

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).

OMB NO. 0938-0050

EXPIRES 03-31-2022

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

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet S
Parts I-III
Date/Time Prepared:
7/9/2020 1:51 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/9/2020	Time: 1:51 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status	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 01/01/2019 and ending 12/31/2019 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) MATT NEALON

Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

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	241,442	-310,463	0	-2,261,190	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	3,276	-4		57,454	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	244,718	-310,467	0	-2,203,736	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 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/9/2020 1:51 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	
		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)						01/01/2019	12/31/2019	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	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.			1,936	9,882	887	499	1,279	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/9/2020 1:51 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.	57	444	64	21	47		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
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
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
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	N	
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		
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		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00 Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					Y	N	
60.01 If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1

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		NAHE 413.85 Y/N		Worksheet A Line #		Pass-Through Qualification Criterion Code	
		1.00		2.00		3.00	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01		1	
		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
62.01	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
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
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00		2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00		0.00	0.000000		64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.91	20.14	0.043230	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	1.22	19.78	0.058095	67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/9/2020 1:51 pm	
		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	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	656,415		0		0	118.01
						1.00	
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/9/2020 1:51 pm			
		1.00	2.00				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00			
133.00	Removed and reserved			133.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00			
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H043	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101	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 1.00	Part B 2.00	Title V 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	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99		169.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/9/2020 1:51 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0023

Period:
From 01/01/2019
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Part II
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		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
				4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/22/2020	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0023

