

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

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

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

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet S
Parts I-III
Date/Time Prepared:
5/29/2019 1:11 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 5/29/2019	Time: 1:11 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	563,518	835,933	0	-1,223,036	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	19,920	-3		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	583,438	835,930	0	-1,223,036	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 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 1:11 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1606 NORTH SEVENTH ST			PO Box:				1.00	
2.00	City: TERRE HAUTE			State: IN		Zip Code: 47804-		County: VIGO 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			UNION HOSPITAL, INC.	150023	45460	1	01/01/1966	N
4.00	Subprovider - IPF							P	0
5.00	Subprovider - IRF			MEDICAL REHAB	15T023	45460	5	09/01/1989	N
6.00	Subprovider - (Other)							P	0
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 - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							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		
22.01	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		
22.02	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		
22.03	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		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			854	7,747	1,031	360	3,434	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0023		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 1:11 pm		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
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.			0	311	21	34	149		25.00
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)									37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N		40.00
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.						Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
						NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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 §413.85? (see instructions)						Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)							23.01	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)							23.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)							23.02	1	60.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part I
Date/Time Prepared:
5/29/2019 1:11 pm

	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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
		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 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.						
64.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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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.	N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		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	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	
						2.00	
						3.00	
115.00	Miscellaneous Cost Reporting Information Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	541,577		0		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0023		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 1:11 pm		
				1.00		2.00				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		15H043		140.00	
				1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: UNION HOSPITAL, INC.			Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101			141.00	
142.00	Street: 1606 NORTH SEVENTH ST			PO Box:					142.00	
143.00	City: TERRE HAUTE			State: IN		Zip Code: 47804		143.00		
				1.00						
144.00	Are provider based physicians' costs included in Worksheet A?				Y				144.00	
				1.00		2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
				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		
				1.00		2.00		3.00		
				Title XIX		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		155.00
156.00	Subprovider - IPF			N		N		N		156.00
157.00	Subprovider - IRF			N		N		N		157.00
158.00	SUBPROVIDER			N		N		N		158.00
159.00	SNF			N		N		N		159.00
160.00	HOME HEALTH AGENCY			N		N		N		160.00
161.00	CMHC			N		N		N		161.00
				1.00						
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N				165.00	
				Name		County		State		
				0		1.00		2.00		
				Zip Code		CBSA		FTE/Campus		
				3.00		4.00		5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00		166.00
				1.00						
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99				169.00	
				Beginning		Ending				
				1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2018		12/31/2018		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 1:11 pm
		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 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 1:11 pm
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 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	04/01/2019	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		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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part II
Date/Time Prepared:
5/29/2019 1:11 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 relifed 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 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 1:11 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 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 1:11 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					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	182	66,430	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)		182	66,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY	35.00	15	5,475	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		233	85,045	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		255				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 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 1:11 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)	21,941	624	43,229		1.00
2.00	HMO and other (see instructions)	3,742	12,528			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	515			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)	21,941	624	43,229		7.00
8.00	INTENSIVE CARE UNIT	3,606	0	6,215		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	57	4,126		12.00
13.00	NURSERY		171	3,196		13.00
14.00	Total (see instructions)	25,547	852	56,766	21.00	1,431.07
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	2,252	0	3,677	0.00	18.77
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)			104		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				21.00	1,449.84
28.00	Observation Bed Days		0	10,916		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	46	81		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			264		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 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 1:11 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	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,071	222	14,958	1.00
2.00 HMO and other (see instructions)			796	3,486		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				32		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,071	222	14,958	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	170	0	264	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 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 1:11 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	91,617,467	0	91,617,467	2,961,525.00	30.94	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		488,743	0	488,743	3,162.00	154.57	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		3,760,603	0	3,760,603	12,454.00	301.96	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,329,060	1,329,060	43,680.00	30.43	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		14,800,311	-1,993,536	12,806,775	230,969.00	55.45	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,759,830	0	6,759,830	124,876.00	54.13	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		924,556	0	924,556	6,700.00	137.99	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		15,634,141	0	15,634,141	414,211.00	37.74	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,828,151	0	21,828,151			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,102,417	0	3,102,417			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		101,288	0	101,288			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		743,410	0	743,410			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		270,031	0	270,031			25.00
25.50	Home office wage-related (core)		4,849,962	0	4,849,962			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 1:11 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	177,854	642,038	819,892	31,592.00	25.95
27.00	Administrative & General	5.00	7,078,942	-446,875	6,632,067	243,346.00	27.25
28.00	Administrative & General under contract (see inst.)		1,760,645	0	1,760,645	7,863.00	223.92
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	70,428	0	70,428	3,271.00	21.53
31.00	Laundry & Linen Service	8.00	666,952	0	666,952	41,873.00	15.93
32.00	Housekeeping	9.00	1,998,813	0	1,998,813	147,290.00	13.57
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,554,903	-1,243,605	311,298	21,502.00	14.48
35.00	Dietary under contract (see instructions)		851,208	0	851,208	11,320.00	75.20
36.00	Cafeteria	11.00	108,923	1,236,738	1,345,661	93,441.00	14.40
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,939,989	0	1,939,989	37,905.00	51.18
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	2,668,484	0	2,668,484	124,951.00	21.36
42.00	Social Service	17.00	0	0	0	0.00	0.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 1:11 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	90,468,717	-1,329,060	89,139,657	2,924,574.00	30.48	1.00
2.00	Excluded area salaries (see instructions)	14,800,311	-1,993,536	12,806,775	230,969.00	55.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	75,668,406	664,476	76,332,882	2,693,605.00	28.34	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,318,527	0	23,318,527	545,787.00	42.72	4.00
5.00	Subtotal wage-related costs (see inst.)	26,779,401	0	26,779,401	0.00	35.08	5.00
6.00	Total (sum of lines 3 thru 5)	125,766,334	664,476	126,430,810	3,239,392.00	39.03	6.00
7.00	Total overhead cost (see instructions)	18,877,141	188,296	19,065,437	764,354.00	24.94	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part IV
Date/Time Prepared:
5/29/2019 1:11 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,008,263	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	7,580,811	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)	8,591,496	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	-85,907	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	46,796	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)	109,096	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	280,772	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	6,336,350	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	24,918	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	152,702	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,045,297	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part V
Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			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 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 1:11 pm
				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)			0.219399 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	53,447,029		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	-20,582,792		5.00
6.00	Medicaid charges	247,445,121		6.00
7.00	Medicaid cost (line 1 times line 6)	54,289,212		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	21,424,975		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	51,258		9.00
10.00	Stand-alone CHIP charges	142,495		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	31,263		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	21,424,975		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)	17,646,366	6,485,660	24,132,026 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,871,595	6,485,660	10,357,255 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)	3,871,595	6,485,660	10,357,255 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)	38,765,832		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,966,309		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	3,025,092		27.01
28.00	Non-Medicare bad debt expense (see instructions)	35,740,740		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	8,900,266		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	19,257,521		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	40,682,496		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		13,866,123	13,866,123	6,006,408	19,872,531	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		9,680,239	9,680,239	2,614,987	12,295,226	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	177,854	16,547	194,401	3,295,226	3,489,627	4.00
5.01	00540	NONPATIENT TELEPHONES	521,538	342,804	864,342	0	864,342	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	1,045,521	401,225	1,446,746	0	1,446,746	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	5,511,883	32,213,867	37,725,750	-9,348,471	28,377,279	5.06
7.00	00700	OPERATION OF PLANT	70,428	699,235	769,663	0	769,663	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	666,952	383,488	1,050,440	0	1,050,440	8.00
9.00	00900	HOUSEKEEPING	1,998,813	1,188,839	3,187,652	0	3,187,652	9.00
10.00	01000	DIETARY	1,554,903	2,731,633	4,286,536	-3,421,557	864,979	10.00
11.00	01100	CAFETERIA	108,923	147,384	256,307	3,414,690	3,670,997	11.00
13.00	01300	NURSING ADMINISTRATION	1,939,989	249,288	2,189,277	0	2,189,277	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,668,484	1,139,663	3,808,147	0	3,808,147	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,444,990	1,444,990	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,235,010	2,235,010	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	138,461	138,461	23.00
23.01	02341	OTHER MED ED	625,931	77,789	703,720	72,070	775,790	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	138,461	138,461	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,074,338	6,352,617	27,426,955	-1,339,332	26,087,623	30.00
31.00	03100	INTENSIVE CARE UNIT	4,197,355	1,205,186	5,402,541	74,654	5,477,195	31.00
35.00	02040	INTENSIVE NURSERY	1,898,761	1,485,856	3,384,617	49,560	3,434,177	35.00
41.00	04100	SUBPROVIDER - IRF	1,160,378	906,283	2,066,661	44,168	2,110,829	41.00
43.00	04300	NURSERY	0	32	32	1,177,817	1,177,849	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,749,519	17,913,203	20,662,722	-8,380,977	12,281,745	50.00
50.01	05001	CARDIAC SURGERY	1,873,903	2,263,360	4,137,263	-167,110	3,970,153	50.01
50.02	05002	WVSC	0	13,773,893	13,773,893	-1,658,479	12,115,414	50.02
51.00	05100	RECOVERY ROOM	1,509,891	312,326	1,822,217	0	1,822,217	51.00
51.02	05101	O/P TREATMENT ROOM	330,924	93,776	424,700	0	424,700	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,796,428	2,784,043	5,580,471	0	5,580,471	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,719,243	3,689,784	7,409,027	-276,922	7,132,105	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	362,025	4,877,366	5,239,391	0	5,239,391	55.00
56.00	05600	RADIOISOTOPE	327,100	1,207,268	1,534,368	0	1,534,368	56.00
57.00	05700	CT SCAN	1,101,078	1,167,696	2,268,774	0	2,268,774	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	592,122	1,125,330	1,717,452	0	1,717,452	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,145,816	20,893,338	23,039,154	-3,822,429	19,216,725	59.00
60.00	06000	LABORATORY	0	9,211,511	9,211,511	0	9,211,511	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,332,919	1,332,919	0	1,332,919	62.00
65.00	06500	RESPIRATORY THERAPY	2,658,159	1,003,656	3,661,815	0	3,661,815	65.00
66.00	06600	PHYSICAL THERAPY	0	4,617,119	4,617,119	0	4,617,119	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	3,671,789	3,671,789	0	3,671,789	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	710,527	710,527	0	710,527	68.00
69.00	06900	ELECTROCARDIOLOGY	528,333	9,671,993	10,200,326	0	10,200,326	69.00
69.01	06901	CARDIAC REHAB	263,150	39,156	302,306	0	302,306	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,714,854	753,136	3,467,990	0	3,467,990	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	850,346	850,346	0	850,346	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,028,995	14,028,995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,313,634	47,404,282	51,717,916	-3,108,288	48,609,628	73.00
76.00	03020	RENAL ACUTE	0	1,443,005	1,443,005	0	1,443,005	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	178,135	42,004	220,139	0	220,139	90.00
90.05	09005	PATIENT NUTRITION	238,851	35,339	274,190	0	274,190	90.05
90.07	09007	WOUND CLINIC	309,450	863,872	1,173,322	0	1,173,322	90.07
91.00	09100	EMERGENCY	4,668,799	8,113,832	12,782,631	0	12,782,631	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)		78,603,465	232,953,967	311,557,432	3,211,932	314,769,364	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	1,190,326	2,124,909	3,315,235	131,388	3,446,623	194.00
194.01	07951	RENTAL PROPERTY	0	48,973	48,973	0	48,973	194.01
194.02	07954	FAMILY PRACTICE	4,964,059	2,647,630	7,611,689	-3,680,000	3,931,689	194.02
194.03	07952	WELLNESS	0	0	0	433,184	433,184	194.03
194.04	07955	PHYSICIAN PRACTICES	6,400,074	7,418,726	13,818,800	0	13,818,800	194.04
194.06	07953	SYCAMORE SPORTS MED	12,200	1,037,056	1,049,256	0	1,049,256	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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	447,343	82,103	529,446	-96,504	432,942	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	91,617,467	246,313,364	337,930,831	0	337,930,831	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 1:11 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	-4,439,942	15,432,589	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-1,049,318	11,245,908	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,157,764	16,647,391	4.00
5.01	00540	NONPATIENT TELEPHONES	39,346	903,688	5.01
5.02	00550	DATA PROCESSING	12,664,020	12,664,020	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,527,196	1,527,196	5.03
5.04	00570	ADMITTING	0	1,446,746	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,720,343	5,720,343	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-7,264,726	21,112,553	5.06
7.00	00700	OPERATION OF PLANT	8,626,094	9,395,757	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-5,148	1,045,292	8.00
9.00	00900	HOUSEKEEPING	-134,905	3,052,747	9.00
10.00	01000	DIETARY	-893,334	-28,355	10.00
11.00	01100	CAFETERIA	-1,084,927	2,586,070	11.00
13.00	01300	NURSING ADMINISTRATION	1,459,799	3,649,076	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	148,542	3,956,689	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,444,990	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-119,028	2,115,982	22.00
23.00	02300	PARAMED ED PRGM	0	138,461	23.00
23.01	02341	OTHER MED ED	-547,041	228,749	23.01
23.02	02301	PARAMED ED PRGM	0	138,461	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	26,087,623	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,477,195	31.00
35.00	02040	INTENSIVE NURSERY	-1,103,919	2,330,258	35.00
41.00	04100	SUBPROVIDER - IRF	-677,135	1,433,694	41.00
43.00	04300	NURSERY	0	1,177,849	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,108,383	10,173,362	50.00
50.01	05001	CARDIAC SURGERY	-2,302,123	1,668,030	50.01
50.02	05002	WVSC	-1,143,689	10,971,725	50.02
51.00	05100	RECOVERY ROOM	8,114	1,830,331	51.00
51.02	05101	O/P TREATMENT ROOM	0	424,700	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,130,537	3,449,934	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-293,021	6,839,084	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,239,391	55.00
56.00	05600	RADIOISOTOPE	0	1,534,368	56.00
57.00	05700	CT SCAN	221,811	2,490,585	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	53,059	1,770,511	58.00
59.00	05900	CARDIAC CATHETERIZATION	138,420	19,355,145	59.00
60.00	06000	LABORATORY	-183,070	9,028,441	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,332,919	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,661,815	65.00
66.00	06600	PHYSICAL THERAPY	-1,905,381	2,711,738	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	-1,337,895	2,333,894	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,833,367	1,833,367	67.00
68.00	06800	SPEECH PATHOLOGY	68,636	779,163	68.00
69.00	06900	ELECTROCARDIOLOGY	118,835	10,319,161	69.00
69.01	06901	CARDIAC REHAB	1,864	304,170	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,684,708	783,282	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,201	848,145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,028,995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,374	48,658,002	73.00
76.00	03020	RENAL ACUTE	0	1,443,005	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	220,139	90.00
90.05	09005	PATIENT NUTRITION	-2,373	271,817	90.05
90.07	09007	WOUND CLINIC	5,620	1,178,942	90.07
91.00	09100	EMERGENCY	-6,228,101	6,554,530	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,200,299	322,969,663	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	3,446,623	194.00
194.01	07951	RENTAL PROPERTY	0	48,973	194.01
194.02	07954	FAMILY PRACTICE	0	3,931,689	194.02
194.03	07952	WELLNESS	0	433,184	194.03
194.04	07955	PHYSICIAN PRACTICES	-600,215	13,218,585	194.04
194.06	07953	SYCAMORE SPORTS MED	-994,616	54,640	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	432,942	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 1:11 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)	6,605,468	344,536,299		200.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6

