	0	0	90.00
90.05	09005 PATIENT NUTRITION	47,385	139,805	0.338936	0	0	90.05
90.07	09007 WOUND CLINIC	245,522	10,186,728	0.024102	17,565	423	90.07
91.00	09100 EMERGENCY	890,112	124,540,349	0.007147	15,667,821	111,978	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,056,898	13,507,787	0.078244	1,600,883	125,259	92.00
200.00	Total (lines 50 through 199)	23,743,286	1,332,667,617		170,323,300	2,792,862	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02040	INTENSIVE NURSERY	0	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	57,256	0.00	21,574	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	7,699	0.00	3,351	31.00	
35.00	02040	INTENSIVE NURSERY	0	0	3,916	0.00	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,176	0.00	2,389	41.00	
43.00	04300	NURSERY	0	0	2,894	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	75,941		27,314	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02040	INTENSIVE NURSERY	0						35.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description	Title XVIII						Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	Allied Health				
	1.00	2A	2.00	3A	3.00					
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	109,856	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	398,861	0	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	508,717	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	179,118,614	0.000000	50.00
50.01 05001 CARDIAC SURGERY	0	0	0	5,853,080	0.000000	50.01
50.02 05002 WVSC	0	0	0	113,042,295	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	8,797,944	0.000000	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	0	2,257,663	0.000000	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	22,087,728	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	109,856	109,856	58,427,803	0.001880	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	46,434,749	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	8,759,344	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	48,341,336	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,569,668	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	97,492,408	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	86,151,024	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,142,730	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	36,650,788	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	12,516,599	0.000000	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	0	7,099,331	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	9,904,420	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,094,040	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	79,104,830	0.000000	69.00
69.01 06901 CARDIAC REHAB	0	0	0	1,407,197	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	3,179,436	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,297,178	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	398,861	398,861	308,831,438	0.001292	73.00
76.00 03020 RENAL ACUTE	0	0	0	3,943,015	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	788,290	0.000000	90.00
90.05 09005 PATIENT NUTRITION	0	0	0	139,805	0.000000	90.05
90.07 09007 WOUND CLINIC	0	0	0	10,186,728	0.000000	90.07
91.00 09100 EMERGENCY	0	0	0	124,540,349	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,507,787	0.000000	92.00
200.00 Total (lines 50 through 199)	0	508,717	508,717	1,332,667,617		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	36,984,877	0	23,354,878	0	50.00
50.01	05001 CARDIAC SURGERY	0.000000	2,194,619	0	12,329	0	50.01
50.02	05002 WVSC	0.000000	57,472	0	29,839,535	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	1,473,746	0	1,557,006	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.000000	0	0	440,406	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	15,413	0	5,853	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.001880	7,968,966	14,982	10,550,693	19,835	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,122,555	0	18,724,413	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	602,932	0	2,942,173	0	56.00
57.00	05700 CT SCAN	0.000000	7,547,589	0	9,401,488	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,106,230	0	2,636,590	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	15,269,999	0	29,927,593	0	59.00
60.00	06000 LABORATORY	0.000000	22,067,973	0	7,380,074	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,231,700	0	239,855	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	14,098,279	0	792,948	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,210,329	0	124,208	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,740,556	0	38,603	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	485,435	0	40,145	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,719,413	0	23,340,070	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	50,980	0	780,920	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	472,979	0	376,374	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,518,667	0	7,020,499	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001292	21,209,486	27,403	116,063,277	149,954	73.00
76.00	03020 RENAL ACUTE	0.000000	1,886,836	0	121,754	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	423,100	0	90.00
90.05	09005 PATIENT NUTRITION	0.000000	0	0	0	0	90.05
90.07	09007 WOUND CLINIC	0.000000	17,565	0	3,722,948	0	90.07
91.00	09100 EMERGENCY	0.000000	15,667,821	0	18,031,530	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,600,883	0	2,556,892	0	92.00
200.00	Total (lines 50 through 199)		170,323,300	42,385	310,446,154	169,789	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:58 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	0.124320	23,354,878	0	0	2,903,478 50.00
50.01	05001 CARDIAC SURGERY	0.604019	12,329	0	0	7,447 50.01
50.02	05002 WVSC	0.145162	29,839,535	0	0	4,331,567 50.02
51.00	05100 RECOVERY ROOM	0.352856	1,557,006	0	0	549,399 51.00
51.02	05101 O/P TREATMENT ROOM	0.879335	440,406	0	82	387,264 51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.346588	5,853	0	0	2,029 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.238287	10,550,693	0	0	2,514,093 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.186576	18,724,413	0	0	3,493,526 55.00
56.00	05600 RADIO SOTOPE	0.334198	2,942,173	0	0	983,268 56.00
57.00	05700 CT SCAN	0.070784	9,401,488	0	0	665,475 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.216283	2,636,590	0	0	570,250 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.360162	29,927,593	0	0	10,778,782 59.00
60.00	06000 LABORATORY	0.127899	7,380,074	0	0	943,904 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.453015	239,855	0	0	108,658 62.00
65.00	06500 RESPIRATORY THERAPY	0.196842	792,948	0	0	156,085 65.00
66.00	06600 PHYSICAL THERAPY	0.331747	124,208	0	0	41,206 66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0 66.01
66.02	06602 O/P PHYSICAL THERAPY	0.382315	0	0	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.249368	38,603	0	0	9,626 67.00
68.00	06800 SPEECH PATHOLOGY	0.316469	40,145	0	0	12,705 68.00
69.00	06900 ELECTROCARDIOLOGY	0.186263	23,340,070	0	0	4,347,391 69.00