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		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 01/01/2019
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		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 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
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Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	203	74,095	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		203	74,095	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY	35.00	15	5,475	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		242	88,330	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		257				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
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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)	22,265	1,016	46,780		1.00
2.00	HMO and other (see instructions)	6,074	12,505			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	576			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)	22,265	1,016	46,780		7.00
8.00	INTENSIVE CARE UNIT	3,499	0	6,622		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	668	4,095		12.00
13.00	NURSERY		249	3,149		13.00
14.00	Total (see instructions)	25,764	1,933	60,646	20.88	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	1,801	57	3,628	0.00	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)			11		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	26.25
27.00	Total (sum of lines 14-26)				20.88	1,450.15
28.00	Observation Bed Days		2,616	12,455		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	45	81		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			255		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 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/9/2020 1:51 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	5,834	203	14,958	1.00
2.00 HMO and other (see instructions)			1,218	1,506		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				44		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,834	203	14,958	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	130	4	256	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 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/9/2020 1:51 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	94,518,236	0	94,518,236	2,958,834.00	31.94 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		228,179	0	228,179	1,055.00	216.28 4.00
4.01	Physicians - Part A - Teaching		677,278	0	677,278	5,423.00	124.89 4.01
5.00	Physician and Non Physician-Part B		3,781,205	0	3,781,205	11,884.00	318.18 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	1,393,959	1,393,959	43,430.00	32.10 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)		16,121,210	-2,262,101	13,859,109	227,079.00	61.03 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,209,723	0	7,209,723	137,508.00	52.43 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		709,915	0	709,915	5,811.00	122.17 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		17,431,219	0	17,431,219	487,332.00	35.77 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
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,923,833	0	20,923,833		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,520,010	0	2,520,010		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		23,981	0	23,981		
22.01	Physician Part A - Teaching		91,053	0	91,053		
23.00	Physician Part B		348,839	0	348,839		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		277,345	0	277,345		
25.50	Home office wage-related (core)		5,153,926	0	5,153,926		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/9/2020 1:51 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	182,136	649,375	831,511	31,541.00	26.36	26.00
27.00	Administrative & General	5.00	6,307,823	-392,352	5,915,471	221,467.00	26.71	27.00
28.00	Administrative & General under contract (see inst.)		2,881,519	0	2,881,519	22,363.00	128.85	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	75,041	0	75,041	3,221.00	23.30	30.00
31.00	Laundry & Linen Service	8.00	703,984	0	703,984	42,672.00	16.50	31.00
32.00	Housekeeping	9.00	1,995,732	0	1,995,732	143,245.00	13.93	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,701,810	-1,312,534	389,276	27,089.00	14.37	34.00
35.00	Dietary under contract (see instructions)		810,151	0	810,151	10,386.00	78.00	35.00
36.00	Cafeteria	11.00	0	1,305,877	1,305,877	89,532.00	14.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,160,297	0	2,160,297	46,498.00	46.46	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	2,637,664	0	2,637,664	121,919.00	21.63	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
7/9/2020 1:51 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)	93,751,423	-1,393,959	92,357,464	2,930,846.00	31.51	1.00
2.00	Excluded area salaries (see instructions)	16,121,210	-2,262,101	13,859,109	227,079.00	61.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	77,630,213	868,142	78,498,355	2,703,767.00	29.03	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,350,857	0	25,350,857	630,651.00	40.20	4.00
5.00	Subtotal wage-related costs (see inst.)	26,101,740	0	26,101,740	0.00	33.25	5.00
6.00	Total (sum of lines 3 thru 5)	129,082,810	868,142	129,950,952	3,334,418.00	38.97	6.00
7.00	Total overhead cost (see instructions)	19,456,157	250,366	19,706,523	759,933.00	25.93	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
7/9/2020 1:51 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,535,086	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)	2,354,858	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)	11,384,618	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	-133,006	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	50,331	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)	115,210	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	230,705	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	6,439,773	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	35,900	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	171,586	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,185,061	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
7/9/2020 1:51 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	7,209,723	24,185,061	1.00
2.00	Hospital	7,209,723	24,185,061	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 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 7/9/2020 1:51 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)			0.215896 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	36,742,239		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	222,598,166		6.00
7.00	Medicaid cost (line 1 times line 6)	48,058,054		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)	11,315,815		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	16,943		9.00
10.00	Stand-alone CHIP charges	43,423		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	9,375		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)	11,315,815		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)	15,977,737	8,850,239	24,827,976 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,449,530	8,850,239	12,299,769 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)	3,449,530	8,850,239	12,299,769 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)	33,898,498		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,644,745		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,530,378		27.01
28.00	Non-Medicare bad debt expense (see instructions)	31,368,120		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	7,657,885		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	19,957,654		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	31,273,469		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/9/2020 1:51 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification 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		14,204,506	14,204,506	5,776,928	19,981,434	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		10,278,862	10,278,862	2,583,252	12,862,114	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	182,136	16,789	198,925	3,569,033	3,767,958	4.00
5.01	00540	NONPATIENT TELEPHONES	499,179	344,678	843,857	0	843,857	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	1,072,972	263,295	1,336,267	0	1,336,267	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	4,735,672	29,374,226	34,109,898	-9,019,823	25,090,075	5.06
7.00	00700	OPERATION OF PLANT	75,041	585,871	660,912	0	660,912	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	703,984	433,067	1,137,051	0	1,137,051	8.00
9.00	00900	HOUSEKEEPING	1,995,732	1,241,168	3,236,900	0	3,236,900	9.00
10.00	01000	DIETARY	1,701,810	2,986,867	4,688,677	-3,596,865	1,091,812	10.00
11.00	01100	CAFETERIA	0	846	846	3,590,208	3,591,054	11.00
13.00	01300	NURSING ADMINISTRATION	2,160,297	333,911	2,494,208	0	2,494,208	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,637,664	1,212,586	3,850,250	0	3,850,250	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,512,883	1,512,883	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,031,305	2,031,305	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	88,667	88,667	23.00
23.01	02341	OTHER MED ED	670,686	95,438	766,124	75,029	841,153	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	20,257,546	7,686,639	27,944,185	-1,284,939	26,659,246	30.00
31.00	03100	INTENSIVE CARE UNIT	4,552,430	1,475,738	6,028,168	73,510	6,101,678	31.00
35.00	02040	INTENSIVE NURSERY	1,936,489	1,302,657	3,239,146	45,458	3,284,604	35.00
41.00	04100	SUBPROVIDER - IRF	1,385,310	705,755	2,091,065	40,274	2,131,339	41.00
43.00	04300	NURSERY	0	0	0	1,132,354	1,132,354	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,051,406	18,996,540	22,047,946	-7,899,218	14,148,728	50.00
50.01	05001	CARDIAC SURGERY	2,480,546	2,110,730	4,591,276	-164,560	4,426,716	50.01
50.02	05002	WVSC	0	14,538,400	14,538,400	-1,916,451	12,621,949	50.02
51.00	05100	RECOVERY ROOM	1,603,013	375,534	1,978,547	0	1,978,547	51.00
51.02	05101	O/P TREATMENT ROOM	335,088	99,603	434,691	0	434,691	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,103,834	3,008,226	6,112,060	3,714	6,115,774	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,921,392	3,686,376	7,607,768	-70,990	7,536,778	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	331,255	4,992,144	5,323,399	0	5,323,399	55.00
56.00	05600	RADIOISOTOPE	326,280	1,347,833	1,674,113	0	1,674,113	56.00
57.00	05700	CT SCAN	1,115,087	1,085,175	2,200,262	0	2,200,262	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	607,800	1,115,263	1,723,063	0	1,723,063	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,489,516	21,812,535	24,302,051	-3,356,859	20,945,192	59.00
60.00	06000	LABORATORY	0	9,137,578	9,137,578	0	9,137,578	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,291,531	1,291,531	0	1,291,531	62.00
65.00	06500	RESPIRATORY THERAPY	2,960,490	1,234,877	4,195,367	10,951	4,206,318	65.00
66.00	06600	PHYSICAL THERAPY	0	4,758,611	4,758,611	0	4,758,611	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	3,829,155	3,829,155	0	3,829,155	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	965,687	965,687	0	965,687	68.00
69.00	06900	ELECTROCARDIOLOGY	533,989	11,467,497	12,001,486	0	12,001,486	69.00
69.01	06901	CARDIAC REHAB	277,602	45,256	322,858	0	322,858	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,409,665	826,627	3,236,292	0	3,236,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	857,523	857,523	-822,347	35,176	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,123,881	14,123,881	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,569,702	48,404,252	52,973,954	-3,415,911	49,558,043	73.00
76.00	03020	RENAL ACUTE	0	1,521,157	1,521,157	0	1,521,157	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	180,198	39,187	219,385	0	219,385	90.00
90.05	09005	PATIENT NUTRITION	254,304	36,737	291,041	0	291,041	90.05
90.07	09007	WOUND CLINIC	348,052	963,349	1,311,401	0	1,311,401	90.07
91.00	09100	EMERGENCY	4,986,855	6,255,896	11,242,751	3,212	11,245,963	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)	80,453,022	237,346,178	317,799,200	3,112,696	320,911,896	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	1,994,354	3,263,818	5,258,172	124,082	5,382,254	194.00
194.01	07951	RENTAL PROPERTY	0	34,156	34,156	0	34,156	194.01
194.02	07954	FAMILY PRACTICE	4,283,196	1,598,740	5,881,936	-3,544,188	2,337,748	194.02
194.03	07952	WELLNESS	0	0	0	388,389	388,389	194.03
194.04	07955	PHYSICIAN PRACTICES	7,279,703	8,734,874	16,014,577	0	16,014,577	194.04
194.06	07953	SYCAMORE SPORTS MED	12,650	1,198,823	1,211,473	0	1,211,473	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/9/2020 1:51 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	495,311	86,459	581,770	-80,979	500,791	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	94,518,236	252,263,048	346,781,284	0	346,781,284	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/9/2020 1:51 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	-4,485,005	15,496,429	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-1,152,609	11,709,505	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,014,193	19,782,151	4.00
5.01	00540	NONPATIENT TELEPHONES	-49,882	793,975	5.01
5.02	00550	DATA PROCESSING	16,025,885	16,025,885	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,791,977	1,791,977	5.03
5.04	00570	ADMITTING	0	1,336,267	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,843,546	6,843,546	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-1,237,438	23,852,637	5.06
7.00	00700	OPERATION OF PLANT	8,963,624	9,624,536	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-5,288	1,131,763	8.00
9.00	00900	HOUSEKEEPING	-133,612	3,103,288	9.00
10.00	01000	DIETARY	-865,729	226,083	10.00
11.00	01100	CAFETERIA	-1,168,216	2,422,838	11.00
13.00	01300	NURSING ADMINISTRATION	1,438,502	3,932,710	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	196,213	4,046,463	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,512,883	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-125,853	1,905,452	22.00
23.00	02300	PARAMED ED PRGM	0	88,667	23.00
23.01	02341	OTHER MED ED	-629,126	212,027	23.01
23.02	02301	PARAMED ED PRGM	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	26,659,246	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,101,678	31.00
35.00	02040	INTENSIVE NURSERY	-904,000	2,380,604	35.00
41.00	04100	SUBPROVIDER - IRF	-694,347	1,436,992	41.00
43.00	04300	NURSERY	0	1,132,354	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,332,778	11,815,950	50.00
50.01	05001	CARDIAC SURGERY	-2,393,756	2,032,960	50.01
50.02	05002	WVSC	-1,396,042	11,225,907	50.02
51.00	05100	RECOVERY ROOM	8,778	1,987,325	51.00
51.02	05101	O/P TREATMENT ROOM	0	434,691	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,287,245	3,828,529	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-231,860	7,304,918	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,323,399	55.00
56.00	05600	RADIOISOTOPE	0	1,674,113	56.00
57.00	05700	CT SCAN	242,183	2,442,445	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	69,843	1,792,906	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,628	20,964,820	59.00
60.00	06000	LABORATORY	-183,070	8,954,508	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,291,531	62.00
65.00	06500	RESPIRATORY THERAPY	0	4,206,318	65.00
66.00	06600	PHYSICAL THERAPY	-1,682,436	3,076,175	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	-1,267,817	2,561,338	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,982,227	1,982,227	67.00
68.00	06800	SPEECH PATHOLOGY	96,787	1,062,474	68.00
69.00	06900	ELECTROCARDIOLOGY	6,722	12,008,208	69.00
69.01	06901	CARDIAC REHAB	316	323,174	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,325,174	911,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,221	31,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,123,881	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,437	49,571,480	73.00
76.00	03020	RENAL ACUTE	0	1,521,157	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	219,385	90.00
90.05	09005	PATIENT NUTRITION	-2,966	288,075	90.05
90.07	09007	WOUND CLINIC	7,258	1,318,659	90.07
91.00	09100	EMERGENCY	-3,912,523	7,333,440	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)	24,251,126	345,163,022	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	5,382,254	194.00
194.01	07951	RENTAL PROPERTY	0	34,156	194.01
194.02	07954	FAMILY PRACTICE	0	2,337,748	194.02
194.03	07952	WELLNESS	0	388,389	194.03
194.04	07955	PHYSICIAN PRACTICES	-425,851	15,588,726	194.04
194.06	07953	SYCAMORE SPORTS MED	-1,096,078	115,395	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	500,791	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/9/2020 1:51 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)	22,729,197	369,510,481		200.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
7/9/2020 1:51 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - PARAMED					
1.00	PARAMED ED PRGM	23.00	71,850	16,817		1.00
	0		71,850	16,817		
	C - FITNESS ACTIVITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	107,818	39,354		1.00
2.00	WELLNESS	194.03	284,534	103,855		2.00
	0		392,352	143,209		
	D - CLAY CITY RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	51,018		1.00
	0		0	51,018		
	E - CORK MEDICAL RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	24,229		1.00
	0		0	24,229		
	F - HOUSE NURSE ASSISTANT					
1.00	INTENSIVE CARE UNIT	31.00	66,300	7,210		1.00
2.00	INTENSIVE NURSERY	35.00	40,999	4,459		2.00
3.00	SUBPROVIDER - IRF	41.00	36,324	3,950		3.00
	0		143,623	15,619		
	G - EMPLOYEE ACCESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	68,944	12,035		1.00
	0		68,944	12,035		
	H - TUBE FEEDING					
1.00	ADULTS & PEDIATRICS	30.00	6,657	0		1.00
	0		6,657	0		
	I - FAMILY MEDICINE					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,393,959	118,924		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,259,965	771,340		2.00
	0		2,653,924	890,264		
	J - LOBBY PHARMACY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	472,613	2,868,269		1.00
	0		472,613	2,868,269		
	K - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,123,881		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	14,123,881		
	L - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,901,010		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,583,252		2.00
	0		0	8,484,262		
	N - NURSERY					
1.00	NURSERY	43.00	902,154	230,200		1.00
	0		902,154	230,200		
	O - PHARMACY PARAMED					
1.00	OTHER MED ED	23.01	68,059	6,970		1.00
	0		68,059	6,970		
	P - BRAZIL MEDICAL CENTER					
1.00	RURAL HEALTH	194.00	0	48,835		1.00
	0		0	48,835		
	Q - CAFE RECLASS					
1.00	CAFETERIA	11.00	1,305,877	2,284,331		1.00
	0		1,305,877	2,284,331		
	R - CENTRAL SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00	0	402,089		1.00
2.00	CARDIAC SURGERY	50.01	0	8,606		2.00
3.00	WVSC	50.02	0	53,990		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,714		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,677		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	322,108		6.00
7.00	RESPIRATORY THERAPY	65.00	0	10,951		7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,745		8.00
9.00	EMERGENCY	91.00	0	3,212		9.00
	TOTALS		0	824,092		
500.00	Grand Total: Increases		6,086,053	30,024,031		500.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
7/9/2020 1:51 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	71,850	16,817	0		1.00
	0		71,850	16,817			
	C - FITNESS ACTIVITY						
1.00	OTHER ADMIN AND GENERAL	5.06	392,352	143,209	0		1.00
2.00	0	0.00	0	0	0		2.00
			392,352	143,209			
	D - CLAY CITY RURAL HEALTH						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	51,018	9		1.00
	0		0	51,018			
	E - CORK MEDICAL RURAL HEALTH						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	24,229	9		1.00
	0		0	24,229			
	F - HOUSE NURSE ASSISTANT						
1.00	ADULTS & PEDIATRICS	30.00	143,623	15,619	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
			143,623	15,619			
	G - EMPLOYEE ACCESS						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	68,944	12,035	0		1.00
	0		68,944	12,035			
	H - TUBE FEEDING						
1.00	DIETARY	10.00	6,657	0	0		1.00
	0		6,657	0			
	I - FAMILY MEDICINE						
1.00	FAMILY PRACTICE	194.02	2,653,924	890,264	0		1.00
2.00	0	0.00	0	0	0		2.00
			2,653,924	890,264			
	J - LOBBY PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	472,613	2,868,269	0		1.00
	0		472,613	2,868,269			
	K - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	8,301,307	0		1.00
2.00	CARDIAC SURGERY	50.01	0	173,166	0		2.00
3.00	WVSC	50.02	0	1,970,441	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,678,967	0		4.00
	0		0	14,123,881			
	L - INTEREST						
1.00	OTHER ADMIN AND GENERAL	5.06	0	8,484,262	11		1.00
2.00	0	0.00	0	0	11		2.00
			0	8,484,262			
	N - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	902,154	230,200	0		1.00
	0		902,154	230,200			
	O - PHARMACY PARAMED						
1.00	DRUGS CHARGED TO PATIENTS	73.00	68,059	6,970	0		1.00
	0		68,059	6,970			
	P - BRAZIL MEDICAL CENTER						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	48,835	9		1.00
	0		0	48,835			
	Q - CAFE RECLASS						
1.00	DIETARY	10.00	1,305,877	2,284,331	0		1.00
	0		1,305,877	2,284,331			
	R - CENTRAL SUPPLY RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	824,092	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		0	824,092			
500.00	Grand Total: Decreases		6,086,053	30,024,031			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
7/9/2020 1:51 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	17,208,059	56,651	0	56,651	0	1.00
2.00	Land Improvements	20,122,479	260,686	0	260,686	0	2.00
3.00	Buildings and Fixtures	341,732,854	3,795,840	0	3,795,840	402,075	3.00
4.00	Building Improvements	2,258,202	9,988	0	9,988	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	163,431,533	8,223,473	0	8,223,473	176	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	544,753,127	12,346,638	0	12,346,638	402,251	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	544,753,127	12,346,638	0	12,346,638	402,251	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	17,264,710	0				1.00
2.00	Land Improvements	20,383,165	0				2.00
3.00	Buildings and Fixtures	345,126,619	0				3.00
4.00	Building Improvements	2,268,190	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	171,654,830	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	556,697,514	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	556,697,514	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
7/9/2020 1:51 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	14,204,506	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,278,862	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,483,368	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	14,204,506				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,278,862				2.00
3.00	Total (sum of lines 1-2)	0	24,483,368				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
7/9/2020 1:51 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	385,042,684	0	385,042,684	0.695094	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	168,900,830	0	168,900,830	0.304906	0	2.00
3.00	Total (sum of lines 1-2)	553,943,514	0	553,943,514	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,108,045	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,344,655	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,452,700	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	5,388,384	0	0	0	15,496,429	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,364,850	0	0	0	11,709,505	2.00
3.00	Total (sum of lines 1-2)	7,753,234	0	0	0	27,205,934	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/9/2020 1:51 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	-512,626	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-218,402	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	-20,523	OTHER ADMIN AND GENERAL	5.06	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-79,698	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	-18,457	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	-17,516,112			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	69,901,436			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,544,066	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	-3,221	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00	Sale of drugs to other than patients	A	-17,095	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-39,145	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	-13,606	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 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/9/2020 1:51 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 #		
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	-262	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	-284	CAFETERIA	11.00	0	35.00
36.00	LAB - BLDG	B	-156,488	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	36.00
38.00	LAB - ADMINISTRATION	B	-524	OTHER ADMIN AND GENERAL	5.06	0	38.00
39.00	LAB - LAUNDRY	B	-5,288	LAUNDRY & LINEN SERVICE	8.00	0	39.00
40.00	LAB - HOUSEKEEPING	B	-84,080	HOUSEKEEPING	9.00	0	40.00
41.00	LAB - OPERATION OF PLANT	B	-229,992	OPERATION OF PLANT	7.00	0	41.00
42.00	HAMILTON CENTER OPERATION OF PLANT	A	-83,859	OPERATION OF PLANT	7.00	0	42.00
42.01	HAMILTON CENTER NUTRITION	A	-306,004	DIETARY	10.00	0	42.01
45.00	FITNESS ACTIVITY	B	-92,833	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.00
45.01	UHF - HOUSEKEEPING	A	-1,116	HOUSEKEEPING	9.00	0	45.01
45.02	MISCELLANEOUS	B	-798,307	OTHER ADMIN AND GENERAL	5.06	0	45.02
45.03	CATERING	B	-15,481	CAFETERIA	11.00	0	45.03
45.04	MANAGEMENT SERVICES	B	-24,000	OTHER ADMIN AND GENERAL	5.06	0	45.04
45.05	PHYSICIAN MEALS	B	-111,283	CAFETERIA	11.00	0	45.05
45.06	OTHER RENTAL	B	-435,723	OPERATION OF PLANT	7.00	0	45.06
45.08	PHYSICIAN EQUIPMENT REVENUE	B	-19,933	OPERATION OF PLANT	7.00	0	45.08
45.09	LOBBY PHARMACY	B	-229,055	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.09
45.24	LOBBYING COSTS	A	-10,397	OTHER ADMIN AND GENERAL	5.06	0	45.24
45.26	AP&S REVENUE	B	-172,430	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.26
45.27	AP&S REVENUE	B	-442,110	DATA PROCESSING	5.02	0	45.27
45.29	COH REVENUE	B	-19,598	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	-495,199	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.37
45.38	PHYSICIAN RENTAL	A	-388,766	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	-5,985	DELIVERY ROOM & LABOR ROOM	52.00	0	45.40
45.42	CONTINUING EDUCATION	B	-1,250	OTHER ADMIN AND GENERAL	5.06	0	45.42
45.43	EDUCATION SERVICES	B	-16,201	OTHER ADMIN AND GENERAL	5.06	0	45.43
45.44	TRANSCRIPTION	B	-17,166	MEDICAL RECORDS & LIBRARY	16.00	0	45.44
45.45	VHA	B	-616,935	DRUGS CHARGED TO PATIENTS	73.00	0	45.45
45.47	HOUSEKEEPING	B	-6,000	HOUSEKEEPING	9.00	0	45.47
45.48	LANDSBAUM	B	-109,071	OPERATION OF PLANT	7.00	0	45.48
45.49	MAPLE CENTER	B	-123,167	OTHER ADMIN AND GENERAL	5.06	0	45.49
46.00	AP&S A/P PD SPACE/EQUIP RENT R	B	-3,000,584	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	46.00
46.01	WVHC ST ANN/ASH PHARMACY REVEN	B	-15,771	DRUGS CHARGED TO PATIENTS	73.00	0	46.01
46.02	HAF	A	-18,268,397	OTHER ADMIN AND GENERAL	5.06	0	46.02
46.03	DIETARY EXPENSES	A	-881,329	DIETARY	10.00	0	46.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		22,729,197				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 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/9/2020 1:51 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	629,126	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,683,873	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	8,150,702	3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	208,786	4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	53,819	4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	349,810	4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,542,513	0	4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	7,216,757	0	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	16,336,081	0	4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	182,011	0	4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	16,467,995	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	1,871,675	0	4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	6,843,546	0	4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	18,025,328	0	4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	10,298,393	0	4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	320,444	0	4.12
4.13	10.00	DIETARY	HOME OFFICE	321,604	0	4.13
4.14	11.00	CAFETERIA	HOME OFFICE	502,898	0	4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,438,502	0	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	252,524	0	4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	162,335	0	4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	7,584	0	4.18
4.19	50.02	WVSC	HOME OFFICE	102,572	0	4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	8,778	0	4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	247,515	0	4.21
4.22	57.00	CT SCAN	HOME OFFICE	242,183	0	4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (	HOME OFFICE	69,843	0	4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	19,628	0	4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	205,860	0	4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	130,876	0	4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	144,440	0	4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	67,477	0	4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	16,682	0	4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	316	0	4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	1,501	0	4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	663,238	0	4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	7,258	0	4.33
4.34	50.00	OPERATING ROOM	HOME OFFICE	201,016	0	4.34
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,619,198	4,507,494	4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,665,203	3,063,896	4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	1,837,787	0	4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	858,542	829,232	4.39
4.40	194.04	PHYSICIAN PRACTICES	UNION THERAPIES	0	425,851	4.40
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	1,096,078	4.41
5.00	0		0	90,900,103	20,998,667	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	
	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