Date/Time Prepared:
5/29/2019 1:11 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - PARAMED					
1.00	PARAMED ED PRGM	23.00	109,596	28,865		1.00
2.00	PARAMED ED PRGM	23.02	109,596	28,865		2.00
	0		219,192	57,730		
	C - FITNESS ACTIVITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	121,908	40,596		1.00
2.00	WELLNESS	194.03	324,967	108,217		2.00
	0		446,875	148,813		
	D - CLAY CITY RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	55,306		1.00
	0		0	55,306		
	E - CORK MEDICAL RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	27,435		1.00
	0		0	27,435		
	F - HOUSE NURSE ASSISTANT					
1.00	INTENSIVE CARE UNIT	31.00	67,748	6,906		1.00
2.00	INTENSIVE NURSERY	35.00	44,976	4,584		2.00
3.00	SUBPROVIDER - IRF	41.00	40,082	4,086		3.00
	0		152,806	15,576		
	G - EMPLOYEE ACCESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	81,539	14,965		1.00
	0		81,539	14,965		
	H - TUBE FEEDING					
1.00	ADULTS & PEDIATRICS	30.00	6,867	0		1.00
	0		6,867	0		
	I - FAMILY MEDICINE					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,329,060	115,930		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,232,885	1,002,125		2.00
	0		2,561,945	1,118,055		
	J - LOBBY PHARMACY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	438,591	2,597,627		1.00
	0		438,591	2,597,627		
	K - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,028,995		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
	0		0	14,028,995		
	L - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,137,796		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,614,987		2.00
	0		0	8,752,783		
	N - NURSERY					
1.00	NURSERY	43.00	989,688	188,129		1.00
	0		989,688	188,129		
	O - PHARMACY PARAMED					
1.00	OTHER MED ED	23.01	65,707	6,363		1.00
	0		65,707	6,363		
	P - BRAZIL MEDICAL CENTER					
1.00	RURAL HEALTH	194.00	0	48,647		1.00
	0		0	48,647		
	Q - CAFE RECLASS					
1.00	CAFETERIA	11.00	1,236,738	2,177,952		1.00
	0		1,236,738	2,177,952		
500.00	Grand Total:Increases		6,199,948	29,238,376		500.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6

Date/Time Prepared:
5/29/2019 1:11 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	219,192	57,730	0		1.00
2.00		0.00	0	0	0		2.00
			219,192	57,730			
	C - FITNESS ACTIVITY						
1.00	OTHER ADMIN AND GENERAL	5.06	446,875	148,813	0		1.00
2.00		0.00	0	0	0		2.00
			446,875	148,813			
	D - CLAY CITY RURAL HEALTH						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	55,306	9		1.00
			0	55,306			
	E - CORK MEDICAL RURAL HEALTH						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	27,435	9		1.00
			0	27,435			
	F - HOUSE NURSE ASSISTANT						
1.00	ADULTS & PEDIATRICS	30.00	152,806	15,576	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
			152,806	15,576			
	G - EMPLOYEE ACCESS						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	81,539	14,965	0		1.00
			81,539	14,965			
	H - TUBE FEEDING						
1.00	DIETARY	10.00	6,867	0	0		1.00
			6,867	0			
	I - FAMILY MEDICINE						
1.00	FAMILY PRACTICE	194.02	2,561,945	1,118,055	0		1.00
2.00		0.00	0	0	0		2.00
			2,561,945	1,118,055			
	J - LOBBY PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	438,591	2,597,627	0		1.00
			438,591	2,597,627			
	K - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	8,380,977	0		1.00
2.00	CARDIAC SURGERY	50.01	0	167,110	0		2.00
3.00	WVSC	50.02	0	1,658,479	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,822,429	0		4.00
			0	14,028,995			
	L - INTEREST						
1.00	OTHER ADMIN AND GENERAL	5.06	0	8,752,783	11		1.00
2.00		0.00	0	0	11		2.00
			0	8,752,783			
	N - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	989,688	188,129	0		1.00
			989,688	188,129			
	O - PHARMACY PARAMED						
1.00	DRUGS CHARGED TO PATIENTS	73.00	65,707	6,363	0		1.00
			65,707	6,363			
	P - BRAZIL MEDICAL CENTER						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	48,647	9		1.00
			0	48,647			
	Q - CAFE RECLASS						
1.00	DIETARY	10.00	1,236,738	2,177,952	0		1.00
			1,236,738	2,177,952			
500.00	Grand Total: Decreases		6,199,948	29,238,376			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 1:11 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,194,721	353,180	0	353,180	0	1.00
2.00	Land Improvements	19,881,045	241,434	0	241,434	0	2.00
3.00	Buildings and Fixtures	334,126,340	7,606,514	0	7,606,514	0	3.00
4.00	Building Improvements	2,251,290	6,912	0	6,912	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	161,253,292	9,199,341	0	9,199,341	7,360,942	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	534,706,688	17,407,381	0	17,407,381	7,360,942	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	534,706,688	17,407,381	0	17,407,381	7,360,942	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	17,547,901	0				1.00
2.00	Land Improvements	20,122,479	0				2.00
3.00	Buildings and Fixtures	341,732,854	0				3.00
4.00	Building Improvements	2,258,202	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	163,091,691	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	544,753,127	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	544,753,127	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 1:11 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	13,866,123	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	9,680,239	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,546,362	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed 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	13,866,123				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	9,680,239				2.00
3.00	Total (sum of lines 1-2)	0	23,546,362				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part III
Date/Time Prepared:
5/29/2019 1:11 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	381,661,436	0	381,661,436	0.700614	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	163,091,691	0	163,091,691	0.299386	0	2.00
3.00	Total (sum of lines 1-2)	544,753,127	0	544,753,127	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	9,616,111	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,767,817	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,383,928	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	5,816,478	0	0	0	15,432,589	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,478,091	0	0	0	11,245,908	2.00
3.00	Total (sum of lines 1-2)	8,294,569	0	0	0	26,678,497	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-321,318	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-136,896	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	-9,432	OTHER ADMIN AND GENERAL	5.06	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-199,384	PURCHASING RECEIVING AND STORES	5.03	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-18,031	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,386,568			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	58,098,898			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,600,917	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	A	-2,201	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00	Sale of drugs to other than patients	A	-8,231	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-8,342	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	-13,166	OPERATION OF PLANT	7.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00	2.00	3.00	4.00	5.00			
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEPHONE DEPRECIATION	A	-371	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
34.00	VENDING HOUSEKEEPING	A	-13,050	HOUSEKEEPING	9.00	0	34.00
35.00	VISITORS MEALS	A	-5,590	CAFETERIA	11.00	0	35.00
36.00	LAB - BLDG	B	-152,358	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	36.00
38.00	LAB - ADMINISTRATION	B	-510	OTHER ADMIN AND GENERAL	5.06	0	38.00
39.00	LAB - LAUNDRY	B	-5,148	LAUNDRY & LINEN SERVICE	8.00	0	39.00
40.00	LAB - HOUSEKEEPING	B	-81,861	HOUSEKEEPING	9.00	0	40.00
41.00	LAB - OPERATION OF PLANT	B	-223,922	OPERATION OF PLANT	7.00	0	41.00
42.00	HAMILTON CENTER OPERATION OF PLANT	A	-75,398	OPERATION OF PLANT	7.00	0	42.00
42.01	HAMILTON CENTER NUTRITION	A	-298,808	DIETARY	10.00	0	42.01
45.00	FITNESS ACTIVITY	B	-99,748	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.00
45.01	EQUIPMENT RENTAL	B	-628	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.01
45.02	UHF - HOUSEKEEPING	A	-1,057	HOUSEKEEPING	9.00	0	45.02
45.03	MISCELLANEOUS	B	-846,980	OTHER ADMIN AND GENERAL	5.06	0	45.03
45.04	CATERING	B	-19,027	CAFETERIA	11.00	0	45.04
45.05	MANAGEMENT SERVICES	B	-24,000	OTHER ADMIN AND GENERAL	5.06	0	45.05
45.06	OTHER RENTAL	B	-427,397	OPERATION OF PLANT	7.00	0	45.06
45.08	PHYSICIAN EQUIPMENT REVENUE	B	-28,900	OPERATION OF PLANT	7.00	0	45.08
45.09	LOBBY PHARMACY	B	-253,453	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.09
45.24	LOBBYING COSTS	A	-9,909	OTHER ADMIN AND GENERAL	5.06	0	45.24
45.26	AP&S REVENUE	B	-168,714	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.26
45.27	AP&S REVENUE	B	-625,553	DATA PROCESSING	5.02	0	45.27
45.29	COH REVENUE	B	-20,515	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	-458,786	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.37
45.38	PHYSICIAN RENTAL	A	-468,044	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	-16,290	DELIVERY ROOM & LABOR ROOM	52.00	0	45.40
45.42	CONTINUING EDUCATION	B	-1,750	OTHER ADMIN AND GENERAL	5.06	0	45.42
45.43	EDUCATION SERVICES	B	-15,801	OTHER ADMIN AND GENERAL	5.06	0	45.43
45.44	TRANSCRIPTION	B	-14,211	MEDICAL RECORDS & LIBRARY	16.00	0	45.44
45.45	VHA	B	-493,481	DRUGS CHARGED TO PATIENTS	73.00	0	45.45
45.47	EMPLOYEE BENEFITS	B	-2,152	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.47
45.48	HOUSEKEEPING	B	-6,000	HOUSEKEEPING	9.00	0	45.48
45.49	LANDSBAUM	B	-105,343	OPERATION OF PLANT	7.00	0	45.49
46.00	MAPLE CENTER	B	-135,573	OTHER ADMIN AND GENERAL	5.06	0	46.00
46.01	DIETARY EXPENSE	A	-907,726	DIETARY	10.00	0	46.01
46.02	AP&S A/P PD SPACE/EQUIP RENT R	B	-3,190,957	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	46.02
46.03	WVHC ST ANN/ASH PHARMACY REVEN	B	-15,771	DRUGS CHARGED TO PATIENTS	73.00	0	46.03
46.04	HAF	A	-20,582,792	OTHER ADMIN AND GENERAL	5.06	0	46.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		6,605,468				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 01/01/2018
 To 12/31/2018

Worksheet A-8-1

 Date/Time Prepared:
 5/29/2019 1:11 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	547,041	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,671,395	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	7,617,926	3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	136,956	4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	10,513	4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	393,232	4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,530,821	0	4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	6,706,503	0	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	13,513,117	0	4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	198,983	0	4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	13,289,573	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	1,726,580	0	4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	5,720,343	0	4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	14,362,021	0	4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	9,978,777	0	4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	360,295	0	4.12
4.13	10.00	DIETARY	HOME OFFICE	313,200	0	4.13
4.14	11.00	CAFETERIA	HOME OFFICE	540,607	0	4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,459,799	0	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	171,095	0	4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	134,320	0	4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	6,028	0	4.18
4.19	50.02	WVSC	HOME OFFICE	88,238	0	4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	8,114	0	4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	194,369	0	4.21
4.22	57.00	CT SCAN	HOME OFFICE	221,811	0	4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (	HOME OFFICE	53,059	0	4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	139,420	0	4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	19,290	0	4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	12,412	0	4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	14,353	0	4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	5,105	0	4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	109,495	0	4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	1,864	0	4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	12,156	0	4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	565,857	0	4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	5,620	0	4.33
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,444,306	4,368,977	4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,572,929	2,923,236	4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	1,819,014	0	4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	646,912	583,381	4.39
4.40	194.04	PHYSICIAN PRACTICES	UNION THERAPIES	0	600,215	4.40
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	994,616	4.41
5.00	0		0	77,946,386	19,847,488	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	G	0.00	UNION HOSPITAL	100.00	6.00
7.00	G	0.00	UNION THERAPY	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:		OTHER		100.00

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

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 1:11 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

(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 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 1:11 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	-547,041	0		1.00
2.00	-1,671,395	9		2.00
3.00	-7,617,926	9		3.00
4.00	-136,956	0		4.00
4.01	-10,513	0		4.01
4.02	-393,232	0		4.02
4.03	1,530,821	9		4.03
4.04	6,706,503	9		4.04
4.05	13,513,117	0		4.05
4.06	198,983	0		4.06
4.07	13,289,573	0		4.07
4.08	1,726,580	0		4.08
4.09	5,720,343	0		4.09
4.10	14,362,021	0		4.10
4.11	9,978,777	0		4.11
4.12	360,295	0		4.12
4.13	313,200	0		4.13
4.14	540,607	0		4.14
4.15	1,459,799	0		4.15
4.16	171,095	0		4.16
4.17	134,320	0		4.17
4.18	6,028	0		4.18
4.19	88,238	0		4.19
4.20	8,114	0		4.20
4.21	194,369	0		4.21
4.22	221,811	0		4.22
4.23	53,059	0		4.23
4.24	139,420	0		4.24
4.25	19,290	0		4.25
4.26	12,412	0		4.26
4.27	14,353	0		4.27
4.28	5,105	0		4.28
4.29	109,495	0		4.29
4.30	1,864	0		4.30
4.31	12,156	0		4.31
4.32	565,857	0		4.32
4.33	5,620	0		4.33
4.36	-1,924,671	0		4.36
4.37	-1,350,307	0		4.37
4.38	1,819,014	0		4.38
4.39	63,531	0		4.39
4.40	-600,215	0		4.40
4.41	-994,616	0		4.41
5.00	58,098,898			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 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 1:11 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 01/01/2018
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 1:11 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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	825,824	0	825,824	211,500	6,951	1.00
2.00	35.00	INTENSIVE NURSERY	1,103,919	1,103,919	0	237,100	0	2.00
3.00	41.00	SUBPROVIDER - IRF	709,010	677,135	31,875	211,500	425	3.00
4.00	50.00	OPERATING ROOM	2,259,406	2,205,406	54,000	246,400	141	4.00
5.00	50.01	CARDIAC SURGERY	2,308,151	2,308,151	0	246,400	0	5.00
6.00	50.02	WVSC	1,231,927	1,231,927	0	246,400	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	2,114,247	2,114,247	0	246,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	509,634	484,634	25,000	271,900	167	8.00
9.00	59.00	CARDIAC CATHETERIZATION	1,000	1,000	0	260,300	0	9.00
10.00	60.00	LABORATORY	617,000	0	617,000	197,500	4,570	10.00
11.00	69.00	ELECTROCARDIOLOGY	-11,640	-9,340	-2,300	197,500	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	2,696,864	2,696,864	0	179,000	0	12.00
13.00	90.05	PATIENT NUTRITION	4,000	0	4,000	211,500	16	13.00
14.00	91.00	EMERGENCY	6,277,657	6,228,101	49,556	211,500	1,578	14.00
200.00			20,646,999	19,042,044	1,604,955		13,848	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	706,796	35,340	0	0	0	1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	0	27	2.00
3.00	41.00	SUBPROVIDER - IRF	43,215	2,161	0	0	0	3.00
4.00	50.00	OPERATING ROOM	16,703	835	0	0	0	4.00
5.00	50.01	CARDIAC SURGERY	0	0	10,529	0	48,870	5.00
6.00	50.02	WVSC	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	21,830	1,092	2,617	128	5,825	8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	433,930	21,697	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	54	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	2,819	0	87,931	12.00
13.00	90.05	PATIENT NUTRITION	1,627	81	0	0	0	13.00
14.00	91.00	EMERGENCY	160,455	8,023	0	0	395	14.00
200.00			1,384,556	69,229	15,965	128	143,102	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	706,796	119,028	119,028		1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	1,103,919		2.00
3.00	41.00	SUBPROVIDER - IRF	0	43,215	0	677,135		3.00
4.00	50.00	OPERATING ROOM	0	16,703	37,297	2,242,703		4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	2,308,151		5.00
6.00	50.02	WVSC	0	0	0	1,231,927		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	2,114,247		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	286	22,244	2,756	487,390		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,000		9.00
10.00	60.00	LABORATORY	0	433,930	183,070	183,070		10.00
11.00	69.00	ELECTROCARDIOLOGY	11	11	0	-9,340		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,696,864		12.00
13.00	90.05	PATIENT NUTRITION	0	1,627	2,373	2,373		13.00
14.00	91.00	EMERGENCY	3	160,458	0	6,228,101		14.00
200.00			300	1,384,984	344,524	19,386,568		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/29/2019 1:11 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	15,432,589	15,432,589			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	11,245,908	11,245,908			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,647,391	82,409	0	16,729,800	4.00
5.01	00540	NONPATIENT TELEPHONES	903,688	10,340	91,082	96,622	1,101,732
5.02	00550	DATA PROCESSING	12,664,020	0	0	0	0
5.03	00560	PURCHASING RECEIVING AND STORES	1,527,196	0	0	0	0
5.04	00570	ADMITTING	1,446,746	48,192	7,236	193,697	39,504
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,720,343	0	0	0	0
5.06	00590	OTHER ADMIN AND GENERAL	21,112,553	307,144	79,410	938,364	101,833
7.00	00700	OPERATION OF PLANT	9,395,757	5,270,575	298,194	13,048	62,329
8.00	00800	LAUNDRY & LINEN SERVICE	1,045,292	94,244	209,260	123,562	15,802
9.00	00900	HOUSEKEEPING	3,052,747	24,364	89,338	370,308	7,023
10.00	01000	DIETARY	-28,355	172,750	332,645	57,672	26,336
11.00	01100	CAFETERIA	2,586,070	123,267	10,483	249,303	0
13.00	01300	NURSING ADMINISTRATION	3,649,076	37,396	5,254	359,410	7,901
16.00	01600	MEDICAL RECORDS & LIBRARY	3,956,689	83,149	27,431	494,374	26,336
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,444,990	0	0	246,227	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,115,982	0	0	228,409	0
23.00	02300	PARAMED ED PRGM	138,461	0	0	20,304	0
23.01	02341	OTHER MED ED	228,749	11,332	56	35,944	0
23.02	02301	PARAMED ED PRGM	138,461	0	0	20,304	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,087,623	2,951,245	994,606	3,693,907	150,120
31.00	03100	INTENSIVE CARE UNIT	5,477,195	361,837	602,042	790,170	25,458
35.00	02040	INTENSIVE NURSERY	2,330,258	61,885	148,797	360,104	15,802
41.00	04100	SUBPROVIDER - IRF	1,433,694	242,741	40,540	222,402	27,214
43.00	04300	NURSERY	1,177,849	11,930	7,658	183,354	3,511
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,173,362	641,123	1,816,830	509,387	71,986
50.01	05001	CARDIAC SURGERY	1,668,030	28,330	193,806	347,167	5,267
50.02	05002	WVSC	10,971,725	472,607	545,115	0	0
51.00	05100	RECOVERY ROOM	1,830,331	22,538	45,663	279,728	15,802
51.02	05101	O/P TREATMENT ROOM	424,700	376,569	74,056	61,308	23,703
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,449,934	372,775	318,104	518,077	20,191
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,839,084	497,034	1,131,238	648,433	94,810
55.00	05500	RADIOLOGY-THERAPEUTIC	5,239,391	415,396	384,368	67,070	35,993
56.00	05600	RADIOISOTOPE	1,534,368	138,502	456,133	60,600	0
57.00	05700	CT SCAN	2,490,585	34,185	610	203,990	6,145
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,770,511	40,811	98,555	109,699	3,511
59.00	05900	CARDIAC CATHETERIZATION	19,355,145	519,257	170,089	397,542	29,848
60.00	06000	LABORATORY	9,028,441	0	0	0	7,023
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,332,919	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,661,815	78,317	405,320	492,461	12,290
66.00	06600	PHYSICAL THERAPY	2,711,738	159,750	30,713	0	20,191
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	2,333,894	0	86,662	0	878
67.00	06700	OCCUPATIONAL THERAPY	1,833,367	26,095	5,573	0	4,389
68.00	06800	SPEECH PATHOLOGY	779,163	51,749	1,350	0	878
69.00	06900	ELECTROCARDIOLOGY	10,319,161	50,065	1,221,507	97,881	3,511
69.01	06901	CARDIAC REHAB	304,170	102,838	47,679	48,752	5,267
70.00	07000	ELECTROENCEPHALOGRAPHY	783,282	23,687	115,127	502,965	14,924
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	848,145	89,900	325,465	0	12,290
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,028,995	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	48,658,002	326,031	150,422	706,225	43,894
76.00	03020	RENAL ACUTE	1,443,005	55,480	7,933	0	3,511
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	220,139	10,986	0	33,002	0
90.05	09005	PATIENT NUTRITION	271,817	30,376	1,672	44,250	0
90.07	09007	WOUND CLINIC	1,178,942	140,894	26,665	57,330	11,412
91.00	09100	EMERGENCY	6,554,530	378,851	307,630	864,960	55,306
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	322,969,663	14,978,946	10,912,317	14,748,312	1,012,189
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	3,446,623	0	0	220,525	878
194.01	07951	RENTAL PROPERTY	48,973	0	7,523	0	0
194.02	07954	FAMILY PRACTICE	3,931,689	188,867	201,308	445,025	62,329