69.01	06901 CARDIAC REHAB	0.631854	780,920	0	0	493,427 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.686143	376,374	0	0	258,246 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.577419	7,020,499	0	0	4,053,770 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.193964	116,063,277	0	45,011	22,512,097 73.00
76.00	03020 RENAL ACUTE	0.564174	121,754	0	0	68,690 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.513869	423,100	0	0	217,418 90.00
90.05	09005 PATIENT NUTRITION	3.983642	0	0	0	0 90.05
90.07	09007 WOUND CLINIC	0.238770	3,722,948	0	0	888,928 90.07
91.00	09100 EMERGENCY	0.114002	18,031,530	0	0	2,055,630 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.692256	2,556,892	0	0	1,770,024 92.00
200.00	Subtotal (see instructions)		310,446,154	0	45,093	65,124,383 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		310,446,154	0	45,093	65,124,383 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:58 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	72	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	8,731	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	8,803	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	8,803	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 7/29/2021 1:58 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	4,170,537	179,118,614	0.023284	109,712	2,555	50.00
50.01	05001	CARDIAC SURGERY	417,803	5,853,080	0.071382	5,395	385	50.01
50.02	05002	WVSC	1,903,530	113,042,295	0.016839	161	3	50.02
51.00	05100	RECOVERY ROOM	116,792	8,797,944	0.013275	2,520	33	51.00
51.02	05101	O/P TREATMENT ROOM	655,495	2,257,663	0.290342	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	832,138	22,087,728	0.037674	36	1	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,779,919	58,427,803	0.047579	78,906	3,754	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,723,900	46,434,749	0.037125	0	0	55.00
56.00	05600	RADIOISOTOPE	853,145	8,759,344	0.097398	1,856	181	56.00
57.00	05700	CT SCAN	337,075	48,341,336	0.006973	59,030	412	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	934,417	13,569,668	0.068861	11,625	801	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,294,516	97,492,408	0.013278	33,141	440	59.00
60.00	06000	LABORATORY	24,893	86,151,024	0.000289	350,524	101	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,943	3,142,730	0.000618	26,675	16	62.00
65.00	06500	RESPIRATORY THERAPY	632,449	36,650,788	0.017256	492,962	8,507	65.00
66.00	06600	PHYSICAL THERAPY	265,919	12,516,599	0.021245	1,332,230	28,303	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	489,279	7,099,331	0.068919	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	42,926	9,904,420	0.004334	1,300,761	5,637	67.00
68.00	06800	SPEECH PATHOLOGY	121,285	4,094,040	0.029625	227,885	6,751	68.00
69.00	06900	ELECTROCARDIOLOGY	1,866,027	79,104,830	0.023589	33,512	791	69.00
69.01	06901	CARDIAC REHAB	228,495	1,407,197	0.162376	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	124,365	3,179,436	0.039115	24,016	939	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	47	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,154	23,297,178	0.000693	10,265	7	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,557,502	308,831,438	0.005043	376,034	1,896	73.00
76.00	03020	RENAL ACUTE	95,407	3,943,015	0.024196	105,909	2,563	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,411	788,290	0.022087	0	0	90.00
90.05	09005	PATIENT NUTRITION	47,385	139,805	0.338936	0	0	90.05
90.07	09007	WOUND CLINIC	245,522	10,186,728	0.024102	170	4	90.07
91.00	09100	EMERGENCY	890,112	124,540,349	0.007147	30,933	221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,507,787	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	22,686,388	1,332,667,617		4,614,258	64,301	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CARDIAC SURGERY	0	0	0	0	0	50.01
50.02	05002 WVSC	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	0	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	109,856	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	398,861	73.00
76.00	03020 RENAL ACUTE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	0	0	90.05
90.07	09007 WOUND CLINIC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	508,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:58 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	179,118,614	0.000000	50.00
50.01 05001 CARDIAC SURGERY	0	0	0	5,853,080	0.000000	50.01
50.02 05002 WVSC	0	0	0	113,042,295	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	8,797,944	0.000000	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	0	2,257,663	0.000000	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	22,087,728	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	109,856	109,856	58,427,803	0.001880	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	46,434,749	0.000000	55.00
56.00 05600 RADIO SOTOPE	0	0	0	8,759,344	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	48,341,336	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,569,668	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	97,492,408	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	86,151,024	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,142,730	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	36,650,788	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	12,516,599	0.000000	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	0	7,099,331	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	9,904,420	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,094,040	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	79,104,830	0.000000	69.00
69.01 06901 CARDIAC REHAB	0	0	0	1,407,197	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	3,179,436	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,297,178	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	398,861	398,861	308,831,438	0.001292	73.00
76.00 03020 RENAL ACUTE	0	0	0	3,943,015	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	788,290	0.000000	90.00
90.05 09005 PATIENT NUTRITION	0	0	0	139,805	0.000000	90.05
90.07 09007 WOUND CLINIC	0	0	0	10,186,728	0.000000	90.07
91.00 09100 EMERGENCY	0	0	0	124,540,349	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,507,787	0.000000	92.00
200.00 Total (lines 50 through 199)	0	508,717	508,717	1,332,667,617		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	109,712	0	0	0	50.00
50.01	05001 CARDIAC SURGERY	0.000000	5,395	0	0	0	50.01
50.02	05002 WVSC	0.000000	161	0	1	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	2,520	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.000000	0	0	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	36	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.001880	78,906	148	213	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,856	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	59,030	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	11,625	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	33,141	0	136	0	59.00