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

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/9/2020 1:51 pm

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

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

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

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

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/9/2020 1:51 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	-629,126	0		1.00
2.00	-1,683,873	9		2.00
3.00	-8,150,702	9		3.00
4.00	-208,786	0		4.00
4.01	-53,819	0		4.01
4.02	-349,810	0		4.02
4.03	1,542,513	9		4.03
4.04	7,216,757	9		4.04
4.05	16,336,081	0		4.05
4.06	182,011	0		4.06
4.07	16,467,995	0		4.07
4.08	1,871,675	0		4.08
4.09	6,843,546	0		4.09
4.10	18,025,328	0		4.10
4.11	10,298,393	0		4.11
4.12	320,444	0		4.12
4.13	321,604	0		4.13
4.14	502,898	0		4.14
4.15	1,438,502	0		4.15
4.16	252,524	0		4.16
4.17	162,335	0		4.17
4.18	7,584	0		4.18
4.19	102,572	0		4.19
4.20	8,778	0		4.20
4.21	247,515	0		4.21
4.22	242,183	0		4.22
4.23	69,843	0		4.23
4.24	19,628	0		4.24
4.25	205,860	0		4.25
4.26	130,876	0		4.26
4.27	144,440	0		4.27
4.28	67,477	0		4.28
4.29	16,682	0		4.29
4.30	316	0		4.30
4.31	1,501	0		4.31
4.32	663,238	0		4.32
4.33	7,258	0		4.33
4.34	201,016	0		4.34
4.36	-1,888,296	0		4.36
4.37	-1,398,693	0		4.37
4.38	1,837,787	0		4.38
4.39	29,310	0		4.39
4.40	-425,851	0		4.40
4.41	-1,096,078	0		4.41
5.00	69,901,436			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 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/9/2020 1:51 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 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
7/9/2020 1:51 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	677,278	0	677,278	211,500	5,423	1.00
2.00	35.00	INTENSIVE NURSERY	904,000	904,000	0	237,100	0	2.00
3.00	41.00	SUBPROVIDER - IRF	694,347	694,347	0	211,500	0	3.00
4.00	50.00	OPERATING ROOM	2,712,832	2,658,832	54,000	246,400	141	4.00
5.00	50.01	CARDIAC SURGERY	2,401,340	2,401,340	0	246,400	0	5.00
6.00	50.02	WVSC	1,498,614	1,498,614	0	246,400	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	2,281,260	2,281,260	0	246,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	501,766	476,766	25,000	271,900	167	8.00
9.00	60.00	LABORATORY	617,000	0	617,000	197,500	4,570	9.00
10.00	69.00	ELECTROCARDIOLOGY	9,960	9,960	0	197,500	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	2,344,506	2,316,621	27,885	179,000	186	11.00
12.00	90.05	PATIENT NUTRITION	5,000	0	5,000	211,500	20	12.00
13.00	91.00	EMERGENCY	3,946,438	3,912,523	33,915	211,500	1,080	13.00
200.00			18,594,341	17,154,263	1,440,078		11,587	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	551,425	27,571	0	0	0	1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	0	44	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	1,565	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	10,781	0	58,683	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	0	0	11,250	8.00
9.00	60.00	LABORATORY	433,930	21,697	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	88	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	16,007	800	4,469	53	148,927	11.00
12.00	90.05	PATIENT NUTRITION	2,034	102	0	0	0	12.00
13.00	91.00	EMERGENCY	109,817	5,491	0	0	736	13.00
200.00			1,151,746	57,588	16,815	53	219,728	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	551,425	125,853	125,853		1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	904,000		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	694,347		3.00
4.00	50.00	OPERATING ROOM	0	16,703	37,297	2,696,129		4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	2,401,340		5.00
6.00	50.02	WVSC	0	0	0	1,498,614		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	2,281,260		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	561	22,391	2,609	479,375		8.00
9.00	60.00	LABORATORY	0	433,930	183,070	183,070		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	9,960		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	1,771	17,831	10,054	2,326,675		11.00
12.00	90.05	PATIENT NUTRITION	0	2,034	2,966	2,966		12.00
13.00	91.00	EMERGENCY	6	109,823	0	3,912,523		13.00
200.00			2,338	1,154,137	361,849	17,516,112		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/9/2020 1:51 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	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	15,496,429	15,496,429			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	11,709,505		11,709,505		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,782,151	83,530	0	19,865,681	4.00
5.01	00540	NONPATIENT TELEPHONES	793,975	10,406	127,876	106,481	1,038,738
5.02	00550	DATA PROCESSING	16,025,885	0	0	0	0
5.03	00560	PURCHASING RECEIVING AND STORES	1,791,977	0	0	0	0
5.04	00570	ADMITTING	1,336,267	48,496	5,331	228,878	37,246
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,843,546	0	0	0	0
5.06	00590	OTHER ADMIN AND GENERAL	23,852,637	275,661	53,887	926,482	96,011
7.00	00700	OPERATION OF PLANT	9,624,536	5,303,787	13,729	16,007	58,765
8.00	00800	LAUNDRY & LINEN SERVICE	1,131,763	94,838	213,027	150,168	14,898
9.00	00900	HOUSEKEEPING	3,103,288	24,517	70,136	425,714	6,621
10.00	01000	DIETARY	226,083	173,839	373,603	83,037	24,830
11.00	01100	CAFETERIA	2,422,838	124,044	11,839	278,559	0
13.00	01300	NURSING ADMINISTRATION	3,932,710	37,631	5,376	460,817	7,449
16.00	01600	MEDICAL RECORDS & LIBRARY	4,046,463	83,672	22,153	562,645	24,830
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,512,883	0	0	297,348	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,905,452	0	0	268,766	0
23.00	02300	PARAMED ED PRGM	88,667	0	0	15,326	0
23.01	02341	OTHER MED ED	212,027	11,403	58	38,758	0
23.02	02301	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,659,246	2,969,841	1,070,308	4,099,526	141,532
31.00	03100	INTENSIVE CARE UNIT	6,101,678	364,117	666,129	985,231	24,003
35.00	02040	INTENSIVE NURSERY	2,380,604	62,275	207,440	421,822	14,898
41.00	04100	SUBPROVIDER - IRF	1,436,992	244,270	19,866	303,252	25,665
43.00	04300	NURSERY	1,132,354	12,005	6,169	192,440	3,311
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,815,950	689,304	2,061,439	650,902	67,870
50.01	05001	CARDIAC SURGERY	2,032,960	29,459	338,060	529,130	4,966
50.02	05002	WVSC	11,225,907	481,509	700,325	0	0
51.00	05100	RECOVERY ROOM	1,987,325	22,680	51,888	341,942	14,898
51.02	05101	O/P TREATMENT ROOM	434,691	378,941	80,939	71,478	22,347
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,828,529	375,536	271,774	662,085	19,037
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,304,918	502,114	1,195,437	821,154	89,389
55.00	05500	RADIOLOGY-THERAPEUTIC	5,323,399	418,014	258,858	70,661	33,935
56.00	05600	RADIOISOTOPE	1,674,113	139,375	459,927	69,599	0
57.00	05700	CT SCAN	2,442,445	34,400	416	237,861	5,794
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,792,906	41,068	118,093	129,651	3,311
59.00	05900	CARDIAC CATHETERIZATION	20,964,820	557,896	167,618	531,044	28,141
60.00	06000	LABORATORY	8,954,508	0	0	0	6,621
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,291,531	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,206,318	80,014	442,453	631,508	11,588
66.00	06600	PHYSICAL THERAPY	3,076,175	160,756	23,227	0	19,037
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	2,561,338	0	113,443	0	828
67.00	06700	OCCUPATIONAL THERAPY	1,982,227	26,259	0	0	4,138
68.00	06800	SPEECH PATHOLOGY	1,062,474	52,076	1,382	0	828
69.00	06900	ELECTROCARDIOLOGY	12,008,208	50,381	1,292,152	113,906	3,311
69.01	06901	CARDIAC REHAB	323,174	103,486	75,195	59,216	4,966
70.00	07000	ELECTROENCEPHALOGRAPHY	911,118	23,836	105,170	514,010	14,071
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,955	190	337,046	0	11,588
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,123,881	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	49,571,480	328,085	163,521	859,440	41,384
76.00	03020	RENAL ACUTE	1,521,157	55,829	8,117	0	3,311
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	219,385	11,055	0	38,438	0
90.05	09005	PATIENT NUTRITION	288,075	30,567	1,170	54,246	0
90.07	09007	WOUND CLINIC	1,318,659	141,782	20,298	74,244	10,760
91.00	09100	EMERGENCY	7,333,440	381,586	303,173	1,063,756	52,144
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	345,163,022	15,040,530	11,458,048	17,385,528	954,315
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	5,382,254	0	0	425,420	828
194.01	07951	RENTAL PROPERTY	34,156	0	5,712	0	0
194.02	07954	FAMILY PRACTICE	2,337,748	190,057	145,609	347,543	58,765