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet B
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
194.03	07952	WELLNESS	433,184	219,668	0	60,205	0	194.03
194.04	07955	PHYSICIAN PRACTICES	13,218,585	0	121,644	1,185,703	19,313	194.04
194.06	07953	SYCAMORE SPORTS MED	54,640	0	206	2,260	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	432,942	45,108	2,910	67,770	7,023	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)	344,536,299	15,432,589	11,245,908	16,729,800	1,101,732	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	12,664,020					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,527,196				5.03
5.04	00570	ADMITTING	0	6,337	1,741,712			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	5,720,343		5.05
5.06	00590	OTHER ADMIN AND GENERAL	22,534	17	0	0	22,561,855	5.06
7.00	00700	OPERATION OF PLANT	0	862	0	0	15,040,765	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,588	0	0	1,489,748	8.00
9.00	00900	HOUSEKEEPING	0	2,086	0	0	3,545,866	9.00
10.00	01000	DIETARY	214,072	148	0	0	775,268	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,969,123	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,059,037	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	518,278	189	0	0	5,106,446	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,691,217	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,344,391	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	158,765	23.00
23.01	02341	OTHER MED ED	0	0	0	0	276,081	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	158,765	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,086,893	322,085	311,572	411,117	42,009,168	30.00
31.00	03100	INTENSIVE CARE UNIT	833,752	114,106	83,033	95,699	8,383,292	31.00
35.00	02040	INTENSIVE NURSERY	180,271	20,352	64,470	74,305	3,256,244	35.00
41.00	04100	SUBPROVIDER - IRF	0	11,529	13,344	15,380	2,006,844	41.00
43.00	04300	NURSERY	0	0	10,604	12,222	1,407,128	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	360,541	36,234	320,016	684,783	14,614,262	50.00
50.01	05001	CARDIAC SURGERY	0	149,812	21,493	24,892	2,438,797	50.01
50.02	05002	WVSC	0	437,828	400	449,827	12,877,502	50.02
51.00	05100	RECOVERY ROOM	33,801	34,415	10,706	41,365	2,314,349	51.00
51.02	05101	O/P TREATMENT ROOM	0	12,775	73	8,175	981,359	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	338,008	62,967	57,528	84,510	5,222,094	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	709,816	14,619	47,005	232,089	10,214,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	635	5,976	173,312	6,322,141	55.00
56.00	05600	RADIOISOTOPE	22,534	1,196	3,197	44,849	2,261,379	56.00
57.00	05700	CT SCAN	0	45,653	50,664	220,599	3,052,431	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,070	8,605	52,783	2,085,545	58.00
59.00	05900	CARDIAC CATHETERIZATION	383,075	18,272	104,096	387,427	21,364,751	59.00
60.00	06000	LABORATORY	0	0	158,526	384,379	9,578,369	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	8,043	12,167	1,353,129	62.00
65.00	06500	RESPIRATORY THERAPY	157,737	24,161	69,985	91,396	4,993,482	65.00
66.00	06600	PHYSICAL THERAPY	259,139	510	23,659	48,303	3,254,003	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	1,029	0	31,083	2,453,546	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	18,043	35,946	1,923,413	67.00
68.00	06800	SPEECH PATHOLOGY	0	53	3,786	12,784	849,763	68.00
69.00	06900	ELECTROCARDIOLOGY	214,072	542	46,562	304,220	12,257,521	69.00
69.01	06901	CARDIAC REHAB	33,801	350	337	5,179	548,373	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	536	5,806	18,757	1,465,084	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	179	2,623	3,294	1,281,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	29,762	82,810	14,141,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	236,605	28,991	153,303	1,075,727	51,379,200	73.00
76.00	03020	RENAL ACUTE	0	9,200	10,448	13,805	1,543,382	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	215	3	2,947	267,292	90.00
90.05	09005	PATIENT NUTRITION	0	220	0	794	349,129	90.05
90.07	09007	WOUND CLINIC	0	18,221	21	28,650	1,462,135	90.07
91.00	09100	EMERGENCY	991,489	142,013	98,023	554,768	9,947,570	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)	12,596,418	1,520,995	1,741,712	5,720,343	320,037,595	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	1,944	0	0	3,669,970	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	56,496	194.01
194.02	07954	FAMILY PRACTICE	0	444	0	0	4,829,662	194.02
194.03	07952	WELLNESS	0	0	0	0	713,057	194.03
194.04	07955	PHYSICIAN PRACTICES	22,534	3,791	0	0	14,571,570	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	57,106	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	45,068	22	0	0	600,843	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	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)	12,664,020	1,527,196	1,741,712	5,720,343	344,536,299	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	22,561,855					5.06
7.00	00700	OPERATION OF PLANT	1,053,952	16,094,717				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	104,391	156,151	1,750,290			8.00
9.00	00900	HOUSEKEEPING	248,469	40,368	118,206	3,952,909		9.00
10.00	01000	DIETARY	54,325	286,224	9,768	71,166	1,196,751	10.00
11.00	01100	CAFETERIA	208,055	204,237	0	50,781	0	11.00
13.00	01300	NURSING ADMINISTRATION	284,429	61,960	0	15,406	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	357,824	137,766	0	34,254	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	118,509	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	164,279	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	11,125	0	0	0	0	23.00
23.01	02341	OTHER MED ED	19,346	18,776	0	4,668	0	23.01
23.02	02301	PARAMED ED PRGM	11,125	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,943,708	4,889,830	607,125	1,215,801	897,395	30.00
31.00	03100	INTENSIVE CARE UNIT	587,442	599,517	71,752	149,063	128,468	31.00
35.00	02040	INTENSIVE NURSERY	228,175	102,536	7,597	25,494	0	35.00
41.00	04100	SUBPROVIDER - IRF	140,626	402,190	7,122	100,000	76,009	41.00
43.00	04300	NURSERY	98,602	19,767	0	4,915	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,024,065	1,062,258	102,545	264,119	0	50.00
50.01	05001	CARDIAC SURGERY	170,894	46,939	28	11,671	0	50.01
50.02	05002	WVSC	902,365	783,049	106,266	194,696	0	50.02
51.00	05100	RECOVERY ROOM	162,173	37,343	84,656	9,285	0	51.00
51.02	05101	O/P TREATMENT ROOM	68,767	623,925	8,979	155,132	88,670	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	365,928	617,640	74,095	153,569	30	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	715,735	823,521	53,637	204,759	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	443,011	688,258	20,279	171,128	0	55.00
56.00	05600	RADIOISOTOPE	158,462	229,480	9,162	57,058	0	56.00
57.00	05700	CT SCAN	213,893	56,640	0	14,083	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	146,140	67,618	52,608	16,813	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,497,092	860,342	59,235	213,914	6,179	59.00
60.00	06000	LABORATORY	671,185	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	94,818	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	349,908	129,761	0	32,264	0	65.00
66.00	06600	PHYSICAL THERAPY	228,018	264,684	11,548	65,811	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	171,927	0	30,933	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	134,779	43,236	0	10,750	0	67.00
68.00	06800	SPEECH PATHOLOGY	59,545	85,742	0	21,319	0	68.00
69.00	06900	ELECTROCARDIOLOGY	858,921	82,952	23,293	20,625	0	69.00
69.01	06901	CARDIAC REHAB	38,426	170,389	525	42,365	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	102,663	39,246	5,534	9,758	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	89,826	148,953	0	37,036	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	990,942	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,600,435	540,191	0	134,312	0	73.00
76.00	03020	RENAL ACUTE	108,149	91,922	5,981	22,855	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,730	18,202	0	4,526	0	90.00
90.05	09005	PATIENT NUTRITION	24,465	50,329	0	12,514	0	90.05
90.07	09007	WOUND CLINIC	102,456	233,444	15,216	58,043	0	90.07
91.00	09100	EMERGENCY	697,056	627,706	255,987	156,072	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)	20,845,156	15,343,092	1,742,077	3,766,025	1,196,751	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	257,166	0	870	0	0	194.00
194.01	07951	RENTAL PROPERTY	3,959	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	338,429	312,927	1,120	77,806	0	194.02
194.03	07952	WELLNESS	49,966	363,961	0	90,495	0	194.03
194.04	07955	PHYSICIAN PRACTICES	1,021,074	0	6,223	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	4,002	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	42,103	74,737	0	18,583	0	194.07
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,561,855	16,094,717	1,750,290	3,952,909	1,196,751	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATIO N	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS	
		11.00	13.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,432,196					11.00
13.00	01300	55,491	4,476,323				13.00
16.00	01600	183,242	0	5,819,532			16.00
21.00	02100	64,028	0	0	1,873,754		21.00
22.00	02200	13,110	0	0		2,521,780	22.00
23.00	02300	6,098	0	0			23.00
23.01	02341	19,208	36,416	0			23.01
23.02	02301	6,098	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,112,862	2,013,882	359,619	889,824	1,197,567	30.00
31.00	03100	186,900	354,337	98,418	0	0	31.00
35.00	02040	80,492	152,602	76,416	40,203	54,107	35.00
41.00	04100	57,320	108,671	15,817	0	0	41.00
43.00	04300	47,259	89,596	12,569	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	160,679	304,626	704,241	117,929	158,713	50.00
50.01	05001	21,648	23,700	25,599	0	0	50.01
50.02	05002	0	0	462,609	0	0	50.02
51.00	05100	73,175	138,729	42,540	0	0	51.00
51.02	05101	13,720	26,012	8,407	0	0	51.02
52.00	05200	136,898	259,539	86,911	208,162	280,153	52.00
54.00	05400	180,193	0	238,683	41,096	55,309	54.00
55.00	05500	15,245	0	178,237	22,037	29,659	55.00
56.00	05600	12,501	0	46,123	0	0	56.00
57.00	05700	44,515	0	226,867	0	0	57.00
58.00	05800	24,392	0	54,283	0	0	58.00
59.00	05900	103,969	0	398,436	10,721	14,428	59.00
60.00	06000	0	0	395,301	0	0	60.00
62.00	06200	0	0	12,513	0	0	62.00
65.00	06500	117,994	208,094	93,993	28,589	38,476	65.00
66.00	06600	0	0	49,675	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	31,966	50,924	68,535	66.02
67.00	06700	0	0	36,968	0	0	67.00
68.00	06800	0	0	13,147	0	0	68.00
69.00	06900	39,941	0	312,865	17,868	24,047	69.00
69.01	06901	12,196	0	5,326	0	0	69.01
70.00	07000	27,440	0	19,290	21,144	28,456	70.00
71.00	07100	0	0	3,387	0	0	71.00
72.00	07200	0	0	85,163	0	0	72.00
73.00	07300	134,763	217,920	1,106,122	15,188	20,440	73.00
76.00	03020	0	0	14,197	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	6,098	11,561	3,031	0	0	90.00
90.05	09005	10,671	20,231	817	0	0	90.05
90.07	09007	14,330	27,168	29,464	14,890	20,040	90.07
91.00	09100	254,892	483,239	570,532	220,669	296,986	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		3,237,368	4,476,323	5,819,532	1,699,244	2,286,916	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07954	55,796	0	0	174,510	234,864	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07955	139,032	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS	
			11.00	13.00	16.00	21.00	22.00	
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				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,432,196	4,476,323	5,819,532	1,873,754	2,521,780	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
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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	
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	175,988					23.00
23.01	02341	OTHER MED ED		374,495				23.01
23.02	02301	PARAMED ED PRGM			175,988			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	58,136,781	-2,087,391	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10,559,189	0	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	4,023,866	-94,310	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,914,599	0	41.00
43.00	04300	NURSERY	0	0	0	1,679,836	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	18,513,437	-276,642	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	2,739,276	0	50.01
50.02	05002	WVSC	0	0	0	15,326,487	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	2,862,250	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	1,974,971	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,405,019	-488,315	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	175,988	0	175,988	12,879,037	-96,405	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,889,995	-51,696	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,774,165	0	56.00
57.00	05700	CT SCAN	0	0	0	3,608,429	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,447,399	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,529,067	-25,149	59.00
60.00	06000	LABORATORY	0	0	0	10,644,855	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,460,460	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,992,561	-67,065	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,873,739	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	2,807,831	-119,459	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,149,146	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,029,516	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,638,033	-41,915	69.00
69.01	06901	CARDIAC REHAB	0	0	0	817,600	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,718,615	-49,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,561,098	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,217,672	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	374,495	0	57,523,066	-35,628	73.00
76.00	03020	RENAL ACUTE	0	0	0	1,786,486	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	329,440	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	468,156	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	1,977,186	-34,930	90.07
91.00	09100	EMERGENCY	0	0	0	13,510,709	-517,655	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)	175,988	374,495	175,988	316,769,972	-3,986,160	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	3,928,006	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	60,455	0	194.01
194.02	07954	FAMILY PRACTICE	0	0	0	6,025,114	-409,374	194.02
194.03	07952	WELLNESS	0	0	0	1,217,479	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	0	0	15,737,899	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