60.00	06000 LABORATORY	0.000000	350,524	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	26,675	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	492,962	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,332,230	0	0	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,300,761	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	227,885	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	33,512	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	24,016	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,265	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001292	376,034	486	209	0	73.00
76.00	03020 RENAL ACUTE	0.000000	105,909	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0.000000	0	0	0	0	90.05
90.07	09007 WOUND CLINIC	0.000000	170	0	0	0	90.07
91.00	09100 EMERGENCY	0.000000	30,933	0	318	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		4,614,258	634	877	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:58 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	0.124320	0	0	0	0	50.00
50.01 05001 CARDIAC SURGERY	0.604019	0	0	0	0	50.01
50.02 05002 WVSC	0.145162	1	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.352856	0	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	0.879335	0	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.346588	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.238287	213	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.186576	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.334198	0	0	0	0	56.00
57.00 05700 CT SCAN	0.070784	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.216283	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.360162	136	0	0	0	59.00
60.00 06000 LABORATORY	0.127899	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.453015	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.196842	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.331747	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	0.382315	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.249368	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.316469	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.186263	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0.631854	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.686143	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.577419	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.193964	209	0	538	41	73.00
76.00 03020 RENAL ACUTE	0.564174	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.513869	0	0	0	0	90.00
90.05 09005 PATIENT NUTRITION	3.983642	0	0	0	0	90.05
90.07 09007 WOUND CLINIC	0.238770	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.114002	318	0	0	36	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.692256	0	0	0	0	92.00
200.00	Subtotal (see instructions)	877	0	538	177	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	877	0	538	177	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:58 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	104		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	104		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	104		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,256	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,256	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		47,467	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		21,574	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)		54,693,328	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)		54,693,328	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)		54,693,328	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)		955.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,608,348	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)		20,608,348	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	11,714,065	7,699	1,521.50	3,351	5,098,547	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	4,368,444	3,916	1,115.54	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,352,560	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					61,059,455	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)					3,048,704	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,835,247	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,883,951	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					55,175,504	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)					9,789	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					955.24	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,350,844	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 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	6,181,798	54,693,328	0.113027	9,350,844	1,056,898	90.00
91.00	Nursing School cost	0	54,693,328	0.000000	9,350,844	0	91.00
92.00	Allied health cost	0	54,693,328	0.000000	9,350,844	0	92.00
93.00	All other Medical Education	0	54,693,328	0.000000	9,350,844	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 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)		4,176	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,176	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)		4,176	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,389	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)		3,254,455	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)		3,254,455	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)		3,254,455	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)		779.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,861,795	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,861,795	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 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)	1,213,571						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,075,366						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)	246,688						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	64,935						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	311,623						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)	2,763,743						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 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 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	431,216	3,254,455	0.132500	0	0	90.00
91.00	Nursing School cost	0	3,254,455	0.000000	0	0	91.00
92.00	Allied health cost	0	3,254,455	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,254,455	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			57,256 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			57,256 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			47,467 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,266 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,894 15.00
16.00	Nursery days (title V or XIX only)			119 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)			54,693,328 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)			54,693,328 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)			54,693,328 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)			955.24 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,209,334 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,209,334 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 pm	