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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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	388,389	220,450	0	60,695	0	194.03
194.04	07955	PHYSICIAN PRACTICES	15,588,726	0	97,415	1,552,848	18,209	194.04
194.06	07953	SYCAMORE SPORTS MED	115,395	0	211	2,698	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	500,791	45,392	2,510	90,949	6,621	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)	369,510,481	15,496,429	11,709,505	19,865,681	1,038,738	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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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	16,025,885					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,791,977				5.03
5.04	00570	ADMITTING	0	7,095	1,663,313			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	6,843,546		5.05
5.06	00590	OTHER ADMIN AND GENERAL	28,516	13	0	0	25,233,207	5.06
7.00	00700	OPERATION OF PLANT	0	1,161	0	0	15,017,985	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,474	0	0	1,606,168	8.00
9.00	00900	HOUSEKEEPING	0	1,098	0	0	3,631,374	9.00
10.00	01000	DIETARY	270,900	135	0	0	1,152,427	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,837,280	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,443,983	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	655,864	192	0	0	5,395,819	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,810,231	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,174,218	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	103,993	23.00
23.01	02341	OTHER MED ED	0	0	0	0	262,246	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	8,968,220	388,438	303,319	500,111	45,100,541	30.00
31.00	03100	INTENSIVE CARE UNIT	1,055,085	135,991	77,938	112,615	9,522,787	31.00
35.00	02040	INTENSIVE NURSERY	228,126	23,141	55,134	79,664	3,473,104	35.00
41.00	04100	SUBPROVIDER - IRF	0	14,028	11,757	16,988	2,072,811	41.00
43.00	04300	NURSERY	0	0	9,417	13,606	1,369,302	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	456,253	38,220	304,532	843,506	16,927,976	50.00
50.01	05001	CARDIAC SURGERY	0	201,364	21,277	30,748	3,187,964	50.01
50.02	05002	WVSC	0	492,245	306	533,376	13,433,668	50.02
51.00	05100	RECOVERY ROOM	42,774	42,919	9,896	45,644	2,559,966	51.00
51.02	05101	O/P TREATMENT ROOM	0	14,024	73	9,945	1,012,438	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	427,737	66,527	57,076	102,840	5,811,141	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	898,248	19,192	42,640	262,302	11,135,394	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	764	5,447	217,650	6,328,728	55.00
56.00	05600	RADIOISOTOPE	28,516	1,304	3,234	60,976	2,437,044	56.00
57.00	05700	CT SCAN	0	46,460	42,523	216,821	3,026,720	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,621	8,023	62,529	2,157,202	58.00
59.00	05900	CARDIAC CATHETERIZATION	484,769	24,967	105,130	469,452	23,333,837	59.00
60.00	06000	LABORATORY	0	0	131,961	377,671	9,470,761	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,547	14,370	1,313,448	62.00
65.00	06500	RESPIRATORY THERAPY	199,611	38,675	105,076	168,122	5,883,365	65.00
66.00	06600	PHYSICAL THERAPY	327,932	596	24,121	59,590	3,691,434	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	1,425	0	37,885	2,714,919	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	16,862	41,812	2,071,298	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,127	19,533	1,140,420	68.00
69.00	06900	ELECTROCARDIOLOGY	270,900	651	45,200	400,733	14,185,442	69.00
69.01	06901	CARDIAC REHAB	42,774	428	264	7,597	617,100	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	662	5,560	21,145	1,595,572	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,390	281	620	385,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	29,205	97,374	14,250,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	299,416	26,952	133,549	1,342,653	52,766,480	73.00
76.00	03020	RENAL ACUTE	0	11,781	9,784	15,696	1,625,675	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	140	2	3,226	272,246	90.00
90.05	09005	PATIENT NUTRITION	0	7	0	724	374,789	90.05
90.07	09007	WOUND CLINIC	0	24,205	46	37,741	1,627,735	90.07
91.00	09100	EMERGENCY	1,254,696	153,465	92,006	618,281	11,252,547	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)	15,940,337	1,784,750	1,663,313	6,843,546	341,798,315	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	2,610	0	0	5,811,112	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	39,868	194.01
194.02	07954	FAMILY PRACTICE	0	6	0	0	3,079,728	194.02
194.03	07952	WELLNESS	0	0	0	0	669,534	194.03
194.04	07955	PHYSICIAN PRACTICES	28,516	4,582	0	0	17,290,296	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	118,304	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	57,032	29	0	0	703,324	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)	16,025,885	1,791,977	1,663,313	6,843,546	369,510,481	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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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	25,233,207					5.06
7.00	00700	OPERATION OF PLANT	1,100,713	16,118,698				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	117,721	156,393	1,880,282			8.00
9.00	00900	HOUSEKEEPING	266,154	40,430	106,811	4,044,769		9.00
10.00	01000	DIETARY	84,465	286,668	0	72,825	1,596,385	10.00
11.00	01100	CAFETERIA	207,953	204,554	0	51,965	0	11.00
13.00	01300	NURSING ADMINISTRATION	325,713	62,056	0	15,765	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	395,476	137,980	0	35,052	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	132,677	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	159,355	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	7,622	0	0	0	0	23.00
23.01	02341	OTHER MED ED	19,221	18,805	0	4,777	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	3,305,554	4,897,409	630,155	1,244,130	1,212,500	30.00
31.00	03100	INTENSIVE CARE UNIT	697,954	600,446	73,692	152,536	171,303	31.00
35.00	02040	INTENSIVE NURSERY	254,554	102,695	9,252	26,088	0	35.00
41.00	04100	SUBPROVIDER - IRF	151,923	402,813	10,141	102,330	93,846	41.00
43.00	04300	NURSERY	100,360	19,797	0	5,029	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,240,702	1,136,695	112,168	288,764	0	50.00
50.01	05001	CARDIAC SURGERY	233,655	48,579	38	12,341	0	50.01
50.02	05002	WVSC	984,594	794,030	124,062	201,714	0	50.02
51.00	05100	RECOVERY ROOM	187,628	37,401	93,119	9,501	0	51.00
51.02	05101	O/P TREATMENT ROOM	74,205	624,892	5,829	158,747	110,966	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	425,916	619,277	84,666	157,320	37	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	816,146	828,010	48,673	210,346	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	463,851	689,325	25,159	175,115	0	55.00
56.00	05600	RADIOISOTOPE	178,618	229,836	10,171	58,387	0	56.00
57.00	05700	CT SCAN	221,837	56,728	0	14,411	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	158,108	67,224	59,086	17,204	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,710,207	919,996	71,805	233,714	7,733	59.00
60.00	06000	LABORATORY	694,140	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	96,267	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	431,209	131,947	0	33,520	0	65.00
66.00	06600	PHYSICAL THERAPY	270,556	265,095	11,168	67,344	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	198,985	0	33,374	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	151,812	43,303	0	11,001	0	67.00
68.00	06800	SPEECH PATHOLOGY	83,585	85,875	0	21,816	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,039,694	83,080	30,105	21,106	0	69.00
69.01	06901	CARDIAC REHAB	45,229	170,653	575	43,352	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	116,944	39,307	5,843	9,986	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,223	313	0	80	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,044,459	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,867,504	541,028	0	137,442	0	73.00
76.00	03020	RENAL ACUTE	119,151	92,065	7,245	23,388	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,954	18,230	0	4,631	0	90.00
90.05	09005	PATIENT NUTRITION	27,469	50,407	0	12,805	0	90.05
90.07	09007	WOUND CLINIC	119,302	233,806	13,431	59,396	0	90.07
91.00	09100	EMERGENCY	824,733	629,254	304,909	159,855	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)	23,202,098	15,366,901	1,871,477	3,853,783	1,596,385	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	425,914	0	1,207	0	0	194.00
194.01	07951	RENTAL PROPERTY	2,922	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	225,723	313,412	1,405	79,619	0	194.02
194.03	07952	WELLNESS	49,072	363,532	0	92,351	0	194.03
194.04	07955	PHYSICIAN PRACTICES	1,267,258	0	6,193	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	8,671	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	51,549	74,853	0	19,016	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)	25,233,207	16,118,698	1,880,282	4,044,769	1,596,385	202.00

COST ALLOCATION - GENERAL SERVICE 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	
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	3,301,752					11.00
13.00	01300	64,939	4,912,456				13.00
16.00	01600	169,886	0	6,134,213			16.00
21.00	02100	60,591	0	0	2,003,499		21.00
22.00	02200	12,176	0	0		2,345,749	22.00
23.00	02300	3,769	0	0			23.00
23.01	02341	18,264	39,081	0			23.01
23.02	02301	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	993,805	2,013,615	448,289	777,123	909,877	30.00
31.00	03100	190,469	407,562	100,945	0	0	31.00
35.00	02040	80,014	171,213	71,409	27,586	32,298	35.00
41.00	04100	53,343	114,142	15,228	0	0	41.00
43.00	04300	39,717	84,986	12,196	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	167,566	358,555	756,102	105,088	123,040	50.00
50.01	05001	24,932	31,637	27,562	0	0	50.01
50.02	05002	0	0	478,108	0	0	50.02
51.00	05100	71,027	151,983	40,915	0	0	51.00
51.02	05101	12,466	26,675	8,915	0	0	51.02
52.00	05200	136,836	274,810	92,184	200,455	234,698	52.00
54.00	05400	187,860	0	235,123	27,060	31,683	54.00
55.00	05500	14,205	0	195,097	20,755	24,300	55.00
56.00	05600	11,596	0	54,658	0	0	56.00
57.00	05700	42,906	0	194,354	0	0	57.00
58.00	05800	23,482	0	56,050	0	0	58.00
59.00	05900	108,135	0	420,807	2,890	3,384	59.00
60.00	06000	0	0	338,536	0	0	60.00
62.00	06200	0	0	12,881	0	0	62.00
65.00	06500	121,181	242,552	150,701	14,187	16,610	65.00
66.00	06600	0	0	53,415	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	33,960	55,697	65,211	66.02
67.00	06700	0	0	37,479	0	0	67.00
68.00	06800	0	0	17,509	0	0	68.00
69.00	06900	38,268	81,885	359,209	8,670	10,151	69.00
69.01	06901	12,756	27,295	6,810	0	0	69.01
70.00	07000	25,802	26,675	18,954	1,576	1,846	70.00
71.00	07100	0	0	556	0	0	71.00
72.00	07200	0	0	87,284	0	0	72.00
73.00	07300	132,777	248,756	1,203,322	4,466	5,229	73.00
76.00	03020	0	0	14,070	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	5,798	12,407	2,892	441,369	516,766	90.00
90.05	09005	10,147	21,712	649	0	0	90.05
90.07	09007	15,075	32,258	33,830	6,568	7,690	90.07
91.00	09100	254,538	544,657	554,214	193,099	226,085	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		3,104,326	4,912,456	6,134,213	1,886,589	2,208,868	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	40,297	0	0	116,910	136,881	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07955	139,445	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE 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	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	17,684	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)	3,301,752	4,912,456	6,134,213	2,003,499	2,345,749	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

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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	115,384					23.00
23.01	02341	OTHER MED ED		362,394				23.01
23.02	02301	PARAMED ED PRGM			0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	61,532,998	-1,687,000	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	11,917,694	0	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	4,248,213	-59,884	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,016,577	0	41.00
43.00	04300	NURSERY	0	0	0	1,631,387	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	21,216,656	-228,128	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	3,566,708	0	50.01
50.02	05002	WVSC	0	0	0	16,016,176	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,151,540	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,035,133	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,037,340	-435,153	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,384	0	0	13,635,679	-58,743	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,936,535	-45,055	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,980,310	0	56.00
57.00	05700	CT SCAN	0	0	0	3,556,956	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,538,855	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,812,508	-6,274	59.00
60.00	06000	LABORATORY	0	0	0	10,503,437	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,422,596	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,025,272	-30,797	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,359,012	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	3,102,146	-120,908	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,314,893	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,349,205	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,857,610	-18,821	69.00
69.01	06901	CARDIAC REHAB	0	0	0	923,770	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,842,505	-3,422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	414,242	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,382,203	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	362,394	0	59,269,398	-9,695	73.00
76.00	03020	RENAL ACUTE	0	0	0	1,881,594	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,294,293	-958,135	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	497,978	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	2,149,091	-14,258	90.07
91.00	09100	EMERGENCY	0	0	0	14,943,891	-419,184	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)	115,384	362,394	0	338,364,401	-4,095,457	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	0	0	6,238,233	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	42,790	0	194.01
194.02	07954	FAMILY PRACTICE	0	0	0	3,993,975	-253,791	194.02
194.03	07952	WELLNESS	0	0	0	1,174,489	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	0	0	18,703,192	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	126,975	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	866,426	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)	115,384	362,394	0	369,510,481	-4,349,248	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

Health Financial Systems		UNION HOSPITAL, INC.		In Lieu of Form CMS-2552-10	
COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 7/9/2020 1:51 pm
Cost Center Description		Total			
		26.00			
202.00	TOTAL (sum lines 118 through 201)	365,161,233			
					202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