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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	61,108	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	736,266	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)	175,988	374,495	175,988	344,536,299	-4,395,534	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	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	50.00
50.01	05001	CARDIAC SURGERY	50.01
50.02	05002	WVSC	50.02
51.00	05100	RECOVERY ROOM	51.00
51.02	05101	O/P TREATMENT ROOM	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	66.01
66.02	06602	O/P PHYSICAL THERAPY	66.02
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIAC REHAB	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	RENAL ACUTE	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.05	09005	PATIENT NUTRITION	90.05
90.07	09007	WOUND CLINIC	90.07
91.00	09100	EMERGENCY	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)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
194.00	07950	RURAL HEALTH	194.00
194.01	07951	RENTAL PROPERTY	194.01
194.02	07954	FAMILY PRACTICE	194.02
194.03	07952	WELLNESS	194.03
194.04	07955	PHYSICIAN PRACTICES	194.04
194.06	07953	SYCAMORE SPORTS MED	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118 through 201)	340,140,765	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
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	82,409	0	82,409	4.00
5.01	00540	NONPATIENT TELEPHONES	0	10,340	91,082	101,422	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	5,251	48,192	7,236	60,679	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	57,794	307,144	79,410	444,348	5.06
7.00	00700	OPERATION OF PLANT	28,308	5,270,575	298,194	5,597,077	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,381	94,244	209,260	318,885	8.00
9.00	00900	HOUSEKEEPING	1,552	24,364	89,338	115,254	9.00
10.00	01000	DIETARY	5,636	172,750	332,645	511,031	10.00
11.00	01100	CAFETERIA	0	123,267	10,483	133,750	11.00
13.00	01300	NURSING ADMINISTRATION	1,247	37,396	5,254	43,897	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,041	83,149	27,431	119,621	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	11,332	56	11,388	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	163,181	2,951,245	994,606	4,109,032	30.00
31.00	03100	INTENSIVE CARE UNIT	238,164	361,837	602,042	1,202,043	31.00
35.00	02040	INTENSIVE NURSERY	5,452	61,885	148,797	216,134	35.00
41.00	04100	SUBPROVIDER - IRF	10,290	242,741	40,540	293,571	41.00
43.00	04300	NURSERY	0	11,930	7,658	19,588	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	842,222	641,123	1,816,830	3,300,175	50.00
50.01	05001	CARDIAC SURGERY	43,805	28,330	193,806	265,941	50.01
50.02	05002	WVSC	429,227	472,607	545,115	1,446,949	50.02
51.00	05100	RECOVERY ROOM	2,361	22,538	45,663	70,562	51.00
51.02	05101	O/P TREATMENT ROOM	1,092	376,569	74,056	451,717	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,165	372,775	318,104	702,044	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	606,694	497,034	1,131,238	2,234,966	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	871,470	415,396	384,368	1,671,234	55.00
56.00	05600	RADIOISOTOPE	228,011	138,502	456,133	822,646	56.00
57.00	05700	CT SCAN	322,538	34,185	610	357,333	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	521,893	40,811	98,555	661,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	138,470	519,257	170,089	827,816	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	122,187	78,317	405,320	605,824	65.00
66.00	06600	PHYSICAL THERAPY	3,290	159,750	30,713	193,753	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	370,693	0	86,662	457,355	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	26,095	5,573	31,668	67.00
68.00	06800	SPEECH PATHOLOGY	41,775	51,749	1,350	94,874	68.00
69.00	06900	ELECTROCARDIOLOGY	279,460	50,065	1,221,507	1,551,032	69.00
69.01	06901	CARDIAC REHAB	0	102,838	47,679	150,517	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	20,254	23,687	115,127	159,068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,900	325,465	415,365	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	815,971	326,031	150,422	1,292,424	73.00
76.00	03020	RENAL ACUTE	1,247	55,480	7,933	64,660	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	10,986	0	10,986	90.00
90.05	09005	PATIENT NUTRITION	0	30,376	1,672	32,048	90.05
90.07	09007	WOUND CLINIC	2,450	140,894	26,665	170,009	90.07
91.00	09100	EMERGENCY	47,867	378,851	307,630	734,348	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)	6,265,439	14,978,946	10,912,317	32,156,702	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	7,523	7,523	194.01
194.02	07954	FAMILY PRACTICE	162,323	188,867	201,308	552,498	194.02
194.03	07952	WELLNESS	0	219,668	0	219,668	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
194.04	07955	PHYSICIAN PRACTICES	484,708	0	121,644	606,352	5,843	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	206	206	11	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,654	45,108	2,910	51,672	334	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)	6,916,124	15,432,589	11,245,908	33,594,621	82,409	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	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	101,898					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	ADMITTING	3,654	0	0	65,288		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	9,418	0	0	0		5.06
7.00	00700	OPERATION OF PLANT	5,765	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,461	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	650	0	0	0	0	9.00
10.00	01000	DIETARY	2,436	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	731	0	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,436	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	13,883	0	0	11,636	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,355	0	0	3,101	0	31.00
35.00	02040	INTENSIVE NURSERY	1,461	0	0	2,408	0	35.00
41.00	04100	SUBPROVIDER - IRF	2,517	0	0	498	0	41.00
43.00	04300	NURSERY	325	0	0	396	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,658	0	0	12,194	0	50.00
50.01	05001	CARDIAC SURGERY	487	0	0	803	0	50.01
50.02	05002	WVSC	0	0	0	15	0	50.02
51.00	05100	RECOVERY ROOM	1,461	0	0	400	0	51.00
51.02	05101	O/P TREATMENT ROOM	2,192	0	0	3	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,867	0	0	2,148	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,769	0	0	1,755	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,329	0	0	223	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	119	0	56.00
57.00	05700	CT SCAN	568	0	0	1,892	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	325	0	0	321	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,761	0	0	3,888	0	59.00
60.00	06000	LABORATORY	650	0	0	5,920	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	300	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,137	0	0	2,614	0	65.00
66.00	06600	PHYSICAL THERAPY	1,867	0	0	884	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	81	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	406	0	0	674	0	67.00
68.00	06800	SPEECH PATHOLOGY	81	0	0	141	0	68.00
69.00	06900	ELECTROCARDIOLOGY	325	0	0	1,739	0	69.00
69.01	06901	CARDIAC REHAB	487	0	0	13	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,380	0	0	217	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,137	0	0	98	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,111	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,060	0	0	5,725	0	73.00
76.00	03020	RENAL ACUTE	325	0	0	390	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	1,056	0	0	1	0	90.07
91.00	09100	EMERGENCY	5,115	0	0	3,661	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)	93,616	0	0	65,288	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	81	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	5,765	0	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	1,786	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	650	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	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)	101,898	0	0	65,288	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

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Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	458,390					5.06
7.00	00700	OPERATION OF PLANT	21,418	5,624,324				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,121	54,567	377,643			8.00
9.00	00900	HOUSEKEEPING	5,049	14,107	25,504	162,389		9.00
10.00	01000	DIETARY	1,104	100,022	2,108	2,924	605,561	10.00
11.00	01100	CAFETERIA	4,228	71,371	0	2,086	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,780	21,652	0	633	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,272	48,143	0	1,407	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,408	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,338	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	226	0	0	0	0	23.00
23.01	02341	OTHER MED ED	393	6,561	0	192	0	23.01
23.02	02301	PARAMED ED PRGM	226	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,821	1,708,756	130,991	49,946	454,086	30.00
31.00	03100	INTENSIVE CARE UNIT	11,938	209,502	15,481	6,124	65,005	31.00
35.00	02040	INTENSIVE NURSERY	4,637	35,831	1,639	1,047	0	35.00
41.00	04100	SUBPROVIDER - IRF	2,858	140,546	1,537	4,108	38,461	41.00
43.00	04300	NURSERY	2,004	6,907	0	202	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,811	371,208	22,125	10,850	0	50.00
50.01	05001	CARDIAC SURGERY	3,473	16,403	6	479	0	50.01
50.02	05002	WVSC	18,338	273,638	22,928	7,998	0	50.02
51.00	05100	RECOVERY ROOM	3,296	13,049	18,265	381	0	51.00
51.02	05101	O/P TREATMENT ROOM	1,397	218,032	1,937	6,373	44,867	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,436	215,835	15,987	6,309	15	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,545	287,781	11,573	8,412	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,003	240,513	4,375	7,030	0	55.00
56.00	05600	RADIOISOTOPE	3,220	80,192	1,977	2,344	0	56.00
57.00	05700	CT SCAN	4,347	19,793	0	579	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,970	23,629	11,351	691	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,423	300,648	12,781	8,788	3,127	59.00
60.00	06000	LABORATORY	13,640	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,927	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	7,111	45,345	0	1,325	0	65.00
66.00	06600	PHYSICAL THERAPY	4,634	92,494	2,492	2,704	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	3,494	0	6,674	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,739	15,109	0	442	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,210	29,963	0	876	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,455	28,988	5,026	847	0	69.00
69.01	06901	CARDIAC REHAB	781	59,543	113	1,740	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,086	13,715	1,194	401	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,825	52,052	0	1,521	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,138	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,062	188,771	0	5,518	0	73.00
76.00	03020	RENAL ACUTE	2,198	32,122	1,291	939	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	381	6,361	0	186	0	90.00
90.05	09005	PATIENT NUTRITION	497	17,588	0	514	0	90.05
90.07	09007	WOUND CLINIC	2,082	81,577	3,283	2,384	0	90.07
91.00	09100	EMERGENCY	14,165	219,353	55,232	6,412	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)	423,505	5,361,667	375,870	154,712	605,561	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	5,226	0	188	0	0	194.00
194.01	07951	RENTAL PROPERTY	80	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	6,877	109,353	242	3,196	0	194.02
194.03	07952	WELLNESS	1,015	127,187	0	3,718	0	194.03
194.04	07955	PHYSICIAN PRACTICES	20,750	0	1,343	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	81	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	856	26,117	0	763	0	194.07
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
201.00		Negative Cost Centers	0	0	0	0	14,348	201.00
202.00		TOTAL (sum lines 118 through 201)	458,390	5,624,324	377,643	162,389	619,909	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATIO N	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS	
		11.00	13.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	212,664					11.00
13.00	01300	3,438	77,902				13.00
16.00	01600	11,354	0	192,669			16.00
21.00	02100	3,967	0	0	7,588		21.00
22.00	02200	812	0	0		5,276	22.00
23.00	02300	378	0	0			23.00
23.01	02341	1,190	634	0			23.01
23.02	02301	378	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	68,956	35,049	11,941			30.00
31.00	03100	11,581	6,167	3,268			31.00
35.00	02040	4,987	2,656	2,537			35.00
41.00	04100	3,552	1,891	525			41.00
43.00	04300	2,928	1,559	417			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,956	5,301	23,384			50.00
50.01	05001	1,341	412	850			50.01
50.02	05002	0	0	15,360			50.02
51.00	05100	4,534	2,414	1,413			51.00
51.02	05101	850	453	279			51.02
52.00	05200	8,482	4,517	2,886			52.00
54.00	05400	11,165	0	7,925			54.00
55.00	05500	945	0	5,918			55.00
56.00	05600	775	0	1,531			56.00
57.00	05700	2,758	0	7,533			57.00
58.00	05800	1,511	0	1,802			58.00
59.00	05900	6,442	0	13,230			59.00
60.00	06000	0	0	13,126			60.00
62.00	06200	0	0	415			62.00
65.00	06500	7,311	3,621	3,121			65.00
66.00	06600	0	0	1,649			66.00
66.01	06601	0	0	0			66.01
66.02	06602	0	0	1,061			66.02
67.00	06700	0	0	1,227			67.00
68.00	06800	0	0	437			68.00
69.00	06900	2,475	0	10,388			69.00
69.01	06901	756	0	177			69.01
70.00	07000	1,700	0	641			70.00
71.00	07100	0	0	112			71.00
72.00	07200	0	0	2,828			72.00
73.00	07300	8,350	3,792	36,167			73.00
76.00	03020	0	0	471			76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	378	201	101			90.00
90.05	09005	661	352	27			90.05
90.07	09007	888	473	978			90.07
91.00	09100	15,793	8,410	18,944			91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1 through 117)	200,592	77,902	192,669	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0			190.00
194.00	07950	0	0	0			194.00
194.01	07951	0	0	0			194.01
194.02	07954	3,457	0	0			194.02
194.03	07952	0	0	0			194.03
194.04	07955	8,615	0	0			194.04