Title XIX			Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	1,641,693	2,894	567.27	119	67,505	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	11,714,065	7,699	1,521.50	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	4,368,444	3,916	1,115.54	432	481,913	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,448,905	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,207,657	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)					9,789	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					955.24	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,350,844	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 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	6,181,798	54,693,328	0.113027	9,350,844	1,056,898	90.00
91.00	Nursing School cost	0	54,693,328	0.000000	9,350,844	0	91.00
92.00	Allied health cost	0	54,693,328	0.000000	9,350,844	0	92.00
93.00	All other Medical Education	0	54,693,328	0.000000	9,350,844	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Component CCN: 15-T023		Date/Time Prepared: 7/29/2021 1:58 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,176	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,176	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)		4,176	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		57	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,894	15.00
16.00	Nursery days (title V or XIX only)		119	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)		3,254,455	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)		3,254,455	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)		3,254,455	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)		779.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		44,421	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)		44,421	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1	
				Component CCN: 15-T023		Date/Time Prepared: 7/29/2021 1:58 pm	
				Title XIX	Subprovider - IRF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 INTENSIVE NURSERY	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,455		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,876		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
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 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:58 pm	
		Title XIX		Subprovider - IRF		Cost	
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	431,216	3,254,455	0.132500	0	0	90.00
91.00	Nursing School cost	0	3,254,455	0.000000	0	0	91.00
92.00	Allied health cost	0	3,254,455	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,254,455	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:58 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		46,918,796	31.00
35.00	02040	INTENSIVE NURSERY		13,503,192	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	0.124528	36,984,877	50.00
50.01	05001	CARDIAC SURGERY	0.604019	2,194,619	50.01
50.02	05002	WVSC	0.145162	57,472	50.02
51.00	05100	RECOVERY ROOM	0.352856	1,473,746	51.00
51.02	05101	O/P TREATMENT ROOM	0.879335	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346588	15,413	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238340	7,968,966	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186576	1,122,555	55.00
56.00	05600	RADIOISOTOPE	0.334198	602,932	56.00
57.00	05700	CT SCAN	0.070784	7,547,589	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.216283	1,106,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360162	15,269,999	59.00
60.00	06000	LABORATORY	0.128423	22,067,973	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.453015	1,231,700	62.00
65.00	06500	RESPIRATORY THERAPY	0.196842	14,098,279	65.00
66.00	06600	PHYSICAL THERAPY	0.331747	3,210,329	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.382315	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.249368	1,740,556	67.00
68.00	06800	SPEECH PATHOLOGY	0.316469	485,435	68.00
69.00	06900	ELECTROCARDIOLOGY	0.186263	7,719,413	69.00
69.01	06901	CARDIAC REHAB	0.631854	50,980	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.693818	472,979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.577419	4,518,667	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.193964	21,209,486	73.00
76.00	03020	RENAL ACUTE	0.564174	1,886,836	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.513869	0	90.00
90.05	09005	PATIENT NUTRITION	3.990680	0	90.05
90.07	09007	WOUND CLINIC	0.238770	17,565	90.07
91.00	09100	EMERGENCY	0.114002	15,667,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.692256	1,600,883	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		170,323,300	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)		170,323,300	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:58 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		45,747	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		2,558,276	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.124528	109,712	50.00
50.01	05001	CARDIAC SURGERY	0.604019	5,395	50.01
50.02	05002	WVSC	0.145162	161	50.02
51.00	05100	RECOVERY ROOM	0.352856	2,520	51.00
51.02	05101	O/P TREATMENT ROOM	0.879335	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346588	36	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238340	78,906	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186576	0	55.00
56.00	05600	RADIOISOTOPE	0.334198	1,856	56.00
57.00	05700	CT SCAN	0.070784	59,030	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.216283	11,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360162	33,141	59.00
60.00	06000	LABORATORY	0.128423	350,524	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.453015	26,675	62.00
65.00	06500	RESPIRATORY THERAPY	0.196842	492,962	65.00
66.00	06600	PHYSICAL THERAPY	0.331747	1,332,230	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.382315	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.249368	1,300,761	67.00
68.00	06800	SPEECH PATHOLOGY	0.316469	227,885	68.00
69.00	06900	ELECTROCARDIOLOGY	0.186263	33,512	69.00
69.01	06901	CARDIAC REHAB	0.631854	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.693818	24,016	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.577419	10,265	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.193964	376,034	73.00
76.00	03020	RENAL ACUTE	0.564174	105,909	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.513869	0	90.00
90.05	09005	PATIENT NUTRITION	3.990680	0	90.05
90.07	09007	WOUND CLINIC	0.238770	170	90.07
91.00	09100	EMERGENCY	0.114002	30,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.692256	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,614,258	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)		4,614,258	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:58 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		2,208,519	30.00
31.00	03100	INTENSIVE CARE UNIT		1,076,483	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		67,787	41.00
43.00	04300	NURSERY		2,311,726	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.124320	1,529,947	190,203 50.00
50.01	05001	CARDIAC SURGERY	0.604019	0	0 50.01
50.02	05002	WVSC	0.145162	0	0 50.02
51.00	05100	RECOVERY ROOM	0.352856	60,901	21,489 51.00
51.02	05101	O/P TREATMENT ROOM	0.879335	0	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346588	226,607	78,539 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238287	319,137	76,046 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186576	18,506	3,453 55.00