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			CAPITAL RELATED COSTS				7/9/2020 1:51 pm	
Cost Center Description			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			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	83,530	0	83,530	83,530	4.00
5.01	00540	NONPATIENT TELEPHONES	0	10,406	127,876	138,282	448	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	5,111	48,496	5,331	58,938	962	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	55,649	275,661	53,887	385,197	3,896	5.06
7.00	00700	OPERATION OF PLANT	24,000	5,303,787	13,729	5,341,516	67	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,840	94,838	213,027	322,705	631	8.00
9.00	00900	HOUSEKEEPING	1,552	24,517	70,136	96,205	1,790	9.00
10.00	01000	DIETARY	9,660	173,839	373,603	557,102	349	10.00
11.00	01100	CAFETERIA	0	124,044	11,839	135,883	1,171	11.00
13.00	01300	NURSING ADMINISTRATION	1,247	37,631	5,376	44,254	1,938	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,453	83,672	22,153	114,278	2,366	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,250	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,130	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	64	23.00
23.01	02341	OTHER MED ED	0	11,403	58	11,461	163	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	184,998	2,969,841	1,070,308	4,225,147	17,236	30.00
31.00	03100	INTENSIVE CARE UNIT	143,776	364,117	666,129	1,174,022	4,143	31.00
35.00	02040	INTENSIVE NURSERY	1,452	62,275	207,440	271,167	1,774	35.00
41.00	04100	SUBPROVIDER - IRF	5,880	244,270	19,866	270,016	1,275	41.00
43.00	04300	NURSERY	0	12,005	6,169	18,174	809	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	830,483	689,304	2,061,439	3,581,226	2,737	50.00
50.01	05001	CARDIAC SURGERY	35,933	29,459	338,060	403,452	2,225	50.01
50.02	05002	WVSC	385,641	481,509	700,325	1,567,475	0	50.02
51.00	05100	RECOVERY ROOM	2,957	22,680	51,888	77,525	1,438	51.00
51.02	05101	O/P TREATMENT ROOM	1,092	378,941	80,939	460,972	301	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,165	375,536	271,774	658,475	2,784	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	654,720	502,114	1,195,437	2,352,271	3,453	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	869,214	418,014	258,858	1,546,086	297	55.00
56.00	05600	RADIOISOTOPE	227,500	139,375	459,927	826,802	293	56.00
57.00	05700	CT SCAN	311,916	34,400	416	346,732	1,000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	521,928	41,068	118,093	681,089	545	58.00
59.00	05900	CARDIAC CATHETERIZATION	138,666	557,896	167,618	864,180	2,233	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	177,303	80,014	442,453	699,770	2,656	65.00
66.00	06600	PHYSICAL THERAPY	1,145	160,756	23,227	185,128	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	378,690	0	113,443	492,133	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	26,259	0	26,259	0	67.00
68.00	06800	SPEECH PATHOLOGY	41,834	52,076	1,382	95,292	0	68.00
69.00	06900	ELECTROCARDIOLOGY	380,721	50,381	1,292,152	1,723,254	479	69.00
69.01	06901	CARDIAC REHAB	0	103,486	75,195	178,681	249	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	19,810	23,836	105,170	148,816	2,161	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	190	337,046	337,236	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	812,916	328,085	163,521	1,304,522	3,614	73.00
76.00	03020	RENAL ACUTE	1,247	55,829	8,117	65,193	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,055	0	11,055	162	90.00
90.05	09005	PATIENT NUTRITION	0	30,567	1,170	31,737	228	90.05
90.07	09007	WOUND CLINIC	3,847	141,782	20,298	165,927	312	90.07
91.00	09100	EMERGENCY	43,194	381,586	303,173	727,953	4,473	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)		6,308,540	15,040,530	11,458,048	32,807,118	73,102	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	234,431	0	0	234,431	1,789	194.00
194.01	07951	RENTAL PROPERTY	0	0	5,712	5,712	0	194.01
194.02	07954	FAMILY PRACTICE	160,804	190,057	145,609	496,470	1,461	194.02
194.03	07952	WELLNESS	0	220,450	0	220,450	255	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

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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	486,243	0	97,415	583,658	6,530	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	211	211	11	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,654	45,392	2,510	51,556	382	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)	7,193,672	15,496,429	11,709,505	34,399,606	83,530	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
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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	138,730					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	4,974	0	0	64,874		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	12,823	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	7,848	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,990	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	884	0	0	0	0	9.00
10.00	01000	DIETARY	3,316	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	995	0	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,316	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	18,904	0	0	11,800	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,206	0	0	3,032	0	31.00
35.00	02040	INTENSIVE NURSERY	1,990	0	0	2,145	0	35.00
41.00	04100	SUBPROVIDER - IRF	3,427	0	0	457	0	41.00
43.00	04300	NURSERY	442	0	0	366	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,064	0	0	12,015	0	50.00
50.01	05001	CARDIAC SURGERY	663	0	0	828	0	50.01
50.02	05002	WVSC	0	0	0	12	0	50.02
51.00	05100	RECOVERY ROOM	1,990	0	0	385	0	51.00
51.02	05101	O/P TREATMENT ROOM	2,985	0	0	3	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,542	0	0	2,220	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,939	0	0	1,659	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,532	0	0	212	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	126	0	56.00
57.00	05700	CT SCAN	774	0	0	1,654	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	442	0	0	312	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,758	0	0	4,090	0	59.00
60.00	06000	LABORATORY	884	0	0	5,133	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	294	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,548	0	0	4,088	0	65.00
66.00	06600	PHYSICAL THERAPY	2,542	0	0	938	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	111	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	553	0	0	656	0	67.00
68.00	06800	SPEECH PATHOLOGY	111	0	0	161	0	68.00
69.00	06900	ELECTROCARDIOLOGY	442	0	0	1,758	0	69.00
69.01	06901	CARDIAC REHAB	663	0	0	10	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,879	0	0	216	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,548	0	0	11	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,136	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,527	0	0	5,195	0	73.00
76.00	03020	RENAL ACUTE	442	0	0	381	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	1,437	0	0	2	0	90.07
91.00	09100	EMERGENCY	6,964	0	0	3,579	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)	127,455	0	0	64,874	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	111	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	7,848	0	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	2,432	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	884	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

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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	201.00
202.00	TOTAL (sum lines 118 through 201)	138,730	0	0	64,874	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	401,916					5.06
7.00	00700	OPERATION OF PLANT	17,526	5,366,957				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,874	52,073	379,273			8.00
9.00	00900	HOUSEKEEPING	4,238	13,462	21,545	138,124		9.00
10.00	01000	DIETARY	1,345	95,450	0	2,487	660,049	10.00
11.00	01100	CAFETERIA	3,311	68,109	0	1,775	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,186	20,662	0	538	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,297	45,942	0	1,197	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,113	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,537	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	121	0	0	0	0	23.00
23.01	02341	OTHER MED ED	306	6,261	0	163	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	52,632	1,630,669	127,108	42,486	501,327	30.00
31.00	03100	INTENSIVE CARE UNIT	11,113	199,927	14,864	5,209	70,828	31.00
35.00	02040	INTENSIVE NURSERY	4,053	34,194	1,866	891	0	35.00
41.00	04100	SUBPROVIDER - IRF	2,419	134,123	2,046	3,494	38,802	41.00
43.00	04300	NURSERY	1,598	6,592	0	172	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,755	378,479	22,626	9,861	0	50.00
50.01	05001	CARDIAC SURGERY	3,720	16,175	8	421	0	50.01
50.02	05002	WVSC	15,677	264,384	25,025	6,888	0	50.02
51.00	05100	RECOVERY ROOM	2,987	12,453	18,783	324	0	51.00
51.02	05101	O/P TREATMENT ROOM	1,182	208,067	1,176	5,421	45,880	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,782	206,197	17,078	5,372	15	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,995	275,698	9,818	7,183	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,386	229,521	5,075	5,980	0	55.00
56.00	05600	RADIOISOTOPE	2,844	76,527	2,052	1,994	0	56.00
57.00	05700	CT SCAN	3,532	18,888	0	492	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,517	22,549	11,918	588	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,231	306,326	14,484	7,981	3,197	59.00
60.00	06000	LABORATORY	11,052	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,533	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,866	43,934	0	1,145	0	65.00
66.00	06600	PHYSICAL THERAPY	4,308	88,267	2,253	2,300	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	3,168	0	6,732	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,417	14,418	0	376	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,331	28,593	0	745	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,554	27,663	6,072	721	0	69.00
69.01	06901	CARDIAC REHAB	720	56,821	116	1,480	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,862	13,088	1,179	341	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	449	104	0	3	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,630	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,724	180,143	0	4,693	0	73.00
76.00	03020	RENAL ACUTE	1,897	30,654	1,461	799	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	318	6,070	0	158	0	90.00
90.05	09005	PATIENT NUTRITION	437	16,784	0	437	0	90.05
90.07	09007	WOUND CLINIC	1,900	77,849	2,709	2,028	0	90.07
91.00	09100	EMERGENCY	13,132	209,519	61,503	5,459	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)	369,575	5,116,635	377,497	131,602	660,049	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	6,782	0	244	0	0	194.00
194.01	07951	RENTAL PROPERTY	47	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	3,594	104,355	283	2,719	0	194.02
194.03	07952	WELLNESS	781	121,043	0	3,154	0	194.03
194.04	07955	PHYSICIAN PRACTICES	20,178	0	1,249	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	138	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	821	24,924	0	649	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	0	201.00
202.00		TOTAL (sum lines 118 through 201)	401,916	5,366,957	379,273	138,124	660,049	202.00

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	
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	210,249					11.00
13.00	01300	4,135	77,708				13.00
16.00	01600	10,818	0	184,214			16.00
21.00	02100	3,858	0	0	7,221		21.00
22.00	02200	775	0	0		4,442	22.00
23.00	02300	240	0	0			23.00
23.01	02341	1,163	618	0			23.01
23.02	02301	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	63,283	31,854	13,465			30.00
31.00	03100	12,129	6,447	3,032			31.00
35.00	02040	5,095	2,708	2,145			35.00
41.00	04100	3,397	1,806	457			41.00
43.00	04300	2,529	1,344	366			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,670	5,672	22,710			50.00
50.01	05001	1,588	500	828			50.01
50.02	05002	0	0	14,360			50.02
51.00	05100	4,523	2,404	1,229			51.00
51.02	05101	794	422	268			51.02
52.00	05200	8,713	4,347	2,769			52.00
54.00	05400	11,963	0	7,062			54.00
55.00	05500	905	0	5,860			55.00
56.00	05600	738	0	1,642			56.00
57.00	05700	2,732	0	5,838			57.00
58.00	05800	1,495	0	1,683			58.00
59.00	05900	6,886	0	12,639			59.00
60.00	06000	0	0	10,168			60.00
62.00	06200	0	0	387			62.00
65.00	06500	7,717	3,837	4,526			65.00
66.00	06600	0	0	1,604			66.00
66.01	06601	0	0	0			66.01
66.02	06602	0	0	1,020			66.02
67.00	06700	0	0	1,126			67.00
68.00	06800	0	0	526			68.00
69.00	06900	2,437	1,295	10,789			69.00
69.01	06901	812	432	205			69.01
70.00	07000	1,643	422	569			70.00
71.00	07100	0	0	17			71.00
72.00	07200	0	0	2,622			72.00
73.00	07300	8,455	3,935	36,111			73.00
76.00	03020	0	0	423			76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	369	196	87			90.00
90.05	09005	646	343	19			90.05
90.07	09007	960	510	1,016			90.07
91.00	09100	16,209	8,616	16,646			91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1 through 117)	197,677	77,708	184,214	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	2,566	0	0			194.02
194.03	07952	0	0	0			194.03
194.04	07955	8,880	0	0			194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/9/2020 1:51 pm

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	1,126	0	0			194.07
200.00		Cross Foot Adjustments				7,221	4,442	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	210,249	77,708	184,214	7,221	4,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/9/2020 1:51 pm