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS	
			11.00	13.00	16.00	21.00	22.00	
194.06	07953	SYCAMORE SPORTS MED	0	0	0			194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0			194.07
200.00		Cross Foot Adjustments				7,588	5,276	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	212,664	77,902	192,669	7,588	5,276	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
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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	
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	704					23.00
23.01	02341	OTHER MED ED		20,535				23.01
23.02	02301	PARAMED ED PRGM			704			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				6,672,262	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,540,459	0	31.00
35.00	02040	INTENSIVE NURSERY				275,112	0	35.00
41.00	04100	SUBPROVIDER - IRF				491,160	0	41.00
43.00	04300	NURSERY				35,230	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				3,785,172	0	50.00
50.01	05001	CARDIAC SURGERY				291,906	0	50.01
50.02	05002	WVSC				1,785,226	0	50.02
51.00	05100	RECOVERY ROOM				117,154	0	51.00
51.02	05101	O/P TREATMENT ROOM				728,402	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM				970,079	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,590,087	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				1,942,901	0	55.00
56.00	05600	RADIOISOTOPE				913,103	0	56.00
57.00	05700	CT SCAN				395,808	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				704,400	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,211,863	0	59.00
60.00	06000	LABORATORY				33,336	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				2,642	0	62.00
65.00	06500	RESPIRATORY THERAPY				679,836	0	65.00
66.00	06600	PHYSICAL THERAPY				300,477	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY				468,665	0	66.02
67.00	06700	OCCUPATIONAL THERAPY				52,265	0	67.00
68.00	06800	SPEECH PATHOLOGY				127,582	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,618,757	0	69.00
69.01	06901	CARDIAC REHAB				214,367	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY				182,881	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				472,110	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				24,077	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				1,621,349	0	73.00
76.00	03020	RENAL ACUTE				102,396	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				18,757	0	90.00
90.05	09005	PATIENT NUTRITION				51,905	0	90.05
90.07	09007	WOUND CLINIC				263,014	0	90.07
91.00	09100	EMERGENCY				1,085,696	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	31,770,436	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
194.00	07950	RURAL HEALTH				6,582	0	194.00
194.01	07951	RENTAL PROPERTY				7,603	0	194.01
194.02	07954	FAMILY PRACTICE				683,581	0	194.02
194.03	07952	WELLNESS				351,885	0	194.03
194.04	07955	PHYSICIAN PRACTICES				644,689	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
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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				298		0 194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				80,392		0 194.07
200.00		Cross Foot Adjustments	704	20,535	704	34,807		0 200.00
201.00		Negative Cost Centers	0	0	0	14,348		0 201.00
202.00		TOTAL (sum lines 118 through 201)	704	20,535	704	33,594,621		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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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	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	50.00
50.01	05001	CARDIAC SURGERY	50.01
50.02	05002	WVSC	50.02
51.00	05100	RECOVERY ROOM	51.00
51.02	05101	O/P TREATMENT ROOM	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	66.01
66.02	06602	O/P PHYSICAL THERAPY	66.02
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIAC REHAB	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	RENAL ACUTE	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.05	09005	PATIENT NUTRITION	90.05
90.07	09007	WOUND CLINIC	90.07
91.00	09100	EMERGENCY	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)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
194.00	07950	RURAL HEALTH	194.00
194.01	07951	RENTAL PROPERTY	194.01
194.02	07954	FAMILY PRACTICE	194.02
194.03	07952	WELLNESS	194.03
194.04	07955	PHYSICIAN PRACTICES	194.04
194.06	07953	SYCAMORE SPORTS MED	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 1:11 pm
Cost Center Description		Total			
		26.00			
202.00	TOTAL (sum lines 118 through 201)	33,594,621			
					202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
			NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	980,539					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		3,597,934				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,236	0	90,302,607			4.00
5.01	00540	NONPATIENT TELEPHONES	657	29,140	521,538	1,255		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	1,124	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	3,062	2,315	1,045,521	45	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	19,515	25,406	5,065,008	116	2	5.06
7.00	00700	OPERATION OF PLANT	334,876	95,402	70,428	71	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	66,949	666,952	18	0	8.00
9.00	00900	HOUSEKEEPING	1,548	28,582	1,998,813	8	0	9.00
10.00	01000	DIETARY	10,976	106,424	311,298	30	19	10.00
11.00	01100	CAFETERIA	7,832	3,354	1,345,661	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	1,681	1,939,989	9	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	8,776	2,668,484	30	46	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,329,060	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,232,885	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	109,596	0	0	23.00
23.01	02341	OTHER MED ED	720	18	194,015	0	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	109,596	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	187,513	318,207	19,938,711	171	629	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	192,613	4,265,103	29	74	31.00
35.00	02040	INTENSIVE NURSERY	3,932	47,605	1,943,737	18	16	35.00
41.00	04100	SUBPROVIDER - IRF	15,423	12,970	1,200,460	31	0	41.00
43.00	04300	NURSERY	758	2,450	989,688	4	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,735	581,263	2,749,519	82	32	50.00
50.01	05001	CARDIAC SURGERY	1,800	62,005	1,873,903	6	0	50.01
50.02	05002	WVSC	30,028	174,400	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,432	14,609	1,509,891	18	3	51.00
51.02	05101	O/P TREATMENT ROOM	23,926	23,693	330,924	27	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,685	101,772	2,796,428	23	30	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,580	361,920	3,500,051	108	63	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	122,972	362,025	41	0	55.00
56.00	05600	RADIOISOTOPE	8,800	145,932	327,100	0	2	56.00
57.00	05700	CT SCAN	2,172	195	1,101,078	7	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	31,531	592,122	4	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,992	54,417	2,145,816	34	34	59.00
60.00	06000	LABORATORY	0	0	0	8	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	4,976	129,675	2,658,159	14	14	65.00
66.00	06600	PHYSICAL THERAPY	10,150	9,826	0	23	23	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	27,726	0	1	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,658	1,783	0	5	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,288	432	0	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,181	390,800	528,333	4	19	69.00
69.01	06901	CARDIAC REHAB	6,534	15,254	263,150	6	3	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	36,833	2,714,854	17	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	104,127	0	14	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,715	48,125	3,811,991	50	21	73.00
76.00	03020	RENAL ACUTE	3,525	2,538	0	4	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	698	0	178,135	0	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	535	238,851	0	0	90.05
90.07	09007	WOUND CLINIC	8,952	8,531	309,450	13	0	90.07
91.00	09100	EMERGENCY	24,071	98,421	4,668,799	63	88	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)	951,716	3,491,207	79,607,122	1,153	1,118	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	1,190,326	1	0	194.00
194.01	07951	RENTAL PROPERTY	0	2,407	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	12,000	64,405	2,402,114	71	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
			NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
			1.00	2.00	4.00	5.01	5.02	
194.03	07952	WELLNESS	13,957	0	324,967	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	38,918	6,400,074	22	2	194.04
194.06	07953	SYCAMORE SPORTS MED	0	66	12,200	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	931	365,804	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)	15,432,589	11,245,908	16,729,800	1,101,732	12,664,020	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.738883	3.125657	0.185264	877.874104	11,266.921708	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			82,409	101,898	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000913	81.193625	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITIO)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER ADMIN AND GENERAL (ACCU. 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	6,517,860					5.03
5.04	00570	ADMITTING	27,045	500,375,303				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,425,639,936			5.05
5.06	00590	OTHER ADMIN AND GENERAL	71	0	0	-22,561,855	321,974,444	5.06
7.00	00700	OPERATION OF PLANT	3,680	0	0	0	15,040,765	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,779	0	0	0	1,489,748	8.00
9.00	00900	HOUSEKEEPING	8,903	0	0	0	3,545,866	9.00
10.00	01000	DIETARY	632	0	0	0	775,268	10.00
11.00	01100	CAFETERIA	1	0	0	0	2,969,123	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,059,037	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	805	0	0	0	5,106,446	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,691,217	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,344,391	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	158,765	23.00
23.01	02341	OTHER MED ED	0	0	0	0	276,081	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	158,765	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,374,615	89,506,370	102,471,722	0	42,009,168	30.00
31.00	03100	INTENSIVE CARE UNIT	486,988	23,853,175	23,853,175	0	8,383,292	31.00
35.00	02040	INTENSIVE NURSERY	86,861	18,520,671	18,520,671	0	3,256,244	35.00
41.00	04100	SUBPROVIDER - IRF	49,206	3,833,384	3,833,384	0	2,006,844	41.00
43.00	04300	NURSERY	0	3,046,300	3,046,300	0	1,407,128	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	154,642	91,959,181	170,683,809	0	14,614,262	50.00
50.01	05001	CARDIAC SURGERY	639,379	6,174,282	6,204,282	0	2,438,797	50.01
50.02	05002	WVSC	1,868,566	115,000	112,120,408	0	12,877,502	50.02
51.00	05100	RECOVERY ROOM	146,878	3,075,523	10,310,225	0	2,314,349	51.00
51.02	05101	O/P TREATMENT ROOM	54,521	21,041	2,037,584	0	981,359	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	268,737	16,526,263	21,064,224	0	5,222,094	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,392	13,503,301	57,848,633	0	10,214,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,712	1,716,804	43,198,460	0	6,322,141	55.00
56.00	05600	RADIOISOTOPE	5,103	918,335	11,178,699	0	2,261,379	56.00
57.00	05700	CT SCAN	194,841	14,554,325	54,984,741	0	3,052,431	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,568	2,472,011	13,156,306	0	2,085,545	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,981	29,903,907	96,567,151	0	21,364,751	59.00
60.00	06000	LABORATORY	0	45,540,480	95,807,439	0	9,578,369	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,310,660	3,032,666	0	1,353,129	62.00
65.00	06500	RESPIRATORY THERAPY	103,114	20,104,840	22,780,685	0	4,993,482	65.00
66.00	06600	PHYSICAL THERAPY	2,176	6,796,661	12,039,593	0	3,254,003	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	4,390	0	7,747,569	0	2,453,546	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	5,183,242	8,959,676	0	1,923,413	67.00
68.00	06800	SPEECH PATHOLOGY	227	1,087,537	3,186,410	0	849,763	68.00
69.00	06900	ELECTROCARDIOLOGY	2,315	13,375,936	75,827,557	0	12,257,521	69.00
69.01	06901	CARDIAC REHAB	1,495	96,875	1,290,879	0	548,373	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,289	1,668,055	4,675,292	0	1,465,084	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	766	753,469	820,988	0	1,281,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,549,902	20,640,502	0	14,141,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,730	44,039,880	267,959,141	0	51,379,200	73.00
76.00	03020	RENAL ACUTE	39,266	3,001,565	3,440,924	0	1,543,382	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	918	960	734,585	0	267,292	90.00
90.05	09005	PATIENT NUTRITION	941	0	198,013	0	349,129	90.05
90.07	09007	WOUND CLINIC	77,766	6,000	7,141,026	0	1,462,135	90.07
91.00	09100	EMERGENCY	606,093	28,159,368	138,277,217	0	9,947,570	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)	6,491,392	500,375,303	1,425,639,936	-22,561,855	297,475,740	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	8,297	0	0	0	3,669,970	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	56,496	194.01
194.02	07954	FAMILY PRACTICE	1,896	0	0	0	4,829,662	194.02
194.03	07952	WELLNESS	0	0	0	0	713,057	194.03
194.04	07955	PHYSICIAN PRACTICES	16,179	0	0	0	14,571,570	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITIO)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER ADMIN AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.06	07953	SYCAMORE SPORTS MED	1	0	0	0	57,106	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	95	0	0	0	600,843	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,527,196	1,741,712	5,720,343		22,561,855	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.234309	0.003481	0.004012		0.070073	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	65,288	0		458,390	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000130	0.000000		0.001424	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 1:11 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	617,193				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,186,331			8.00
9.00	00900	HOUSEKEEPING	1,548	80,119	609,657		9.00
10.00	01000	DIETARY	10,976	6,621	10,976	162,109	10.00
11.00	01100	CAFETERIA	7,832	0	7,832	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	0	2,376	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	720	0	720	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	187,513	411,503	187,513	121,559	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	48,633	22,990	17,402	31.00
35.00	02040	INTENSIVE NURSERY	3,932	5,149	3,932	0	35.00
41.00	04100	SUBPROVIDER - IRF	15,423	4,827	15,423	10,296	41.00
43.00	04300	NURSERY	758	0	758	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,735	69,504	40,735	0	50.00
50.01	05001	CARDIAC SURGERY	1,800	19	1,800	0	50.01
50.02	05002	WVSC	30,028	72,026	30,028	0	50.02
51.00	05100	RECOVERY ROOM	1,432	57,379	1,432	0	51.00
51.02	05101	O/P TREATMENT ROOM	23,926	6,086	23,926	12,011	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,685	50,221	23,685	4	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,580	36,355	31,580	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	13,745	26,393	0	55.00
56.00	05600	RADIOISOTOPE	8,800	6,210	8,800	0	56.00
57.00	05700	CT SCAN	2,172	0	2,172	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	35,657	2,593	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,992	40,149	32,992	837	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	4,976	0	4,976	0	65.00
66.00	06600	PHYSICAL THERAPY	10,150	7,827	10,150	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	20,966	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,658	0	1,658	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,288	0	3,288	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,181	15,788	3,181	0	69.00
69.01	06901	CARDIAC REHAB	6,534	356	6,534	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	3,751	1,505	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	0	5,712	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	0	20,715	0	73.00
76.00	03020	RENAL ACUTE	3,525	4,054	3,525	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	698	0	698	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	90.05
90.07	09007	WOUND CLINIC	8,952	10,313	8,952	0	90.07
91.00	09100	EMERGENCY	24,071	173,506	24,071	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)	588,370	1,180,764	580,834	162,109	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	590	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	12,000	759	12,000	0	194.02
194.03	07952	WELLNESS	13,957	0	13,957	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	4,218	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 1:11 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	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)	16,094,717	1,750,290	3,952,909	1,196,751	3,432,196	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.077284	1.475381	6.483825	7.382385	304.894377	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,624,324	377,643	162,389	619,909	212,664	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.112748	0.318329	0.266361	3.735517	18.891712	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description			NURSING ADMINISTRATIO N (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	INTERNS & RESIDENTS		PARAMED ED 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	7,744					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,410,327,400				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,292			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		6,292		22.00
23.00	02300	PARAMED ED PRGM	0	0			100	23.00
23.01	02341	OTHER MED ED	63	0				23.01
23.02	02301	PARAMED ED PRGM	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,484	87,159,186	2,988	2,988	0	30.00
31.00	03100	INTENSIVE CARE UNIT	613	23,853,175	0	0	0	31.00
35.00	02040	INTENSIVE NURSERY	264	18,520,671	135	135	0	35.00
41.00	04100	SUBPROVIDER - IRF	188	3,833,384	0	0	0	41.00
43.00	04300	NURSERY	155	3,046,300	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	527	170,683,809	396	396	0	50.00
50.01	05001	CARDIAC SURGERY	41	6,204,282	0	0	0	50.01
50.02	05002	WVSC	0	112,120,408	0	0	0	50.02
51.00	05100	RECOVERY ROOM	240	10,310,225	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	45	2,037,584	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	449	21,064,224	699	699	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,848,633	138	138	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	43,198,460	74	74	0	55.00
56.00	05600	RADIOISOTOPE	0	11,178,699	0	0	0	56.00
57.00	05700	CT SCAN	0	54,984,741	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,156,306	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	96,567,151	36	36	0	59.00
60.00	06000	LABORATORY	0	95,807,439	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,032,666	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	360	22,780,685	96	96	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,039,593	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	7,747,569	171	171	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	8,959,676	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,186,410	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	75,827,557	60	60	0	69.00
69.01	06901	CARDIAC REHAB	0	1,290,879	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,675,292	71	71	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	820,988	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,640,502	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	377	267,959,141	51	51	0	73.00
76.00	03020	RENAL ACUTE	0	3,440,924	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20	734,585	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	35	198,013	0	0	0	90.05
90.07	09007	WOUND CLINIC	47	7,141,026	50	50	0	90.07
91.00	09100	EMERGENCY	836	138,277,217	741	741	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)	7,744	1,410,327,400	5,706	5,706	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	0	0	586	586	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description			NURSING ADMINISTRATIO N (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	INTERNS & RESIDENTS		PARAMED ED 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)	4,476,323	5,819,532	1,873,754	2,521,780	175,988	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	578.037577	0.004126	297.799428	400.791481	1,759.880000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,902	192,669	7,588	5,276	704	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.059659	0.000137	1.205976	0.838525	7.040000	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description		OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540 NONPATIENT TELEPHONES			5.01
5.02	00550 DATA PROCESSING			5.02
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.04	00570 ADMITTING			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMIN AND GENERAL			5.06
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM			23.00
23.01	02341 OTHER MED ED	100		23.01
23.02	02301 PARAMED ED PRGM		100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	31.00
35.00	02040 INTENSIVE NURSERY	0	0	35.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
43.00	04300 NURSERY	0	0	43.00
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	100	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	100	0	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)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 RURAL HEALTH	0	0	194.00
194.01	07951 RENTAL PROPERTY	0	0	194.01
194.02	07954 FAMILY PRACTICE	0	0	194.02
194.03	07952 WELLNESS	0	0	194.03
194.04	07955 PHYSICIAN PRACTICES	0	0	194.04
194.06	07953 SYCAMORE SPORTS MED	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description			OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
			23.01	23.02	
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	194.07
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	374,495	175,988	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,744.950000	1,759.880000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,535	704	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.350000	7.040000	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 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 1:11 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	56,049,390		56,049,390	0	56,049,390	30.00
31.00	03100	INTENSIVE CARE UNIT	10,559,189		10,559,189	0	10,559,189	31.00
35.00	02040	INTENSIVE NURSERY	3,929,556		3,929,556	0	3,929,556	35.00
41.00	04100	SUBPROVIDER - IRF	2,914,599		2,914,599	0	2,914,599	41.00
43.00	04300	NURSERY	1,679,836		1,679,836	0	1,679,836	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,236,795		18,236,795	37,297	18,274,092	50.00
50.01	05001	CARDIAC SURGERY	2,739,276		2,739,276	0	2,739,276	50.01
50.02	05002	WVSC	15,326,487		15,326,487	0	15,326,487	50.02
51.00	05100	RECOVERY ROOM	2,862,250		2,862,250	0	2,862,250	51.00
51.02	05101	O/P TREATMENT ROOM	1,974,971		1,974,971	0	1,974,971	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,916,704		6,916,704	0	6,916,704	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,782,632		12,782,632	2,756	12,785,388	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,838,299		7,838,299	0	7,838,299	55.00
56.00	05600	RADIOISOTOPE	2,774,165		2,774,165	0	2,774,165	56.00
57.00	05700	CT SCAN	3,608,429		3,608,429	0	3,608,429	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,447,399		2,447,399	0	2,447,399	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,503,918		24,503,918	0	24,503,918	59.00
60.00	06000	LABORATORY	10,644,855		10,644,855	183,070	10,827,925	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,460,460		1,460,460	0	1,460,460	62.00
65.00	06500	RESPIRATORY THERAPY	5,925,496	0	5,925,496	0	5,925,496	65.00
66.00	06600	PHYSICAL THERAPY	3,873,739	0	3,873,739	0	3,873,739	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,688,372		2,688,372	0	2,688,372	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,149,146	0	2,149,146	0	2,149,146	67.00
68.00	06800	SPEECH PATHOLOGY	1,029,516	0	1,029,516	0	1,029,516	68.00
69.00	06900	ELECTROCARDIOLOGY	13,596,118		13,596,118	0	13,596,118	69.00
69.01	06901	CARDIAC REHAB	817,600		817,600	0	817,600	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,669,015		1,669,015	0	1,669,015	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,561,098		1,561,098	0	1,561,098	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,217,672		15,217,672	0	15,217,672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,487,438		57,487,438	0	57,487,438	73.00
76.00	03020	RENAL ACUTE	1,786,486		1,786,486	0	1,786,486	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	329,440		329,440	0	329,440	90.00
90.05	09005	PATIENT NUTRITION	468,156		468,156	2,373	470,529	90.05
90.07	09007	WOUND CLINIC	1,942,256		1,942,256	0	1,942,256	90.07
91.00	09100	EMERGENCY	12,993,054		12,993,054	0	12,993,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,299,916		11,299,916	0	11,299,916	92.00
200.00		Subtotal (see instructions)	324,083,728	0	324,083,728	225,496	324,309,224	200.00
201.00		Less Observation Beds	11,299,916		11,299,916	0	11,299,916	201.00
202.00		Total (see instructions)	312,783,812	0	312,783,812	225,496	313,009,308	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 1:11 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	87,159,186		87,159,186		30.00
31.00	03100	INTENSIVE CARE UNIT	23,853,175		23,853,175		31.00
35.00	02040	INTENSIVE NURSERY	18,520,671		18,520,671		35.00
41.00	04100	SUBPROVIDER - IRF	3,833,384		3,833,384		41.00
43.00	04300	NURSERY	3,046,300		3,046,300		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	91,959,181	78,724,628	170,683,809	0.106845	0.000000
50.01	05001	CARDIAC SURGERY	6,174,282	30,000	6,204,282	0.441514	0.000000
50.02	05002	WVSC	115,000	112,005,408	112,120,408	0.136697	0.000000
51.00	05100	RECOVERY ROOM	3,075,523	7,234,702	10,310,225	0.277613	0.000000
51.02	05101	O/P TREATMENT ROOM	21,041	2,016,543	2,037,584	0.969271	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,526,263	4,537,961	21,064,224	0.328363	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,503,301	44,345,332	57,848,633	0.220967	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	1,716,804	41,481,656	43,198,460	0.181449	0.000000
56.00	05600	RADIOISOTOPE	918,335	10,260,364	11,178,699	0.248165	0.000000
57.00	05700	CT SCAN	14,554,325	40,430,416	54,984,741	0.065626	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,472,011	10,684,295	13,156,306	0.186025	0.000000
59.00	05900	CARDIAC CATHETERIZATION	29,903,907	66,663,244	96,567,151	0.253750	0.000000
60.00	06000	LABORATORY	45,540,480	50,266,959	95,807,439	0.111107	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,310,660	722,006	3,032,666	0.481576	0.000000
65.00	06500	RESPIRATORY THERAPY	20,104,840	2,675,845	22,780,685	0.260111	0.000000
66.00	06600	PHYSICAL THERAPY	6,796,661	5,242,932	12,039,593	0.321750	0.000000
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000
66.02	06602	O/P PHYSICAL THERAPY	0	7,747,569	7,747,569	0.346996	0.000000
67.00	06700	OCCUPATIONAL THERAPY	5,183,242	3,776,434	8,959,676	0.239869	0.000000
68.00	06800	SPEECH PATHOLOGY	1,087,537	2,098,873	3,186,410	0.323096	0.000000
69.00	06900	ELECTROCARDIOLOGY	13,375,936	62,451,621	75,827,557	0.179303	0.000000
69.01	06901	CARDIAC REHAB	96,875	1,194,004	1,290,879	0.633367	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,668,055	3,007,237	4,675,292	0.356986	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	753,469	67,519	820,988	1.901487	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,549,902	12,090,600	20,640,502	0.737272	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	44,039,880	223,919,261	267,959,141	0.214538	0.000000
76.00	03020	RENAL ACUTE	3,001,565	439,359	3,440,924	0.519188	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	960	733,625	734,585	0.448471	0.000000
90.05	09005	PATIENT NUTRITION	0	198,013	198,013	2.364269	0.000000
90.07	09007	WOUND CLINIC	6,000	7,135,026	7,141,026	0.271986	0.000000
91.00	09100	EMERGENCY	28,159,368	110,117,849	138,277,217	0.093964	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,347,184	12,965,352	15,312,536	0.737952	0.000000
200.00		Subtotal (see instructions)	500,375,303	925,264,633	1,425,639,936		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	500,375,303	925,264,633	1,425,639,936		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 1:11 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	0.107064			50.00
50.01	05001	CARDIAC SURGERY	0.441514			50.01
50.02	05002	WVSC	0.136697			50.02
51.00	05100	RECOVERY ROOM	0.277613			51.00
51.02	05101	O/P TREATMENT ROOM	0.969271			51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.328363			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221015			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.181449			55.00
56.00	05600	RADIOISOTOPE	0.248165			56.00
57.00	05700	CT SCAN	0.065626			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.186025			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.253750			59.00
60.00	06000	LABORATORY	0.113018			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.481576			62.00
65.00	06500	RESPIRATORY THERAPY	0.260111			65.00
66.00	06600	PHYSICAL THERAPY	0.321750			66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			66.01
66.02	06602	O/P PHYSICAL THERAPY	0.346996			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.239869			67.00
68.00	06800	SPEECH PATHOLOGY	0.323096			68.00
69.00	06900	ELECTROCARDIOLOGY	0.179303			69.00
69.01	06901	CARDIAC REHAB	0.633367			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356986			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.901487			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.737272			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214538			73.00
76.00	03020	RENAL ACUTE	0.519188			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.448471			90.00
90.05	09005	PATIENT NUTRITION	2.376253			90.05
90.07	09007	WOUND CLINIC	0.271986			90.07
91.00	09100	EMERGENCY	0.093964			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.737952			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 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 1:11 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	56,049,390		56,049,390	0	56,049,390
31.00	03100	INTENSIVE CARE UNIT	10,559,189		10,559,189	0	10,559,189
35.00	02040	INTENSIVE NURSERY	3,929,556		3,929,556	0	3,929,556
41.00	04100	SUBPROVIDER - IRF	2,914,599		2,914,599	0	2,914,599
43.00	04300	NURSERY	1,679,836		1,679,836	0	1,679,836
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,236,795		18,236,795	37,297	18,274,092
50.01	05001	CARDIAC SURGERY	2,739,276		2,739,276	0	2,739,276
50.02	05002	WVSC	15,326,487		15,326,487	0	15,326,487
51.00	05100	RECOVERY ROOM	2,862,250		2,862,250	0	2,862,250
51.02	05101	O/P TREATMENT ROOM	1,974,971		1,974,971	0	1,974,971
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,916,704		6,916,704	0	6,916,704
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,782,632		12,782,632	2,756	12,785,388
55.00	05500	RADIOLOGY-THERAPEUTIC	7,838,299		7,838,299	0	7,838,299
56.00	05600	RADIOISOTOPE	2,774,165		2,774,165	0	2,774,165
57.00	05700	CT SCAN	3,608,429		3,608,429	0	3,608,429
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,447,399		2,447,399	0	2,447,399
59.00	05900	CARDIAC CATHETERIZATION	24,503,918		24,503,918	0	24,503,918
60.00	06000	LABORATORY	10,644,855		10,644,855	183,070	10,827,925
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,460,460		1,460,460	0	1,460,460
65.00	06500	RESPIRATORY THERAPY	5,925,496	0	5,925,496	0	5,925,496
66.00	06600	PHYSICAL THERAPY	3,873,739	0	3,873,739	0	3,873,739
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	2,688,372	0	2,688,372	0	2,688,372
67.00	06700	OCCUPATIONAL THERAPY	2,149,146	0	2,149,146	0	2,149,146
68.00	06800	SPEECH PATHOLOGY	1,029,516	0	1,029,516	0	1,029,516
69.00	06900	ELECTROCARDIOLOGY	13,596,118		13,596,118	0	13,596,118
69.01	06901	CARDIAC REHAB	817,600		817,600	0	817,600
70.00	07000	ELECTROENCEPHALOGRAPHY	1,669,015		1,669,015	0	1,669,015
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,561,098		1,561,098	0	1,561,098
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,217,672		15,217,672	0	15,217,672
73.00	07300	DRUGS CHARGED TO PATIENTS	57,487,438		57,487,438	0	57,487,438
76.00	03020	RENAL ACUTE	1,786,486		1,786,486	0	1,786,486
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	329,440		329,440	0	329,440
90.05	09005	PATIENT NUTRITION	468,156		468,156	2,373	470,529
90.07	09007	WOUND CLINIC	1,942,256		1,942,256	0	1,942,256
91.00	09100	EMERGENCY	12,993,054		12,993,054	0	12,993,054
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,299,916		11,299,916	0	11,299,916
200.00		Subtotal (see instructions)	324,083,728	0	324,083,728	225,496	324,309,224
201.00		Less Observation Beds	11,299,916		11,299,916	0	11,299,916
202.00		Total (see instructions)	312,783,812	0	312,783,812	225,496	313,009,308