56.00	05600	RADIOISOTOPE	0.334198	22,510	7,523 56.00
57.00	05700	CT SCAN	0.070784	295,174	20,894 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.216283	44,140	9,547 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360162	154,428	55,619 59.00
60.00	06000	LABORATORY	0.127899	1,310,407	167,600 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.453015	68,596	31,075 62.00
65.00	06500	RESPIRATORY THERAPY	0.196842	853,937	168,091 65.00
66.00	06600	PHYSICAL THERAPY	0.331747	135,498	44,951 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.382315	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.249368	145,966	36,399 67.00
68.00	06800	SPEECH PATHOLOGY	0.316469	40,019	12,665 68.00
69.00	06900	ELECTROCARDIOLOGY	0.186263	294,411	54,838 69.00
69.01	06901	CARDIAC REHAB	0.631854	617	390 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.686143	39,367	27,011 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.577419	86,518	49,957 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.193964	1,247,113	241,895 73.00
76.00	03020	RENAL ACUTE	0.564174	135,375	76,375 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.513869	0	0 90.00
90.05	09005	PATIENT NUTRITION	3.983642	0	0 90.05
90.07	09007	WOUND CLINIC	0.238770	0	0 90.07
91.00	09100	EMERGENCY	0.114002	652,141	74,345 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.692256	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,681,315	1,448,905 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		7,681,315	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:58 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		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		536	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.124320	12,098	1,504 50.00
50.01	05001 CARDIAC SURGERY	0.604019	0	0 50.01
50.02	05002 WVSC	0.145162	0	0 50.02
51.00	05100 RECOVERY ROOM	0.352856	482	170 51.00
51.02	05101 O/P TREATMENT ROOM	0.879335	0	0 51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.346588	1,792	621 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.238287	2,524	601 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.186576	146	27 55.00
56.00	05600 RADIOISOTOPE	0.334198	178	59 56.00
57.00	05700 CT SCAN	0.070784	2,334	165 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.216283	349	75 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.360162	1,221	440 59.00
60.00	06000 LABORATORY	0.127899	10,362	1,325 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.453015	542	246 62.00
65.00	06500 RESPIRATORY THERAPY	0.196842	6,752	1,329 65.00
66.00	06600 PHYSICAL THERAPY	0.331747	1,071	355 66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602 O/P PHYSICAL THERAPY	0.382315	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.249368	1,154	288 67.00
68.00	06800 SPEECH PATHOLOGY	0.316469	316	100 68.00
69.00	06900 ELECTROCARDIOLOGY	0.186263	2,328	434 69.00
69.01	06901 CARDIAC REHAB	0.631854	5	3 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.686143	311	213 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.577419	684	395 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.193964	9,861	1,913 73.00
76.00	03020 RENAL ACUTE	0.564174	1,070	604 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.513869	0	0 90.00
90.05	09005 PATIENT NUTRITION	3.983642	0	0 90.05
90.07	09007 WOUND CLINIC	0.238770	0	0 90.07
91.00	09100 EMERGENCY	0.114002	5,157	588 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.692256	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		60,737	11,455 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		60,737	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 1:58 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		38,643,481	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,095,295	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		352,872	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		63,124	2.04
3.00	Managed Care Simulated Payments		16,996,755	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		214.63	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 that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
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		21.15	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).		0.056935	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.058991	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.056935	21.00
22.00	IME payment adjustment (see instructions)		1,706,610	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		520,407	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)		8.93	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)		0.039370	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010403	27.00
28.00	IME add-on adjustment amount (see instructions)		579,850	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		176,817	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,286,460	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		697,224	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.36	31.00
32.00	Sum of lines 30 and 31		27.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.61	33.00
34.00	Disproportionate share adjustment (see instructions)		1,617,818	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 1:58 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)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000415960	0.000409962	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,473,515	3,398,591	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,600,391	856,632	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,457,023		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding 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)	63,516,073		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)		64,213,297	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,815,105	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).		685,929	52.00
53.00	Nursing and Allied Health Managed Care payment		8,332	53.00
54.00	Special add-on payments for new technologies		155,694	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)		42,385	58.00
59.00	Total (sum of amounts on lines 49 through 58)		69,920,742	59.00
60.00	Primary payer payments		15,776	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		69,904,966	61.00
62.00	Deductibles billed to program beneficiaries		5,204,144	62.00
63.00	Coinurance billed to program beneficiaries		46,112	63.00
64.00	Allowable bad debts (see instructions)		470,784	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		306,010	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		156,612	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,960,720	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)		-252,479	70.93
70.94	HRR adjustment amount (see instructions)		-394,361	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 1:58 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)			64,313,880	71.00