Cost Center Description			PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM	425					23.00
23.01	02341	OTHER MED ED		20,135				23.01
23.02	02301	PARAMED ED PRGM			0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				6,735,911	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,507,952	0	31.00
35.00	02040	INTENSIVE NURSERY				328,028	0	35.00
41.00	04100	SUBPROVIDER - IRF				461,719	0	41.00
43.00	04300	NURSERY				32,392	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,074,815	0	50.00
50.01	05001	CARDIAC SURGERY				430,408	0	50.01
50.02	05002	WVSC				1,893,821	0	50.02
51.00	05100	RECOVERY ROOM				124,041	0	51.00
51.02	05101	O/P TREATMENT ROOM				727,471	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM				917,294	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,694,041	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				1,805,854	0	55.00
56.00	05600	RADIOISOTOPE				913,018	0	56.00
57.00	05700	CT SCAN				381,642	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				723,138	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,253,005	0	59.00
60.00	06000	LABORATORY				27,237	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				2,214	0	62.00
65.00	06500	RESPIRATORY THERAPY				776,087	0	65.00
66.00	06600	PHYSICAL THERAPY				287,340	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY				503,164	0	66.02
67.00	06700	OCCUPATIONAL THERAPY				45,805	0	67.00
68.00	06800	SPEECH PATHOLOGY				126,759	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,791,464	0	69.00
69.01	06901	CARDIAC REHAB				240,189	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY				172,176	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				339,368	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				20,388	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				1,613,919	0	73.00
76.00	03020	RENAL ACUTE				101,250	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				18,415	0	90.00
90.05	09005	PATIENT NUTRITION				50,631	0	90.05
90.07	09007	WOUND CLINIC				254,650	0	90.07
91.00	09100	EMERGENCY				1,074,053	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	32,449,659	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
194.00	07950	RURAL HEALTH				243,357	0	194.00
194.01	07951	RENTAL PROPERTY				5,759	0	194.01
194.02	07954	FAMILY PRACTICE				619,296	0	194.02
194.03	07952	WELLNESS				345,683	0	194.03
194.04	07955	PHYSICIAN PRACTICES				622,927	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/9/2020 1:51 pm

Cost Center Description			PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
194.06	07953	SYCAMORE SPORTS MED				360		0 194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				80,342		0 194.07
200.00		Cross Foot Adjustments	425	20,135	0	32,223		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	425	20,135	0	34,399,606		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/9/2020 1:51 pm

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 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 7/9/2020 1:51 pm
Cost Center Description		Total			
		26.00			
202.00	TOTAL (sum lines 118 through 201)	34,399,606			
					202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/9/2020 1:51 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
			NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	978,430					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		3,661,482				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,274	0	93,129,677			4.00
5.01	00540	NONPATIENT TELEPHONES	657	39,986	499,179	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	1,667	1,072,972	45	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	17,405	16,850	4,343,320	116	2	5.06
7.00	00700	OPERATION OF PLANT	334,876	4,293	75,041	71	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	66,612	703,984	18	0	8.00
9.00	00900	HOUSEKEEPING	1,548	21,931	1,995,732	8	0	9.00
10.00	01000	DIETARY	10,976	116,823	389,276	30	19	10.00
11.00	01100	CAFETERIA	7,832	3,702	1,305,877	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	1,681	2,160,297	9	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	6,927	2,637,664	30	46	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,393,959	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,259,965	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	71,850	0	0	23.00
23.01	02341	OTHER MED ED	720	18	181,697	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	187,513	334,678	19,218,426	171	629	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	208,294	4,618,730	29	74	31.00
35.00	02040	INTENSIVE NURSERY	3,932	64,865	1,977,488	18	16	35.00
41.00	04100	SUBPROVIDER - IRF	15,423	6,212	1,421,634	31	0	41.00
43.00	04300	NURSERY	758	1,929	902,154	4	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,522	644,598	3,051,406	82	32	50.00
50.01	05001	CARDIAC SURGERY	1,860	105,709	2,480,546	6	0	50.01
50.02	05002	WVSC	30,402	218,987	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,432	16,225	1,603,013	18	3	51.00
51.02	05101	O/P TREATMENT ROOM	23,926	25,309	335,088	27	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,711	84,982	3,103,834	23	30	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,703	373,805	3,849,542	108	63	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	80,943	331,255	41	0	55.00
56.00	05600	RADIOISOTOPE	8,800	143,816	326,280	0	2	56.00
57.00	05700	CT SCAN	2,172	130	1,115,087	7	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	36,927	607,800	4	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,225	52,413	2,489,516	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	5,052	138,352	2,960,490	14	14	65.00
66.00	06600	PHYSICAL THERAPY	10,150	7,263	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	35,473	0	1	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,658	0	0	5	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,288	432	0	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,181	404,047	533,989	4	19	69.00
69.01	06901	CARDIAC REHAB	6,534	23,513	277,602	6	3	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	32,886	2,409,665	17	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12	105,392	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	51,132	4,029,030	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	180,198	0	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	366	254,304	0	0	90.05
90.07	09007	WOUND CLINIC	8,952	6,347	348,052	13	0	90.07
91.00	09100	EMERGENCY	24,093	94,800	4,986,855	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)	949,645	3,582,853	81,502,797	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	1,994,354	1	0	194.00
194.01	07951	RENTAL PROPERTY	0	1,786	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	12,000	45,531	1,629,272	71	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/9/2020 1:51 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
			NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
			1.00	2.00	4.00	5.01	5.02	
194.03	07952	WELLNESS	13,919	0	284,534	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	30,461	7,279,703	22	2	194.04
194.06	07953	SYCAMORE SPORTS MED	0	66	12,650	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	785	426,367	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)	15,496,429	11,709,505	19,865,681	1,038,738	16,025,885	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.838056	3.198023	0.213312	827.679681	14,257.904804	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			83,530	138,730	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000897	110.541833	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/9/2020 1:51 pm

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	7,210,431					5.03
5.04	00570	ADMITTING	28,548	543,779,392				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,548,288,416			5.05
5.06	00590	OTHER ADMIN AND GENERAL	53	0	0	-25,233,207	344,277,274	5.06
7.00	00700	OPERATION OF PLANT	4,673	0	0	0	15,017,985	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,930	0	0	0	1,606,168	8.00
9.00	00900	HOUSEKEEPING	4,419	0	0	0	3,631,374	9.00
10.00	01000	DIETARY	544	0	0	0	1,152,427	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,837,280	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,443,983	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	771	0	0	0	5,395,819	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,810,231	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,174,218	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	103,993	23.00
23.01	02341	OTHER MED ED	0	0	0	0	262,246	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,562,966	99,156,397	113,147,209	0	45,100,541	30.00
31.00	03100	INTENSIVE CARE UNIT	547,189	25,478,400	25,478,400	0	9,522,787	31.00
35.00	02040	INTENSIVE NURSERY	93,114	18,023,502	18,023,502	0	3,473,104	35.00
41.00	04100	SUBPROVIDER - IRF	56,445	3,843,485	3,843,485	0	2,072,811	41.00
43.00	04300	NURSERY	0	3,078,340	3,078,340	0	1,369,302	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	153,785	99,587,527	190,838,459	0	16,927,976	50.00
50.01	05001	CARDIAC SURGERY	810,233	6,955,653	6,956,653	0	3,187,964	50.01
50.02	05002	WVSC	1,980,674	100,000	120,673,343	0	13,433,668	50.02
51.00	05100	RECOVERY ROOM	172,696	3,234,948	10,326,790	0	2,559,966	51.00
51.02	05101	O/P TREATMENT ROOM	56,428	23,875	2,250,076	0	1,012,438	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	267,686	18,658,275	23,267,054	0	5,811,141	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,223	13,939,169	59,344,418	0	11,135,394	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,073	1,780,699	49,242,021	0	6,328,728	55.00
56.00	05600	RADIOISOTOPE	5,246	1,057,073	13,795,564	0	2,437,044	56.00
57.00	05700	CT SCAN	186,944	13,901,106	49,054,628	0	3,026,720	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,521	2,622,856	14,146,782	0	2,157,202	58.00
59.00	05900	CARDIAC CATHETERIZATION	100,461	34,367,474	106,210,780	0	23,333,837	59.00
60.00	06000	LABORATORY	0	43,138,467	85,445,848	0	9,470,761	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,467,305	3,251,160	0	1,313,448	62.00
65.00	06500	RESPIRATORY THERAPY	155,617	34,349,887	38,036,589	0	5,883,365	65.00
66.00	06600	PHYSICAL THERAPY	2,399	7,885,397	13,481,876	0	3,691,434	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	5,734	0	8,571,348	0	2,714,919	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	5,512,256	9,459,694	0	2,071,298	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,348,981	4,419,201	0	1,140,420	68.00
69.00	06900	ELECTROCARDIOLOGY	2,619	14,776,205	90,663,580	0	14,185,442	69.00
69.01	06901	CARDIAC REHAB	1,724	86,153	1,718,709	0	617,100	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,663	1,817,624	4,783,927	0	1,595,572	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,640	91,845	140,264	0	385,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,547,212	22,030,365	0	14,250,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,446	43,657,681	303,742,255	0	52,766,480	73.00
76.00	03020	RENAL ACUTE	47,403	3,198,593	3,551,182	0	1,625,675	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	562	815	729,832	0	272,246	90.00
90.05	09005	PATIENT NUTRITION	29	0	163,834	0	374,789	90.05
90.07	09007	WOUND CLINIC	97,393	15,000	8,538,740	0	1,627,735	90.07
91.00	09100	EMERGENCY	617,502	30,077,192	139,882,508	0	11,252,547	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)	7,181,353	543,779,392	1,548,288,416	-25,233,207	316,565,108	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	10,500	0	0	0	5,811,112	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	39,868	194.01
194.02	07954	FAMILY PRACTICE	26	0	0	0	3,079,728	194.02
194.03	07952	WELLNESS	0	0	0	0	669,534	194.03
194.04	07955	PHYSICIAN PRACTICES	18,435	0	0	0	17,290,296	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/9/2020 1:51 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	0	0	0	0	118,304	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	117	0	0	0	703,324	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)	1,791,977	1,663,313	6,843,546		25,233,207	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.248526	0.003059	0.004420		0.073293	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	64,874	0		401,916	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000119	0.000000		0.001167	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/9/2020 1:51 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	617,156				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,189,945			8.00
9.00	00900	HOUSEKEEPING	1,548	67,596	609,620		9.00
10.00	01000	DIETARY	10,976	0	10,976	172,794	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	398,796	187,513	131,242	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	46,636	22,990	18,542	31.00
35.00	02040	INTENSIVE NURSERY	3,932	5,855	3,932	0	35.00
41.00	04100	SUBPROVIDER - IRF	15,423	6,418	15,423	10,158	41.00
43.00	04300	NURSERY	758	0	758	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,522	70,986	43,522	0	50.00
50.01	05001	CARDIAC SURGERY	1,860	24	1,860	0	50.01
50.02	05002	WVSC	30,402	78,513	30,402	0	50.02
51.00	05100	RECOVERY ROOM	1,432	58,931	1,432	0	51.00
51.02	05101	O/P TREATMENT ROOM	23,926	3,689	23,926	12,011	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,711	53,581	23,711	4	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,703	30,803	31,703	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	15,922	26,393	0	55.00
56.00	05600	RADIOISOTOPE	8,800	6,437	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	37,393	2,593	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,225	45,442	35,225	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	5,052	0	5,052	0	65.00
66.00	06600	PHYSICAL THERAPY	10,150	7,068	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	21,121	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	19,052	3,181	0	69.00
69.01	06901	CARDIAC REHAB	6,534	364	6,534	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	3,698	1,505	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12	0	12	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	4,585	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	8,500	8,952	0	90.07
91.00	09100	EMERGENCY	24,093	192,963	24,093	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)	588,371	1,184,373	580,835	172,794	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	764	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	12,000	889	12,000	0	194.02
194.03	07952	WELLNESS	13,919	0	13,919	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	3,919	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/9/2020 1:51 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	61	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)	16,118,698	1,880,282	4,044,769	1,596,385	3,301,752	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.117704	1.580142	6.634902	9.238660	289.907103	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,366,957	379,273	138,124	660,049	210,249	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.696273	0.318732	0.226574	3.819861	18.460708	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATIO N (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	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	7,919					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,548,288,416				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	7,626			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		7,626		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	3,246	113,147,209	2,958	2,958	0	30.00
31.00	03100	INTENSIVE CARE UNIT	657	25,478,400	0	0	0	31.00
35.00	02040	INTENSIVE NURSERY	276	18,023,502	105	105	0	35.00
41.00	04100	SUBPROVIDER - IRF	184	3,843,485	0	0	0	41.00
43.00	04300	NURSERY	137	3,078,340	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	578	190,838,459	400	400	0	50.00
50.01	05001	CARDIAC SURGERY	51	6,956,653	0	0	0	50.01
50.02	05002	WVSC	0	120,673,343	0	0	0	50.02
51.00	05100	RECOVERY ROOM	245	10,326,790	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	43	2,250,076	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	443	23,267,054	763	763	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,344,418	103	103	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	49,242,021	79	79	0	55.00
56.00	05600	RADIOISOTOPE	0	13,795,564	0	0	0	56.00
57.00	05700	CT SCAN	0	49,054,628	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,146,782	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	106,210,780	11	11	0	59.00
60.00	06000	LABORATORY	0	85,445,848	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,251,160	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	391	38,036,589	54	54	0	65.00
66.00	06600	PHYSICAL THERAPY	0	13,481,876	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	8,571,348	212	212	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	9,459,694	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,419,201	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	132	90,663,580	33	33	0	69.00
69.01	06901	CARDIAC REHAB	44	1,718,709	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	43	4,783,927	6	6	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	140,264	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,030,365	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	401	303,742,255	17	17	0	73.00
76.00	03020	RENAL ACUTE	0	3,551,182	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20	729,832	1,680	1,680	0	90.00
90.05	09005	PATIENT NUTRITION	35	163,834	0	0	0	90.05
90.07	09007	WOUND CLINIC	52	8,538,740	25	25	0	90.07
91.00	09100	EMERGENCY	878	139,882,508	735	735	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)	7,919	1,548,288,416	7,181	7,181	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	445	445	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/9/2020 1:51 pm