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
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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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	87,159,186		87,159,186		30.00
31.00	03100	INTENSIVE CARE UNIT	23,853,175		23,853,175		31.00
35.00	02040	INTENSIVE NURSERY	18,520,671		18,520,671		35.00
41.00	04100	SUBPROVIDER - IRF	3,833,384		3,833,384		41.00
43.00	04300	NURSERY	3,046,300		3,046,300		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	91,959,181	78,724,628	170,683,809	0.106845	0.000000
50.01	05001	CARDIAC SURGERY	6,174,282	30,000	6,204,282	0.441514	0.000000
50.02	05002	WVSC	115,000	112,005,408	112,120,408	0.136697	0.000000
51.00	05100	RECOVERY ROOM	3,075,523	7,234,702	10,310,225	0.277613	0.000000
51.02	05101	O/P TREATMENT ROOM	21,041	2,016,543	2,037,584	0.969271	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,526,263	4,537,961	21,064,224	0.328363	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,503,301	44,345,332	57,848,633	0.220967	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	1,716,804	41,481,656	43,198,460	0.181449	0.000000
56.00	05600	RADIOISOTOPE	918,335	10,260,364	11,178,699	0.248165	0.000000
57.00	05700	CT SCAN	14,554,325	40,430,416	54,984,741	0.065626	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,472,011	10,684,295	13,156,306	0.186025	0.000000
59.00	05900	CARDIAC CATHETERIZATION	29,903,907	66,663,244	96,567,151	0.253750	0.000000
60.00	06000	LABORATORY	45,540,480	50,266,959	95,807,439	0.111107	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,310,660	722,006	3,032,666	0.481576	0.000000
65.00	06500	RESPIRATORY THERAPY	20,104,840	2,675,845	22,780,685	0.260111	0.000000
66.00	06600	PHYSICAL THERAPY	6,796,661	5,242,932	12,039,593	0.321750	0.000000
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000
66.02	06602	O/P PHYSICAL THERAPY	0	7,747,569	7,747,569	0.346996	0.000000
67.00	06700	OCCUPATIONAL THERAPY	5,183,242	3,776,434	8,959,676	0.239869	0.000000
68.00	06800	SPEECH PATHOLOGY	1,087,537	2,098,873	3,186,410	0.323096	0.000000
69.00	06900	ELECTROCARDIOLOGY	13,375,936	62,451,621	75,827,557	0.179303	0.000000
69.01	06901	CARDIAC REHAB	96,875	1,194,004	1,290,879	0.633367	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,668,055	3,007,237	4,675,292	0.356986	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	753,469	67,519	820,988	1.901487	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,549,902	12,090,600	20,640,502	0.737272	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	44,039,880	223,919,261	267,959,141	0.214538	0.000000
76.00	03020	RENAL ACUTE	3,001,565	439,359	3,440,924	0.519188	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	960	733,625	734,585	0.448471	0.000000
90.05	09005	PATIENT NUTRITION	0	198,013	198,013	2.364269	0.000000
90.07	09007	WOUND CLINIC	6,000	7,135,026	7,141,026	0.271986	0.000000
91.00	09100	EMERGENCY	28,159,368	110,117,849	138,277,217	0.093964	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,347,184	12,965,352	15,312,536	0.737952	0.000000
200.00		Subtotal (see instructions)	500,375,303	925,264,633	1,425,639,936		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	500,375,303	925,264,633	1,425,639,936		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
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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 01/01/2018
To 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/29/2019 1:11 pm

			Title XVIII		Hospital	PPS	
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	6,672,262	0	6,672,262	54,145	123.23	30.00
31.00	INTENSIVE CARE UNIT	1,540,459		1,540,459	6,215	247.86	31.00
35.00	INTENSIVE NURSERY	275,112		275,112	4,126	66.68	35.00
41.00	SUBPROVIDER - IRF	491,160	0	491,160	3,677	133.58	41.00
43.00	NURSERY	35,230		35,230	3,196	11.02	43.00
200.00	Total (lines 30 through 199)	9,014,223		9,014,223	71,359		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	21,941	2,703,789				30.00
31.00	INTENSIVE CARE UNIT	3,606	893,783				31.00
35.00	INTENSIVE NURSERY	0	0				35.00
41.00	SUBPROVIDER - IRF	2,252	300,822				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	27,799	3,898,394				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 1:11 pm
Title XVIII				Hospital		PPS
Cost Center Description	Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,785,172	170,683,809	0.022177	49,227,859	1,091,726	50.00
50.01 05001 CARDIAC SURGERY	291,906	6,204,282	0.047049	3,198,814	150,501	50.01
50.02 05002 WVSC	1,785,226	112,120,408	0.015922	109,991	1,751	50.02
51.00 05100 RECOVERY ROOM	117,154	10,310,225	0.011363	1,777,300	20,195	51.00
51.02 05101 O/P TREATMENT ROOM	728,402	2,037,584	0.357483	290	104	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	970,079	21,064,224	0.046053	35,910	1,654	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,590,087	57,848,633	0.044774	7,935,180	355,290	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,942,901	43,198,460	0.044976	891,239	40,084	55.00
56.00 05600 RADIOISOTOPE	913,103	11,178,699	0.081682	419,621	34,275	56.00
57.00 05700 CT SCAN	395,808	54,984,741	0.007199	8,005,389	57,631	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	704,400	13,156,306	0.053541	1,186,262	63,514	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,211,863	96,567,151	0.012549	13,826,489	173,509	59.00
60.00 06000 LABORATORY	33,336	95,807,439	0.000348	23,495,655	8,176	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,642	3,032,666	0.000871	1,200,279	1,045	62.00
65.00 06500 RESPIRATORY THERAPY	679,836	22,780,685	0.029843	9,835,202	293,512	65.00
66.00 06600 PHYSICAL THERAPY	300,477	12,039,593	0.024957	3,106,852	77,538	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	468,665	7,747,569	0.060492	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	52,265	8,959,676	0.005833	1,819,929	10,616	67.00
68.00 06800 SPEECH PATHOLOGY	127,582	3,186,410	0.040039	393,573	15,758	68.00
69.00 06900 ELECTROCARDIOLOGY	1,618,757	75,827,557	0.021348	7,340,966	156,715	69.00
69.01 06901 CARDIAC REHAB	214,367	1,290,879	0.166063	54,103	8,985	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	182,881	4,675,292	0.039116	947,956	37,080	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	472,110	820,988	0.575051	409,342	235,393	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	24,077	20,640,502	0.001166	5,895,730	6,874	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,621,349	267,959,141	0.006051	23,694,438	143,375	73.00
76.00 03020 RENAL ACUTE	102,396	3,440,924	0.029758	1,958,485	58,281	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	18,757	734,585	0.025534	0	0	90.00
90.05 09005 PATIENT NUTRITION	51,905	198,013	0.262129	0	0	90.05
90.07 09007 WOUND CLINIC	263,014	7,141,026	0.036831	5,344	197	90.07
91.00 09100 EMERGENCY	1,085,696	138,277,217	0.007852	15,247,369	119,722	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,345,176	15,312,536	0.087848	646,097	56,758	92.00
200.00 Total (lines 50 through 199)	24,101,389	1,289,227,220		182,665,664	3,220,259	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part III
Date/Time Prepared:
5/29/2019 1:11 pm