71.01	Sequestration adjustment (see instructions)			424,472	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			63,527,956	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			361,452	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,377,866	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 1:58 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	38,643,481	0	38,643,481		38,643,481	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,095,295	0		17,095,295	17,095,295	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	352,872	0	352,872		352,872	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	63,124	0		63,124	63,124	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	16,996,755	0	12,113,468	4,883,287	16,996,755	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.056935	0.056935	0.056935	0.056935		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,706,610	0	1,183,186	523,424	1,706,610	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	520,407	0	370,891	149,516	520,407	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	0.010403	0.010403	0.010403	0.010403		7.00
8.00	IME adjustment (see instructions)	28.00	579,850	0	402,008	177,842	579,850	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	176,817	0	126,016	50,801	176,817	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,286,460	0	1,585,194	701,266	2,286,460	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	697,224	0	496,907	200,317	697,224	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1161	0.1161	0.1161	0.1161		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,617,818	0	1,121,627	496,191	1,617,818	11.00
11.01	Uncompensated care payments	36.00	3,457,023	0	2,600,391	856,632	3,457,023	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	63,516,073	0	44,303,565	19,212,508	63,516,073	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	64,213,297	0	44,800,472	19,412,825	64,213,297	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 1:58 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,815,105	0	-1,403,107	6,218,212	4,815,105	16.00
17.00	Special add-on payments for new technologies	54.00	155,694	0	2,429	153,265	155,694	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	43,399,794	25,784,302	69,184,096	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	4,334,570	0	-1,272,829	5,607,399	4,334,570	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	76,553	0	-11,650	88,203	76,553	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	0.0367	0.0367	0.0367	0.0367		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	159,079	0	-46,713	205,792	159,079	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0565	0.0565	0.0565	0.0565		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	244,903	0	-71,915	316,818	244,903	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,815,105	0	-1,403,107	6,218,212	4,815,105	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 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/29/2021 1:58 pm	
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	38,643,481	38,643,481		38,643,481	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,095,295		17,095,295	17,095,295	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	352,872	352,872		352,872	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	63,124		63,124	63,124	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	16,996,755	12,113,469	4,883,287	16,996,756	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.056935	0.056935	0.056935		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,706,610	1,183,186	523,424	1,706,610	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	520,407	370,891	149,516	520,407	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	0.010403	0.010403	0.010403		7.00
8.00	IME adjustment (see instructions)	28.00	579,850	402,008	177,842	579,850	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	176,817	126,016	50,801	176,817	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,286,460	1,585,194	701,266	2,286,460	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	697,224	496,907	200,317	697,224	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1161	0.1161	0.1161		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,617,818	1,121,627	496,191	1,617,818	11.00
11.01	Uncompensated care payments	36.00	3,457,023	2,600,391	856,632	3,457,023	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	63,516,073	44,303,565	19,212,508	63,516,073	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	64,213,297	44,800,472	19,412,825	64,213,297	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,815,105	-1,403,107	6,218,212	4,815,105	16.00
17.00	Special add-on payments for new technologies	54.00	155,694	2,429	153,265	155,694	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			43,399,794	25,784,302	69,184,096	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/29/2021 1:58 pm
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		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	4,334,570	-1,272,829	5,607,399	4,334,570	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	76,553	-11,650	88,203	76,553	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	0.0367	0.0367	0.0367		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	159,079	-46,713	205,792	159,079	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0565	0.0565	0.0565		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	244,903	-71,915	316,818	244,903	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,815,105	-1,403,107	6,218,212	4,815,105	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-252,479	-181,383	-71,096	-252,479	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-394,361	-251,199	-143,162	-394,361	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 1:58 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,803	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		64,954,594	2.00
3.00	OPPS payments		57,315,873	3.00
4.00	Outlier payment (see instructions)		38,737	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		169,789	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,803	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		45,093	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)		45,093	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)		45,093	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		36,290	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,803	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)		57,524,399	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		10,389,777	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)		47,143,425	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		696,636	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)		47,840,061	30.00
31.00	Primary payer payments		13,546	31.00
32.00	Subtotal (line 30 minus line 31)		47,826,515	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)		1,367,715	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		889,015	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		823,480	36.00
37.00	Subtotal (see instructions)		48,715,530	37.00
38.00	MSP-LCC reconciliation amount from PS&R		268	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			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)		7,000	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		48,715,262	40.00