Cost Center Description			NURSING ADMINISTRATIO N (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	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)	4,912,456	6,134,213	2,003,499	2,345,749	115,384	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	620.337921	0.003962	262.719512	307.598872	1,153.840000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,708	184,214	7,221	4,442	425	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.812855	0.000119	0.946892	0.582481	4.250000	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540 NONPATIENT TELEPHONES			5.01
5.02	00550 DATA PROCESSING			5.02
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.04	00570 ADMITTING			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMIN AND GENERAL			5.06
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM			23.00
23.01	02341 OTHER MED ED	100		23.01
23.02	02301 PARAMED ED PRGM		100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	0	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 01/01/2019
To 12/31/2019

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Cost Center Description			OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
			23.01	23.02	
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	194.07
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	362,394	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,623.940000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,135	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	201.350000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/9/2020 1:51 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	59,845,998		59,845,998	0	59,845,998
31.00	03100	INTENSIVE CARE UNIT	11,917,694		11,917,694	0	11,917,694
35.00	02040	INTENSIVE NURSERY	4,188,329		4,188,329	0	4,188,329
41.00	04100	SUBPROVIDER - IRF	3,016,577		3,016,577	0	3,016,577
43.00	04300	NURSERY	1,631,387		1,631,387	0	1,631,387
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,988,528		20,988,528	37,297	21,025,825
50.01	05001	CARDIAC SURGERY	3,566,708		3,566,708	0	3,566,708
50.02	05002	WVSC	16,016,176		16,016,176	0	16,016,176
51.00	05100	RECOVERY ROOM	3,151,540		3,151,540	0	3,151,540
51.02	05101	O/P TREATMENT ROOM	2,035,133		2,035,133	0	2,035,133
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,602,187		7,602,187	0	7,602,187
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,576,936		13,576,936	2,609	13,579,545
55.00	05500	RADIOLOGY-THERAPEUTIC	7,891,480		7,891,480	0	7,891,480
56.00	05600	RADIOISOTOPE	2,980,310		2,980,310	0	2,980,310
57.00	05700	CT SCAN	3,556,956		3,556,956	0	3,556,956
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,538,855		2,538,855	0	2,538,855
59.00	05900	CARDIAC CATHETERIZATION	26,806,234		26,806,234	0	26,806,234
60.00	06000	LABORATORY	10,503,437		10,503,437	183,070	10,686,507
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,422,596		1,422,596	0	1,422,596
65.00	06500	RESPIRATORY THERAPY	6,994,475	0	6,994,475	0	6,994,475
66.00	06600	PHYSICAL THERAPY	4,359,012	0	4,359,012	0	4,359,012
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	2,981,238	0	2,981,238	0	2,981,238
67.00	06700	OCCUPATIONAL THERAPY	2,314,893	0	2,314,893	0	2,314,893
68.00	06800	SPEECH PATHOLOGY	1,349,205	0	1,349,205	0	1,349,205
69.00	06900	ELECTROCARDIOLOGY	15,838,789		15,838,789	0	15,838,789
69.01	06901	CARDIAC REHAB	923,770		923,770	0	923,770
70.00	07000	ELECTROENCEPHALOGRAPHY	1,839,083		1,839,083	10,054	1,849,137
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	414,242		414,242	0	414,242
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,382,203		15,382,203	0	15,382,203
73.00	07300	DRUGS CHARGED TO PATIENTS	59,259,703		59,259,703	0	59,259,703
76.00	03020	RENAL ACUTE	1,881,594		1,881,594	0	1,881,594
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	336,158		336,158	0	336,158
90.05	09005	PATIENT NUTRITION	497,978		497,978	2,966	500,944
90.07	09007	WOUND CLINIC	2,134,833		2,134,833	0	2,134,833
91.00	09100	EMERGENCY	14,524,707		14,524,707	0	14,524,707
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,583,411		12,583,411	0	12,583,411
200.00		Subtotal (see instructions)	346,852,355	0	346,852,355	235,996	347,088,351
201.00		Less Observation Beds	12,583,411		12,583,411	0	12,583,411
202.00		Total (see instructions)	334,268,944	0	334,268,944	235,996	334,504,940

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
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			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	96,078,743		96,078,743			30.00
31.00	03100	INTENSIVE CARE UNIT	25,478,400		25,478,400			31.00
35.00	02040	INTENSIVE NURSERY	18,023,502		18,023,502			35.00
41.00	04100	SUBPROVIDER - IRF	3,843,485		3,843,485			41.00
43.00	04300	NURSERY	3,078,340		3,078,340			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	99,587,527	91,250,932	190,838,459	0.109981	0.000000	50.00
50.01	05001	CARDIAC SURGERY	6,955,653	1,000	6,956,653	0.512705	0.000000	50.01
50.02	05002	WVSC	100,000	120,573,343	120,673,343	0.132723	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,234,948	7,091,842	10,326,790	0.305181	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	23,875	2,226,201	2,250,076	0.904473	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,658,275	4,608,779	23,267,054	0.326736	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,939,169	45,405,249	59,344,418	0.228782	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,780,699	47,461,322	49,242,021	0.160259	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,057,073	12,738,491	13,795,564	0.216034	0.000000	56.00
57.00	05700	CT SCAN	13,901,106	35,153,522	49,054,628	0.072510	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,622,856	11,523,926	14,146,782	0.179465	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,367,474	71,843,306	106,210,780	0.252387	0.000000	59.00
60.00	06000	LABORATORY	43,138,467	42,307,381	85,445,848	0.122925	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,467,305	783,855	3,251,160	0.437566	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	34,349,887	3,686,702	38,036,589	0.183888	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,885,397	5,596,479	13,481,876	0.323324	0.000000	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	8,571,348	8,571,348	0.347814	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,512,256	3,947,438	9,459,694	0.244711	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,348,981	3,070,220	4,419,201	0.305305	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	14,776,205	75,887,375	90,663,580	0.174698	0.000000	69.00
69.01	06901	CARDIAC REHAB	86,153	1,632,556	1,718,709	0.537479	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,817,624	2,966,303	4,783,927	0.384430	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	91,845	48,419	140,264	2.953302	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,547,212	12,483,153	22,030,365	0.698227	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,657,681	260,084,574	303,742,255	0.195099	0.000000	73.00
76.00	03020	RENAL ACUTE	3,198,593	352,589	3,551,182	0.529850	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	815	729,017	729,832	0.460596	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	163,834	163,834	3.039528	0.000000	90.05
90.07	09007	WOUND CLINIC	15,000	8,523,740	8,538,740	0.250017	0.000000	90.07
91.00	09100	EMERGENCY	30,077,192	109,805,316	139,882,508	0.103835	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,077,654	13,990,812	17,068,466	0.737232	0.000000	92.00
200.00		Subtotal (see instructions)	543,779,392	1,004,509,024	1,548,288,416			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	543,779,392	1,004,509,024	1,548,288,416			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
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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	0.110176			50.00
50.01	05001	CARDIAC SURGERY	0.512705			50.01
50.02	05002	WVSC	0.132723			50.02
51.00	05100	RECOVERY ROOM	0.305181			51.00
51.02	05101	O/P TREATMENT ROOM	0.904473			51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.326736			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228826			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.160259			55.00
56.00	05600	RADIOISOTOPE	0.216034			56.00
57.00	05700	CT SCAN	0.072510			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.179465			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.252387			59.00
60.00	06000	LABORATORY	0.125068			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437566			62.00
65.00	06500	RESPIRATORY THERAPY	0.183888			65.00
66.00	06600	PHYSICAL THERAPY	0.323324			66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			66.01
66.02	06602	O/P PHYSICAL THERAPY	0.347814			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.244711			67.00
68.00	06800	SPEECH PATHOLOGY	0.305305			68.00
69.00	06900	ELECTROCARDIOLOGY	0.174698			69.00
69.01	06901	CARDIAC REHAB	0.537479			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.386531			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.953302			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.698227			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195099			73.00
76.00	03020	RENAL ACUTE	0.529850			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.460596			90.00
90.05	09005	PATIENT NUTRITION	3.057632			90.05
90.07	09007	WOUND CLINIC	0.250017			90.07
91.00	09100	EMERGENCY	0.103835			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.737232			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

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			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	59,845,998		59,845,998	0	59,845,998
31.00	03100	INTENSIVE CARE UNIT	11,917,694		11,917,694	0	11,917,694
35.00	02040	INTENSIVE NURSERY	4,188,329		4,188,329	0	4,188,329
41.00	04100	SUBPROVIDER - IRF	3,016,577		3,016,577	0	3,016,577
43.00	04300	NURSERY	1,631,387		1,631,387	0	1,631,387
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,988,528		20,988,528	37,297	21,025,825
50.01	05001	CARDIAC SURGERY	3,566,708		3,566,708	0	3,566,708
50.02	05002	WVSC	16,016,176		16,016,176	0	16,016,176
51.00	05100	RECOVERY ROOM	3,151,540		3,151,540	0	3,151,540
51.02	05101	O/P TREATMENT ROOM	2,035,133		2,035,133	0	2,035,133
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,602,187		7,602,187	0	7,602,187
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,576,936		13,576,936	2,609	13,579,545
55.00	05500	RADIOLOGY-THERAPEUTIC	7,891,480		7,891,480	0	7,891,480
56.00	05600	RADIOISOTOPE	2,980,310		2,980,310	0	2,980,310
57.00	05700	CT SCAN	3,556,956		3,556,956	0	3,556,956
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,538,855		2,538,855	0	2,538,855
59.00	05900	CARDIAC CATHETERIZATION	26,806,234		26,806,234	0	26,806,234
60.00	06000	LABORATORY	10,503,437		10,503,437	183,070	10,686,507
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,422,596		1,422,596	0	1,422,596
65.00	06500	RESPIRATORY THERAPY	6,994,475	0	6,994,475	0	6,994,475
66.00	06600	PHYSICAL THERAPY	4,359,012	0	4,359,012	0	4,359,012
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	2,981,238	0	2,981,238	0	2,981,238
67.00	06700	OCCUPATIONAL THERAPY	2,314,893	0	2,314,893	0	2,314,893
68.00	06800	SPEECH PATHOLOGY	1,349,205	0	1,349,205	0	1,349,205
69.00	06900	ELECTROCARDIOLOGY	15,838,789		15,838,789	0	15,838,789
69.01	06901	CARDIAC REHAB	923,770		923,770	0	923,770
70.00	07000	ELECTROENCEPHALOGRAPHY	1,839,083		1,839,083	10,054	1,849,137
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	414,242		414,242	0	414,242
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,382,203		15,382,203	0	15,382,203
73.00	07300	DRUGS CHARGED TO PATIENTS	59,259,703		59,259,703	0	59,259,703
76.00	03020	RENAL ACUTE	1,881,594		1,881,594	0	1,881,594
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	336,158		336,158	0	336,158
90.05	09005	PATIENT NUTRITION	497,978		497,978	2,966	500,944
90.07	09007	WOUND CLINIC	2,134,833		2,134,833	0	2,134,833
91.00	09100	EMERGENCY	14,524,707		14,524,707	0	14,524,707
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,583,411		12,583,411		12,583,411
200.00		Subtotal (see instructions)	346,852,355	0	346,852,355	235,996	347,088,351
201.00		Less Observation Beds	12,583,411		12,583,411		12,583,411
202.00		Total (see instructions)	334,268,944	0	334,268,944	235,996	334,504,940