					Title XVIII		Hospital		PPS	
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	54,145	0.00	21,941	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	6,215	0.00	3,606	31.00		
35.00	02040	INTENSIVE NURSERY		0	4,126	0.00	0	35.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,677	0.00	2,252	41.00		
43.00	04300	NURSERY		0	3,196	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	71,359		27,799	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 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 1:11 pm

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	
			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	351,976	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	374,495	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	726,471	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 1:11 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	170,683,809	0.000000	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	6,204,282	0.000000	50.01
50.02	05002	WVSC	0	0	0	112,120,408	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	10,310,225	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,037,584	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,064,224	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	351,976	351,976	57,848,633	0.006084	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	43,198,460	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,178,699	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	54,984,741	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,156,306	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	96,567,151	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	95,807,439	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,032,666	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,780,685	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,039,593	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	7,747,569	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,959,676	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,186,410	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	75,827,557	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,290,879	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,675,292	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	820,988	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,640,502	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	374,495	374,495	267,959,141	0.001398	73.00
76.00	03020	RENAL ACUTE	0	0	0	3,440,924	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	734,585	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	198,013	0.000000	90.05
90.07	09007	WOUND CLINIC	0	0	0	7,141,026	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	138,277,217	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	15,312,536	0.000000	92.00
200.00		Total (lines 50 through 199)	0	726,471	726,471	1,289,227,220		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			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	49,227,859	0	24,284,718	0	50.00
50.01	05001	CARDIAC SURGERY	0.000000	3,198,814	0	29,037	0	50.01
50.02	05002	WVSC	0.000000	109,991	0	33,309,304	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	1,777,300	0	2,056,515	0	51.00
51.02	05101	O/P TREATMENT ROOM	0.000000	290	0	908,323	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	35,910	0	21,085	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.006084	7,935,180	48,278	13,545,300	82,410	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	891,239	0	20,583,640	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	419,621	0	3,973,562	0	56.00
57.00	05700	CT SCAN	0.000000	8,005,389	0	13,025,828	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,186,262	0	3,312,536	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	13,826,489	0	27,281,092	0	59.00
60.00	06000	LABORATORY	0.000000	23,495,655	0	12,337,192	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,200,279	0	354,170	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	9,835,202	0	836,649	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,106,852	0	126,891	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	1,819,929	0	79,051	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	393,573	0	27,437	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,340,966	0	23,711,939	0	69.00
69.01	06901	CARDIAC REHAB	0.000000	54,103	0	720,890	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	947,956	0	847,154	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	409,342	0	32,365	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,895,730	0	5,947,589	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001398	23,694,438	33,125	114,996,666	160,765	73.00
76.00	03020	RENAL ACUTE	0.000000	1,958,485	0	239,508	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	527,612	0	90.00
90.05	09005	PATIENT NUTRITION	0.000000	0	0	142,250	0	90.05
90.07	09007	WOUND CLINIC	0.000000	5,344	0	2,859,688	0	90.07
91.00	09100	EMERGENCY	0.000000	15,247,369	0	24,772,222	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	646,097	0	4,850,560	0	92.00
200.00		Total (lines 50 through 199)		182,665,664	81,403	335,740,773	243,175	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 1:11 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	0.106845	24,284,718	0	0	2,594,701	50.00
50.01	05001	CARDIAC SURGERY	0.441514	29,037	0	0	12,820	50.01
50.02	05002	WVSC	0.136697	33,309,304	0	0	4,553,282	50.02
51.00	05100	RECOVERY ROOM	0.277613	2,056,515	0	0	570,915	51.00
51.02	05101	O/P TREATMENT ROOM	0.969271	908,323	0	0	880,411	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.328363	21,085	0	0	6,924	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220967	13,545,300	0	0	2,993,064	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.181449	20,583,640	0	0	3,734,881	55.00
56.00	05600	RADIOISOTOPE	0.248165	3,973,562	0	0	986,099	56.00
57.00	05700	CT SCAN	0.065626	13,025,828	0	0	854,833	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.186025	3,312,536	0	0	616,215	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.253750	27,281,092	0	0	6,922,577	59.00
60.00	06000	LABORATORY	0.111107	12,337,192	0	0	1,370,748	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.481576	354,170	0	0	170,560	62.00
65.00	06500	RESPIRATORY THERAPY	0.260111	836,649	0	0	217,622	65.00
66.00	06600	PHYSICAL THERAPY	0.321750	126,891	0	0	40,827	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.346996	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.239869	79,051	0	0	18,962	67.00
68.00	06800	SPEECH PATHOLOGY	0.323096	27,437	0	0	8,865	68.00
69.00	06900	ELECTROCARDIOLOGY	0.179303	23,711,939	0	0	4,251,622	69.00
69.01	06901	CARDIAC REHAB	0.633367	720,890	0	0	456,588	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356986	847,154	0	0	302,422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.901487	32,365	0	0	61,542	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.737272	5,947,589	0	0	4,384,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214538	114,996,666	0	88,882	24,671,155	73.00
76.00	03020	RENAL ACUTE	0.519188	239,508	0	0	124,350	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.448471	527,612	0	0	236,619	90.00
90.05	09005	PATIENT NUTRITION	2.364269	142,250	0	0	336,317	90.05
90.07	09007	WOUND CLINIC	0.271986	2,859,688	0	0	777,795	90.07
91.00	09100	EMERGENCY	0.093964	24,772,222	0	246	2,327,697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.737952	4,850,560	0	0	3,579,480	92.00
200.00		Subtotal (see instructions)		335,740,773	0	89,128	68,064,884	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		335,740,773	0	89,128	68,064,884	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 1:11 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	CARDIAC SURGERY	0	0		50.01
50.02	05002	WVSC	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
51.02	05101	O/P TREATMENT ROOM	0	0		51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,069		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	23		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	19,092		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	19,092		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 1:11 pm		
				Component CCN: 15-T023				
				Title XVIII		Subprovider - IRF	PPS	
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,785,172	170,683,809	0.022177	117,777	2,612	50.00
50.01	05001	CARDIAC SURGERY	291,906	6,204,282	0.047049	8,335	392	50.01
50.02	05002	WVSC	1,785,226	112,120,408	0.015922	243	4	50.02
51.00	05100	RECOVERY ROOM	117,154	10,310,225	0.011363	6,004	68	51.00
51.02	05101	O/P TREATMENT ROOM	728,402	2,037,584	0.357483	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	970,079	21,064,224	0.046053	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,590,087	57,848,633	0.044774	72,604	3,251	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,942,901	43,198,460	0.044976	0	0	55.00
56.00	05600	RADIOISOTOPE	913,103	11,178,699	0.081682	4,570	373	56.00
57.00	05700	CT SCAN	395,808	54,984,741	0.007199	60,813	438	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	704,400	13,156,306	0.053541	16,102	862	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,211,863	96,567,151	0.012549	17,873	224	59.00
60.00	06000	LABORATORY	33,336	95,807,439	0.000348	317,195	110	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,642	3,032,666	0.000871	8,585	7	62.00
65.00	06500	RESPIRATORY THERAPY	679,836	22,780,685	0.029843	265,860	7,934	65.00
66.00	06600	PHYSICAL THERAPY	300,477	12,039,593	0.024957	1,107,514	27,640	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	468,665	7,747,569	0.060492	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	52,265	8,959,676	0.005833	1,154,593	6,735	67.00
68.00	06800	SPEECH PATHOLOGY	127,582	3,186,410	0.040039	320,842	12,846	68.00
69.00	06900	ELECTROCARDIOLOGY	1,618,757	75,827,557	0.021348	66,988	1,430	69.00
69.01	06901	CARDIAC REHAB	214,367	1,290,879	0.166063	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	182,881	4,675,292	0.039116	22,346	874	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	472,110	820,988	0.575051	1,832	1,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,077	20,640,502	0.001166	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,621,349	267,959,141	0.006051	447,035	2,705	73.00
76.00	03020	RENAL ACUTE	102,396	3,440,924	0.029758	173,198	5,154	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,757	734,585	0.025534	0	0	90.00
90.05	09005	PATIENT NUTRITION	51,905	198,013	0.262129	0	0	90.05
90.07	09007	WOUND CLINIC	263,014	7,141,026	0.036831	0	0	90.07
91.00	09100	EMERGENCY	1,085,696	138,277,217	0.007852	19,607	154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,312,536	0.000000	12,107	0	92.00
200.00		Total (lines 50 through 199)	22,756,213	1,289,227,220		4,222,023	74,866	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 1:11 pm	
				Title XVIII		Subprovider - IRF		PPS	
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	351,976	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	374,495	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	726,471	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 1:11 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	170,683,809	0.000000	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	6,204,282	0.000000	50.01
50.02	05002	WVSC	0	0	0	0	112,120,408	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	10,310,225	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	2,037,584	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	21,064,224	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	351,976	351,976	57,848,633	0.006084	54.00	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	43,198,460	0.000000	55.00	55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,178,699	0.000000	56.00	56.00
57.00	05700	CT SCAN	0	0	0	54,984,741	0.000000	57.00	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,156,306	0.000000	58.00	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	96,567,151	0.000000	59.00	59.00
60.00	06000	LABORATORY	0	0	0	95,807,439	0.000000	60.00	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,032,666	0.000000	62.00	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,780,685	0.000000	65.00	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,039,593	0.000000	66.00	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	66.01	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	7,747,569	0.000000	66.02	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,959,676	0.000000	67.00	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,186,410	0.000000	68.00	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	75,827,557	0.000000	69.00	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,290,879	0.000000	69.01	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,675,292	0.000000	70.00	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	820,988	0.000000	71.00	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,640,502	0.000000	72.00	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	374,495	374,495	267,959,141	0.001398	73.00	73.00
76.00	03020	RENAL ACUTE	0	0	0	3,440,924	0.000000	76.00	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	734,585	0.000000	90.00	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	198,013	0.000000	90.05	90.05
90.07	09007	WOUND CLINIC	0	0	0	7,141,026	0.000000	90.07	90.07
91.00	09100	EMERGENCY	0	0	0	138,277,217	0.000000	91.00	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	15,312,536	0.000000	92.00	92.00
200.00		Total (lines 50 through 199)	0	726,471	726,471	1,289,227,220		200.00	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 1:11 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	117,777	0	0	0	50.00
50.01	05001	CARDIAC SURGERY		0.000000	8,335	0	0	0	50.01
50.02	05002	WVSC		0.000000	243	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	6,004	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	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.006084	72,604	442	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	4,570	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	60,813	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	16,102	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	17,873	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	317,195	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	8,585	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	265,860	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,107,514	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	1,154,593	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	320,842	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	66,988	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	22,346	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	1,832	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001398	447,035	625	0	0	73.00
76.00	03020	RENAL ACUTE		0.000000	173,198	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION		0.000000	0	0	0	0	90.05
90.07	09007	WOUND CLINIC		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.000000	19,607	0	424	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	12,107	0	0	0	92.00
200.00		Total (lines 50 through 199)			4,222,023	1,067	424	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 1:11 pm
				Component CCN: 15-T023		
				Title XVIII	Subprovider - IRF	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	0.106845	0	0	0	0	50.00
50.01 05001 CARDIAC SURGERY	0.441514	0	0	0	0	50.01
50.02 05002 WVSC	0.136697	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.277613	0	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	0.969271	0	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.328363	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.220967	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.181449	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.248165	0	0	0	0	56.00
57.00 05700 CT SCAN	0.065626	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.186025	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.253750	0	0	0	0	59.00
60.00 06000 LABORATORY	0.111107	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.481576	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.260111	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.321750	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	0.346996	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.239869	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.323096	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.179303	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0.633367	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.356986	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.901487	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.737272	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.214538	0	0	670	0	73.00
76.00 03020 RENAL ACUTE	0.519188	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.448471	0	0	0	0	90.00
90.05 09005 PATIENT NUTRITION	2.364269	0	0	0	0	90.05
90.07 09007 WOUND CLINIC	0.271986	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.093964	424	0	0	40	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.737952	0	0	0	0	92.00
200.00 Subtotal (see instructions)		424	0	670	40	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		424	0	670	40	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:15-0023

Period:

Worksheet D

Component CCN:15-T023

From 01/01/2018
To 12/31/2018Part V
Date/Time Prepared:
5/29/2019 1:11 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	144	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	144	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	144	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 1:11 pm	
		Title XVIII	Hospital	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)			54,145	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			54,145	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)			43,229	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			21,941	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)			56,049,390	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)			56,049,390	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)			56,049,390	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,035.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			22,712,665	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			22,712,665	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-1

Date/Time Prepared:
5/29/2019 1:11 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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,559,189	6,215	1,698.98	3,606	6,126,522
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	INTENSIVE NURSERY	3,929,556	4,126	952.39	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,657,723
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					64,496,910
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,597,572
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,301,662
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,899,234
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					57,597,676
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					10,916
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,035.17
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,299,916

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-1

Date/Time Prepared:
5/29/2019 1:11 pm

		Title XVIII		Hospital	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	6,672,262	56,049,390	0.119043	11,299,916	1,345,176	90.00
91.00 Nursing School cost	0	56,049,390	0.000000	11,299,916	0	91.00
92.00 Allied health cost	0	56,049,390	0.000000	11,299,916	0	92.00
93.00 All other Medical Education	0	56,049,390	0.000000	11,299,916	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 1:11 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,677	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,677	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,677	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,252	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)		2,914,599	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)		2,914,599	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)		2,914,599	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)		792.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,785,070	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)		1,785,070	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 15-T023		Date/Time Prepared: 5/29/2019 1:11 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)					1,112,861	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,897,931	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)					300,822	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					75,933	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					376,755	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,521,176	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 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 1:11 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	491,160	2,914,599	0.168517	0	0	90.00
91.00	Nursing School cost	0	2,914,599	0.000000	0	0	91.00
92.00	Allied health cost	0	2,914,599	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,914,599	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 1:11 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)			54,145 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			54,145 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)			43,229 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			624 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			3,196 15.00
16.00	Nursery days (title V or XIX only)			171 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)			56,049,390 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)			56,049,390 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)			56,049,390 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,035.17 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			645,946 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)			645,946 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-1

Date/Time Prepared:
5/29/2019 1:11 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)	1,679,836	3,196	525.61	171	89,879	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,559,189	6,215	1,698.98	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	3,929,556	4,126	952.39	57	54,286	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					975,818	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,765,929	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)					10,916	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,035.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,299,916	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-1