40.01	Sequestration adjustment (see instructions)		321,521	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		48,673,367	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-279,626	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 1:58 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)		104	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		177	2.00
3.00	OPPS payments		292	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		104	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		538	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)		538	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)		538	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		434	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)		104	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)		292	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		15	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)		381	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)		381	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		381	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)		381	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	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)		381	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		384	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-6	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0023		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 7/29/2021 1:58 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		62,475,463		46,678,791	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	12/31/2020	1,052,493	12/31/2020	1,994,576	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)		1,052,493		1,994,576	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)		63,527,956		48,673,367	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		361,452		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		279,626	6.02	
7.00	Total Medicare program liability (see instructions)		63,889,408		48,393,741	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 01/01/2020 To 12/31/2020	Worksheet E-1 Part I Date/Time Prepared: 7/29/2021 1:58 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				384 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		3,911,716		0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			0		0 3.02
3.03			0		0 3.03
3.04			0		0 3.04
3.05			0		0 3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0 3.50
3.51			0		0 3.51
3.52			0		0 3.52
3.53			0		0 3.53
3.54			0		0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,911,716		384 4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 5.00
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0 5.01
5.02			0		0 5.02
5.03			0		0 5.03
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0 5.50
5.51			0		0 5.51
5.52			0		0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0 6.00
6.01	SETTLEMENT TO PROVIDER		0		0 6.01
6.02	SETTLEMENT TO PROGRAM		13,520		6 6.02
7.00	Total Medicare program liability (see instructions)		3,898,196		378 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/29/2021 1:58 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/29/2021 1:58 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,731,422 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0157 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			182,467 3.00
4.00	Outlier Payments			52,981 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)			21.15 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)			11.409836 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)			3,966,870 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)			3,966,870 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,966,870 19.00
20.00	Deductibles			35,200 20.00
21.00	Subtotal (line 19 minus line 20)			3,931,670 21.00
22.00	Coinurance			10,560 22.00
23.00	Subtotal (line 21 minus line 22)			3,921,110 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,617 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,351 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,364 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,923,461 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)			634 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	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,924,095 32.00
32.01	Sequestration adjustment (see instructions)			25,899 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,911,716 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)			-13,520 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			52,981 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 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/29/2021 1:58 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		3,207,657		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)		3,207,657	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)		3,207,657	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		5,664,515		8.00
9.00	Ancillary service charges		7,681,315	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)		13,345,830	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)		13,345,830	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		10,138,173	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)		3,207,657	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)		3,207,657	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)		3,207,657	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)		3,207,657	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		3,207,657	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)		3,207,657	0	40.00
41.00	Interim payments		5,202,062	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-1,994,405	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/29/2021 1:58 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital /SNF/NF services	55,876		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)	55,876	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)	55,876	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	536		8.00
9.00	Ancillary service charges	60,737	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)	61,273	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)	61,273	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	5,397	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)	55,876	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	55,876	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)	55,876	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	55,876	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	55,876	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	55,876	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	55,876	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 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 1:58 pm
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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)			21.15	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.	21.15	0.00	21.15	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	131,275.42	0.00		18.00
19.00	Approved amount for resident costs	1,958,629	0	1,958,629	19.00

		Total			
		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)			6.23	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)			104,330.96	23.00
24.00	Multiply line 22 time line 23			599,903	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,558,532	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	27,314	8,088		26.00
27.00	Total Inpatient Days (see instructions)	63,399	63,399		27.00
28.00	Ratio of inpatient days to total inpatient days	0.430827	0.127573		28.00
29.00	Program direct GME amount	1,102,285	326,400	1,428,685	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		46,120	46,120	30.00
31.00	Net Program direct GME amount			1,382,565	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 1:58 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)		64,134,821	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)		15,776	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		64,119,045	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		65,133,467	42.00
43.00	Primary payer payments (see instructions)		13,546	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		65,119,921	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		129,238,966	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.496128	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.503872	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,382,565	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		685,929	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		696,636	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 01/01/2020
To 12/31/2020

Worksheet G

Date/Time Prepared:
7/29/2021 1:58 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	106,655,661	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	57,296,824	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	5,642,770	0	0	0	7.00
8.00	Prepaid expenses	-27,995,438	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)	141,599,817	0	0	0	11.00
FIXED ASSETS						
12.00	Land	40,217,629	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	405,129,822	0	0	0	15.00
16.00	Accumulated depreciation	-342,970,044	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	175,637,407	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)	278,014,814	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	197,017,336	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	197,017,336	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	616,631,967	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	44,272,611	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,338,941	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,770,207	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	75,381,759	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	57,008,607	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	243,330,806	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	300,339,413	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	375,721,172	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	240,910,795				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)	240,910,795	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	616,631,967	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-1

Date/Time Prepared:
7/29/2021 1:58 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		182,328,296		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		58,582,499				2.00
3.00	Total (sum of line 1 and line 2)		240,910,795		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)		240,910,795		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)		240,910,795		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 01/01/2020
To 12/31/2020

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/29/2021 1:58 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	100,929,565		100,929,565	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,648,967		4,648,967	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)	105,578,532		105,578,532	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	31,348,544		31,348,544	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	18,291,881		18,291,881	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	49,640,425		49,640,425	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	155,218,957		155,218,957	17.00
18.00	Ancillary services	364,280,871	819,223,787	1,183,504,658	18.00
19.00	Outpatient services	34,602,996	114,559,963	149,162,959	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	RURAL HEALTH	0	5,058,253	5,058,253	27.00
27.01	RENTAL PROPERTY	0	0	0	27.01
27.02	FAMILY PRACTICE	0	964,410	964,410	27.02
27.03	WELLNESS	0	0	0	27.03
27.04	PHYSICIAN PRACTICES	851,360	11,822,839	12,674,199	27.04
27.05	SYCAMORE SPORTS MED	0	0	0	27.05
27.06	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	245,491	419,528	665,019	27.06
27.07	PRO FEES	4,158,508	1,409,658	5,568,166	27.07
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	559,358,183	953,458,438	1,512,816,621	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		351,558,743		29.00
30.00	HOME OFFICE	85,491,296			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)		85,491,296		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)		437,050,039		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-3

Date/Time Prepared:
7/29/2021 1:58 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,512,816,621	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,035,345,992	2.00
3.00	Net patient revenues (line 1 minus line 2)	477,470,629	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	437,050,039	4.00
5.00	Net income from service to patients (line 3 minus line 4)	40,420,590	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 INCOME	20,419,195	24.00
24.01	TRANSFERS AND OTHER ALLOCATED	1,485,914	24.01
24.02	INTEREST INCOME	19,020,302	24.02
24.03	TRANSFER FOR PROPERTY AND EQUIPMENT	1,561,948	24.03
24.04	UNREALIZED GAIN/LOSS ON INVESTMENTS	0	24.04
24.05	OTHER INCOME AND EXPENSE	-8,279	24.05
24.06	OTHER INCOME AND EXPENSE	1,962,817	24.06
24.50	COVID-19 PHE Funding	19,084,608	24.50
25.00	Total other income (sum of lines 6-24)	63,526,505	25.00
26.00	Total (line 5 plus line 25)	103,947,095	26.00
27.00	ALLOCATED COSTS	45,364,596	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	45,364,596	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,582,499	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/29/2021 1:58 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,334,570	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		76,553	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)		161.81	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.67	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)		159,079	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.36	8.00
9.00	Sum of lines 7 and 8		27.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.65	10.00
11.00	Disproportionate share adjustment (see instructions)		244,903	11.00
12.00	Total prospective capital payments (see instructions)		4,815,105	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