Date/Time Prepared:
5/29/2019 1:11 pm

		Title XIX		Hospital	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	6,672,262	56,049,390	0.119043	11,299,916	1,345,176	90.00
91.00 Nursing School cost	0	56,049,390	0.000000	11,299,916	0	91.00
92.00 Allied health cost	0	56,049,390	0.000000	11,299,916	0	92.00
93.00 All other Medical Education	0	56,049,390	0.000000	11,299,916	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 1:11 pm
			Title XVIII	Hospital	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		44,752,385	30.00
31.00	03100	INTENSIVE CARE UNIT		13,615,070	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107064	49,227,859	50.00
50.01	05001	CARDIAC SURGERY	0.441514	3,198,814	50.01
50.02	05002	WVSC	0.136697	109,991	50.02
51.00	05100	RECOVERY ROOM	0.277613	1,777,300	51.00
51.02	05101	O/P TREATMENT ROOM	0.969271	290	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.328363	35,910	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221015	7,935,180	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.181449	891,239	55.00
56.00	05600	RADIOISOTOPE	0.248165	419,621	56.00
57.00	05700	CT SCAN	0.065626	8,005,389	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.186025	1,186,262	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.253750	13,826,489	59.00
60.00	06000	LABORATORY	0.113018	23,495,655	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.481576	1,200,279	62.00
65.00	06500	RESPIRATORY THERAPY	0.260111	9,835,202	65.00
66.00	06600	PHYSICAL THERAPY	0.321750	3,106,852	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.346996	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.239869	1,819,929	67.00
68.00	06800	SPEECH PATHOLOGY	0.323096	393,573	68.00
69.00	06900	ELECTROCARDIOLOGY	0.179303	7,340,966	69.00
69.01	06901	CARDIAC REHAB	0.633367	54,103	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356986	947,956	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.901487	409,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.737272	5,895,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214538	23,694,438	73.00
76.00	03020	RENAL ACUTE	0.519188	1,958,485	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.448471	0	90.00
90.05	09005	PATIENT NUTRITION	2.376253	0	90.05
90.07	09007	WOUND CLINIC	0.271986	5,344	90.07
91.00	09100	EMERGENCY	0.093964	15,247,369	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.737952	646,097	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		182,665,664	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)		182,665,664	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 1:11 pm	
		Component CCN: 15-T023			
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02040 INTENSIVE NURSERY		0		35.00
41.00	04100 SUBPROVIDER - IRF		2,317,430		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.107064	117,777	12,610	50.00
50.01	05001 CARDIAC SURGERY	0.441514	8,335	3,680	50.01
50.02	05002 WVSC	0.136697	243	33	50.02
51.00	05100 RECOVERY ROOM	0.277613	6,004	1,667	51.00
51.02	05101 O/P TREATMENT ROOM	0.969271	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.328363	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.221015	72,604	16,047	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.181449	0	0	55.00
56.00	05600 RADIOISOTOPE	0.248165	4,570	1,134	56.00
57.00	05700 CT SCAN	0.065626	60,813	3,991	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.186025	16,102	2,995	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.253750	17,873	4,535	59.00
60.00	06000 LABORATORY	0.113018	317,195	35,849	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.481576	8,585	4,134	62.00
65.00	06500 RESPIRATORY THERAPY	0.260111	265,860	69,153	65.00
66.00	06600 PHYSICAL THERAPY	0.321750	1,107,514	356,343	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.346996	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.239869	1,154,593	276,951	67.00
68.00	06800 SPEECH PATHOLOGY	0.323096	320,842	103,663	68.00
69.00	06900 ELECTROCARDIOLOGY	0.179303	66,988	12,011	69.00
69.01	06901 CARDIAC REHAB	0.633367	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.356986	22,346	7,977	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.901487	1,832	3,484	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.737272	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214538	447,035	95,906	73.00
76.00	03020 RENAL ACUTE	0.519188	173,198	89,922	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.448471	0	0	90.00
90.05	09005 PATIENT NUTRITION	2.376253	0	0	90.05
90.07	09007 WOUND CLINIC	0.271986	0	0	90.07
91.00	09100 EMERGENCY	0.093964	19,607	1,842	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.737952	12,107	8,934	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,222,023	1,112,861	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)		4,222,023		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 1:11 pm
			Title XIX	Hospital	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		993,938	30.00
31.00	03100	INTENSIVE CARE UNIT		277,739	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		63,040	41.00
43.00	04300	NURSERY		853,992	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106845	574,829	50.00
50.01	05001	CARDIAC SURGERY	0.441514	0	50.01
50.02	05002	WVSC	0.136697	0	50.02
51.00	05100	RECOVERY ROOM	0.277613	21,947	51.00
51.02	05101	O/P TREATMENT ROOM	0.969271	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.328363	163,502	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220967	105,851	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.181449	8,323	55.00
56.00	05600	RADIOISOTOPE	0.248165	11,710	56.00
57.00	05700	CT SCAN	0.065626	128,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.186025	25,663	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.253750	71,677	59.00
60.00	06000	LABORATORY	0.111107	527,179	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.481576	26,318	62.00
65.00	06500	RESPIRATORY THERAPY	0.260111	129,034	65.00
66.00	06600	PHYSICAL THERAPY	0.321750	61,887	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.346996	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.239869	55,496	67.00
68.00	06800	SPEECH PATHOLOGY	0.323096	12,855	68.00
69.00	06900	ELECTROCARDIOLOGY	0.179303	118,669	69.00
69.01	06901	CARDIAC REHAB	0.633367	1,892	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356986	29,725	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.901487	184,247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.737272	44,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214538	899,340	73.00
76.00	03020	RENAL ACUTE	0.519188	32,164	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.448471	0	90.00
90.05	09005	PATIENT NUTRITION	2.364269	0	90.05
90.07	09007	WOUND CLINIC	0.271986	109	90.07
91.00	09100	EMERGENCY	0.093964	291,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.737952	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,526,644	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		3,526,644	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 1:11 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)			43,768,588	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			14,112,945	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)			315,848	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			7,986,408	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			202.08	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			21.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			12.22	12.00
13.00	Total allowable FTE count for the prior year.			12.22	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			12.22	14.00
15.00	Sum of lines 12 through 14 divided by 3.			12.22	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			12.22	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.060471	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.059528	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.059528	21.00
22.00	IME payment adjustment (see instructions)			1,851,514	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			255,469	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			8.45	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			8.78	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			8.45	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.041815	26.00
27.00	IME payments adjustment factor. (see instructions)			0.011041	27.00
28.00	IME add-on adjustment amount (see instructions)			639,070	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			88,178	28.01
29.00	Total IME payment (sum of lines 22 and 28)			2,490,584	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			343,647	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.96	30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.62	31.00
32.00	Sum of lines 30 and 31			28.58	32.00
33.00	Allowable disproportionate share percentage (see instructions)			12.79	33.00
34.00	Disproportionate share adjustment (see instructions)			1,850,763	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 1:11 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447
35.01	Factor 3 (see instructions)		0.000489116	0.000437490
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,309,699	3,619,299
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,475,473	912,262
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,387,735	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		65,926,463	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		66,270,110	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,248,058	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).		666,530	52.00
53.00	Nursing and Allied Health Managed Care payment		15,313	53.00
54.00	Special add-on payments for new technologies		0	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)		81,403	58.00
59.00	Total (sum of amounts on lines 49 through 58)		72,281,414	59.00
60.00	Primary payer payments		122,427	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		72,158,987	61.00
62.00	Deductibles billed to program beneficiaries		5,662,764	62.00
63.00	Coinurance billed to program beneficiaries		52,565	63.00
64.00	Allowable bad debts (see instructions)		669,856	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		435,406	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		215,406	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		66,879,064	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		497	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)		39,932	70.93
70.94	HRR adjustment amount (see instructions)		-162,209	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 1:11 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		66,756,290	71.00	
71.01	Sequestration adjustment (see instructions)		1,335,126	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		64,857,646	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		563,518	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,097,926	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	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
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 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2019 1:11 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
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	43,768,588	0	43,768,588		43,768,588
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,112,945	0		14,112,945	14,112,945
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	315,848	0	224,453	91,395	315,848
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	7,986,408	0	5,973,394	2,013,014	7,986,408
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.059528	0.059528	0.059528	0.059528	
6.00	IME payment adjustment (see instructions)	22.00	1,851,514	0	1,400,069	451,445	1,851,514
6.01	IME payment adjustment for managed care (see instructions)	22.01	255,469	0	255,469	0	255,469
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.011041	0.011041	0.011041	0.011041	
8.00	IME adjustment (see instructions)	28.00	639,070	0	483,249	155,821	639,070
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	88,178	0	65,952	22,226	88,178
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,490,584	0	1,883,318	607,266	2,490,584
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	343,647	0	321,421	22,226	343,647
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1279	0.1279	0.1279	0.1279	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,850,763	0	1,399,501	451,262	1,850,763
11.01	Uncompensated care payments	36.00	3,387,735	0	2,475,473	912,262	3,387,735
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	65,926,463	0	49,751,333	16,175,130	65,926,463
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	66,270,110	0	50,072,754	16,197,356	66,270,110
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,248,058	0	3,970,784	1,277,274	5,248,058
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	497	0	497	0	497

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2019 1:11 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	54,044,035	17,474,630	71,518,665
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	4,712,456	0	3,564,170	1,148,286	4,712,456
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	63,886	0	49,842	14,044	63,886
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0405	0.0405	0.0405	0.0405	
23.00	Indirect medical education adjustment (see instructions)	6.00	190,854	0	144,348	46,506	190,854
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0596	0.0596	0.0596	0.0596	
25.00	Disproportionate share adjustment (see instructions)	11.00	280,862	0	212,424	68,438	280,862
26.00	Total prospective capital payments (see instructions)	12.00	5,248,058	0	3,970,784	1,277,274	5,248,058
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2019 1:11 pm

		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	43,768,588	43,768,588		43,768,588	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,112,945		14,112,945	14,112,945	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	315,848	224,453	91,395	315,848	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,986,408	5,385,709	2,600,700	7,986,409	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.059528	0.059528	0.059528		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,851,514	1,400,069	451,445	1,851,514	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	255,469	172,278	83,191	255,469	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	0.011041	0.011041	0.011041		7.00
8.00	IME adjustment (see instructions)	28.00	639,070	483,249	155,821	639,070	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	88,178	59,464	28,714	88,178	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,490,584	1,883,318	607,266	2,490,584	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	343,647	231,742	111,905	343,647	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1279	0.1279	0.1279		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,850,763	1,399,501	451,262	1,850,763	11.00
11.01	Uncompensated care payments	36.00	3,387,735	2,475,473	912,262	3,387,735	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	65,926,463	49,751,333	16,175,130	65,926,463	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	66,270,110	49,983,075	16,287,035	66,270,110	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,248,058	3,970,784	1,277,274	5,248,058	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	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	497	497	0	497	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			53,954,356	17,564,309	71,518,665	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2019 1:11 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,712,456	3,564,170	1,148,286	4,712,456	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	63,886	49,842	14,044	63,886	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	0.0405	0.0405	0.0405		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	190,854	144,348	46,506	190,854	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0596	0.0596	0.0596		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	280,862	212,424	68,438	280,862	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,248,058	3,970,784	1,277,274	5,248,058	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	39,932	91,378	-51,446	39,932	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	-162,209	-126,927	-35,282	-162,209	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 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 1:11 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,092	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		67,821,709	2.00
3.00	OPPS payments		66,006,509	3.00
4.00	Outlier payment (see instructions)		22,941	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		243,175	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,092	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		89,128	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)		89,128	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 chargebasis 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)		89,128	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		70,036	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)		19,092	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)		66,272,625	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)		12,154,540	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)		54,137,177	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		674,499	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)		54,811,676	30.00
31.00	Primary payer payments		7,369	31.00
32.00	Subtotal (line 30 minus line 31)		54,804,307	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)		2,331,068	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,515,194	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,646,235	36.00
37.00	Subtotal (see instructions)		56,319,501	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-220	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		56,319,721	40.00
40.01	Sequestration adjustment (see instructions)		1,126,394	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		54,357,394	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		835,933	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 1:11 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)		144	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40	2.00
3.00	OPPS payments		287	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)		144	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		670	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)		670	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 chargebasis 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)		670	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		526	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)		144	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)		287	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		431	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)		431	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		431	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)		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)		431	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)		431	40.00
40.01	Sequestration adjustment (see instructions)		9	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		425	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-3	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 1:11 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		63,861,617		52,797,165	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	12/31/2018	933,129	12/31/2018	1,560,229	3.01
3.02		08/21/2018	62,900		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)		996,029		1,560,229	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)		64,857,646		54,357,394	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		563,518		835,933	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		65,421,164		55,193,327	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 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/29/2019 1:11 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				
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		3,439,040		425
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		3,439,040		425
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		19,920		0
6.02	SETTLEMENT TO PROGRAM		0		3
7.00	Total Medicare program liability (see instructions)		3,458,960		422
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part II
Date/Time Prepared:
5/29/2019 1:11 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 IPPS & 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 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/29/2019 1:11 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		3,348,973	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0358	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		176,826	3.00
4.00	Outlier Payments		20,141	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		21.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		10.073973	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)		3,545,940	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)		3,545,940	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,545,940	19.00
20.00	Deductibles		28,140	20.00
21.00	Subtotal (line 19 minus line 20)		3,517,800	21.00
22.00	Coinsurance		5,025	22.00
23.00	Subtotal (line 21 minus line 22)		3,512,775	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		24,168	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		15,709	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		13,342	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,528,484	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		1,067	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)		3,529,551	32.00
32.01	Sequestration adjustment (see instructions)		70,591	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		3,439,040	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)		19,920	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		20,141	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 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2019 1:11 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		1,765,929		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)		1,765,929	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)		1,765,929	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,188,709		8.00
9.00	Ancillary service charges		3,526,644	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)		5,715,353	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)		5,715,353	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		3,949,424	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)		1,765,929	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		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,765,929	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)		1,765,929	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)		1,765,929	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		1,765,929	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)		1,765,929	0	40.00
41.00	Interim payments		2,988,965	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-1,223,036		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 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 1:11 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.00	6.00
7.00	Enter the lesser of line 5 or line 6			14.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.00	0.00	21.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.92	0.00	14.92	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.92	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.92	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.92	0.00		17.00
18.00	Per resident amount	127,193.31	0.00		18.00
19.00	Approved amount for resident costs	1,897,724	0	1,897,724	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.75	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			101,086.71	23.00
24.00	Multiply line 22 time line 23			581,249	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,478,973	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	27,799	3,742		26.00
27.00	Total Inpatient Days (see instructions)	57,328	57,328		27.00
28.00	Ratio of inpatient days to total inpatient days	0.484911	0.065274		28.00
29.00	Program direct GME amount	1,202,081	161,812		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		22,864		30.00
31.00	Net Program direct GME amount			1,341,029	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 1:11 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)		67,394,841		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)		122,427		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		67,272,414		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		68,084,160		42.00
43.00	Primary payer payments (see instructions)		7,369		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		68,076,791		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		135,349,205		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.497029		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.502971		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		1,341,029		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		666,530		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		674,499		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 01/01/2018
To 12/31/2018

Worksheet G

Date/Time Prepared:
5/29/2019 1:11 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	64,922,806	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	46,461,797	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	5,035,750	0	0	0	7.00
8.00	Prepaid expenses	-17,958,620	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)	98,461,733	0	0	0	11.00
FIXED ASSETS						
12.00	Land	37,670,380	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	343,991,056	0	0	0	15.00
16.00	Accumulated depreciation	-302,629,734	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	163,091,691	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)	242,123,393	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	85,477,076	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	85,477,076	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	426,062,202	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	29,936,952	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,790,014	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	1,583,335	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	52,310,301	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	250,674,490	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	250,674,490	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	302,984,791	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	123,077,411				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)	123,077,411	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	426,062,202	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-1

Date/Time Prepared:
5/29/2019 1:11 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		109,567,347		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,510,064				2.00
3.00	Total (sum of line 1 and line 2)		123,077,411		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)		123,077,411		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)		123,077,411		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 01/01/2018
To 12/31/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 1:11 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	90,205,486		90,205,486	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,833,384		3,833,384	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)	94,038,870		94,038,870	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	42,373,846		42,373,846	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	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	42,373,846		42,373,846	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	136,412,716		136,412,716	17.00
18.00	Ancillary services	333,444,075	794,119,768	1,127,563,843	18.00
19.00	Outpatient services	30,508,512	131,154,865	161,663,377	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	PHYSICIAN REVENUE	4,753,766	18,245,505	22,999,271	27.00
27.01	PHYSICIAN PRACTICES	0	2,717	2,717	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	505,119,069	943,522,855	1,448,641,924	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		337,930,831		29.00
30.00	HOME OFFICE	67,788,387			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)		67,788,387		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)		405,719,218		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-3

Date/Time Prepared:
5/29/2019 1:11 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,448,641,924	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,008,199,694	2.00
3.00	Net patient revenues (line 1 minus line 2)	440,442,230	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	405,719,218	4.00
5.00	Net income from service to patients (line 3 minus line 4)	34,723,012	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	15,194,328	24.00
24.01	TRANSFERS AND OTHER ALLOCATED	1,461,948	24.01
24.02	INTEREST INCOME	2,163,853	24.02
24.03	TRANSFER FOR PROPERTY AND EQUIPMENT	783,260	24.03
24.04	UNREALIZED GAIN/LOSS ON INVESTMENTS	-4,324,417	24.04
24.05	OTHER INCOME AND EXPENSE	-81,271	24.05
24.06	OTHER INCOME AND EXPENSE	1,383,005	24.06
25.00	Total other income (sum of lines 6-24)	16,580,706	25.00
26.00	Total (line 5 plus line 25)	51,303,718	26.00
27.00	OTHER EXPENSES	37,793,654	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	37,793,654	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,510,064	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 1:11 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,712,456	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		63,886	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)		146.99	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		4.05	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)		190,854	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.96	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.62	8.00
9.00	Sum of lines 7 and 8		28.58	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.96	10.00
11.00	Disproportionate share adjustment (see instructions)		280,862	11.00
12.00	Total prospective capital payments (see instructions)		5,248,058	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