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	96,078,743		96,078,743		30.00
31.00	03100	INTENSIVE CARE UNIT	25,478,400		25,478,400		31.00
35.00	02040	INTENSIVE NURSERY	18,023,502		18,023,502		35.00
41.00	04100	SUBPROVIDER - IRF	3,843,485		3,843,485		41.00
43.00	04300	NURSERY	3,078,340		3,078,340		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	99,587,527	91,250,932	190,838,459	0.109981	0.000000
50.01	05001	CARDIAC SURGERY	6,956,653	1,000	6,956,653	0.512705	0.000000
50.02	05002	WVSC	100,000	120,573,343	120,673,343	0.132723	0.000000
51.00	05100	RECOVERY ROOM	3,234,948	7,091,842	10,326,790	0.305181	0.000000
51.02	05101	O/P TREATMENT ROOM	23,875	2,226,201	2,250,076	0.904473	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,658,275	4,608,779	23,267,054	0.326736	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,939,169	45,405,249	59,344,418	0.228782	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	1,780,699	47,461,322	49,242,021	0.160259	0.000000
56.00	05600	RADIOISOTOPE	1,057,073	12,738,491	13,795,564	0.216034	0.000000
57.00	05700	CT SCAN	13,901,106	35,153,522	49,054,628	0.072510	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,622,856	11,523,926	14,146,782	0.179465	0.000000
59.00	05900	CARDIAC CATHETERIZATION	34,367,474	71,843,306	106,210,780	0.252387	0.000000
60.00	06000	LABORATORY	43,138,467	42,307,381	85,445,848	0.122925	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,467,305	783,855	3,251,160	0.437566	0.000000
65.00	06500	RESPIRATORY THERAPY	34,349,887	3,686,702	38,036,589	0.183888	0.000000
66.00	06600	PHYSICAL THERAPY	7,885,397	5,596,479	13,481,876	0.323324	0.000000
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000
66.02	06602	O/P PHYSICAL THERAPY	0	8,571,348	8,571,348	0.347814	0.000000
67.00	06700	OCCUPATIONAL THERAPY	5,512,256	3,947,438	9,459,694	0.244711	0.000000
68.00	06800	SPEECH PATHOLOGY	1,348,981	3,070,220	4,419,201	0.305305	0.000000
69.00	06900	ELECTROCARDIOLOGY	14,776,205	75,887,375	90,663,580	0.174698	0.000000
69.01	06901	CARDIAC REHAB	86,153	1,632,556	1,718,709	0.537479	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,817,624	2,966,303	4,783,927	0.384430	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	91,845	48,419	140,264	2.953302	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,547,212	12,483,153	22,030,365	0.698227	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	43,657,681	260,084,574	303,742,255	0.195099	0.000000
76.00	03020	RENAL ACUTE	3,198,593	352,589	3,551,182	0.529850	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	815	729,017	729,832	0.460596	0.000000
90.05	09005	PATIENT NUTRITION	0	163,834	163,834	3.039528	0.000000
90.07	09007	WOUND CLINIC	15,000	8,523,740	8,538,740	0.250017	0.000000
91.00	09100	EMERGENCY	30,077,192	109,805,316	139,882,508	0.103835	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,077,654	13,990,812	17,068,466	0.737232	0.000000
200.00		Subtotal (see instructions)	543,779,392	1,004,509,024	1,548,288,416		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	543,779,392	1,004,509,024	1,548,288,416		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet C
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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 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
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			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	6,735,911	0	6,735,911	59,235	113.72	30.00	
31.00	INTENSIVE CARE UNIT	1,507,952		1,507,952	6,622	227.72	31.00	
35.00	INTENSIVE NURSERY	328,028		328,028	4,095	80.10	35.00	
41.00	SUBPROVIDER - IRF	461,719	0	461,719	3,628	127.27	41.00	
43.00	NURSERY	32,392		32,392	3,149	10.29	43.00	
200.00	Total (lines 30 through 199)	9,066,002		9,066,002	76,729		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	22,265	2,531,976					30.00
31.00	INTENSIVE CARE UNIT	3,499	796,792					31.00
35.00	INTENSIVE NURSERY	0	0					35.00
41.00	SUBPROVIDER - IRF	1,801	229,213					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	27,565	3,557,981					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,074,815	190,838,459	0.021352	45,901,894	980,097	50.00
50.01	05001 CARDIAC SURGERY	430,408	6,956,653	0.061870	2,996,940	185,421	50.01
50.02	05002 WVSC	1,893,821	120,673,343	0.015694	94,941	1,490	50.02
51.00	05100 RECOVERY ROOM	124,041	10,326,790	0.012012	1,655,727	19,889	51.00
51.02	05101 O/P TREATMENT ROOM	727,471	2,250,076	0.323310	750	242	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	917,294	23,267,054	0.039425	93,861	3,700	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,694,041	59,344,418	0.045397	7,774,543	352,941	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,805,854	49,242,021	0.036673	1,026,172	37,633	55.00
56.00	05600 RADIOISOTOPE	913,018	13,795,564	0.066182	496,251	32,843	56.00
57.00	05700 CT SCAN	381,642	49,054,628	0.007780	7,090,620	55,165	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	723,138	14,146,782	0.051117	1,161,107	59,352	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,253,005	106,210,780	0.011797	18,538,923	218,704	59.00
60.00	06000 LABORATORY	27,237	85,445,848	0.000319	20,012,014	6,384	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,214	3,251,160	0.000681	1,275,930	869	62.00
65.00	06500 RESPIRATORY THERAPY	776,087	38,036,589	0.020404	18,203,473	371,424	65.00
66.00	06600 PHYSICAL THERAPY	287,340	13,481,876	0.021313	3,345,346	71,299	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	503,164	8,571,348	0.058703	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	45,805	9,459,694	0.004842	1,785,026	8,643	67.00
68.00	06800 SPEECH PATHOLOGY	126,759	4,419,201	0.028684	535,796	15,369	68.00
69.00	06900 ELECTROCARDIOLOGY	1,791,464	90,663,580	0.019759	6,586,566	130,144	69.00
69.01	06901 CARDIAC REHAB	240,189	1,718,709	0.139750	40,977	5,727	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	172,176	4,783,927	0.035991	963,339	34,672	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	339,368	140,264	2.419495	31,525	76,275	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,388	22,030,365	0.000925	5,786,043	5,352	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,613,919	303,742,255	0.005313	21,005,805	111,604	73.00
76.00	03020 RENAL ACUTE	101,250	3,551,182	0.028512	2,149,167	61,277	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	18,415	729,832	0.025232	0	0	90.00
90.05	09005 PATIENT NUTRITION	50,631	163,834	0.309038	0	0	90.05
90.07	09007 WOUND CLINIC	254,650	8,538,740	0.029823	10,592	316	90.07
91.00	09100 EMERGENCY	1,074,053	139,882,508	0.007678	15,583,569	119,651	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,416,313	17,068,466	0.082978	1,724,168	143,068	92.00
200.00	Total (lines 50 through 199)	24,799,970	1,401,785,946		185,871,065	3,109,551	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part III
Date/Time Prepared:
7/9/2020 1:51 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
35.00	02040	INTENSIVE NURSERY	0	0	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	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	59,235	0.00	22,265	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	6,622	0.00	3,499		31.00	
35.00	02040	INTENSIVE NURSERY		0	4,095	0.00	0		35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,628	0.00	1,801		41.00	
43.00	04300	NURSERY		0	3,149	0.00	0		43.00	
200.00		Total (lines 30 through 199)		0	76,729		27,565		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 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/9/2020 1:51 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	115,384	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	362,394	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	477,778	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/9/2020 1:51 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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	190,838,459	0.000000	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	6,956,653	0.000000	50.01
50.02	05002	WVSC	0	0	0	120,673,343	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	10,326,790	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,250,076	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,267,054	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	115,384	115,384	59,344,418	0.001944	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	49,242,021	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	13,795,564	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	49,054,628	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,146,782	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	106,210,780	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	85,445,848	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,251,160	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	38,036,589	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,481,876	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	8,571,348	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,459,694	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,419,201	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	90,663,580	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,718,709	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,783,927	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	140,264	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,030,365	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	362,394	362,394	303,742,255	0.001193	73.00
76.00	03020	RENAL ACUTE	0	0	0	3,551,182	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	729,832	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	163,834	0.000000	90.05
90.07	09007	WOUND CLINIC	0	0	0	8,538,740	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	139,882,508	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	17,068,466	0.000000	92.00
200.00		Total (lines 50 through 199)	0	477,778	477,778	1,401,785,946		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/9/2020 1:51 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	45,901,894	0	23,167,460	0	50.00
50.01	05001	CARDIAC SURGERY	0.000000	2,996,940	0	656	0	50.01
50.02	05002	WVSC	0.000000	94,941	0	31,938,402	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	1,655,727	0	2,160,001	0	51.00
51.02	05101	O/P TREATMENT ROOM	0.000000	750	0	1,043,904	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	93,861	0	3,187	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.001944	7,774,543	15,114	11,720,091	22,784	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,026,172	0	23,432,732	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	496,251	0	5,073,760	0	56.00
57.00	05700	CT SCAN	0.000000	7,090,620	0	10,910,149	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,161,107	0	2,869,695	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	18,538,923	0	38,684,387	0	59.00
60.00	06000	LABORATORY	0.000000	20,012,014	0	9,981,791	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,275,930	0	329,635	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	18,203,473	0	1,109,202	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,345,346	0	135,479	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	1,785,026	0	45,782	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	535,796	0	35,140	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,586,566	0	27,638,086	0	69.00
69.01	06901	CARDIAC REHAB	0.000000	40,977	0	921,085	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	963,339	0	643,084	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	31,525	0	6,961	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,786,043	0	5,666,706	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001193	21,005,805	25,060	131,148,982	156,461	73.00
76.00	03020	RENAL ACUTE	0.000000	2,149,167	0	215,576	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	428,705	0	90.00
90.05	09005	PATIENT NUTRITION	0.000000	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.000000	10,592	0	3,740,392	0	90.07
91.00	09100	EMERGENCY	0.000000	15,583,569	0	23,685,263	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,724,168	0	4,367,366	0	92.00
200.00		Total (lines 50 through 199)		185,871,065	40,174	361,103,659	179,245	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/9/2020 1:51 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	0.109981	23,167,460	0	0	2,547,980	50.00
50.01	05001	CARDIAC SURGERY	0.512705	656	0	0	336	50.01
50.02	05002	WVSC	0.132723	31,938,402	0	0	4,238,961	50.02
51.00	05100	RECOVERY ROOM	0.305181	2,160,001	0	0	659,191	51.00
51.02	05101	O/P TREATMENT ROOM	0.904473	1,043,904	0	0	944,183	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.326736	3,187	0	0	1,041	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228782	11,720,091	0	0	2,681,346	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.160259	23,432,732	0	0	3,755,306	55.00
56.00	05600	RADIOISOTOPE	0.216034	5,073,760	0	0	1,096,105	56.00
57.00	05700	CT SCAN	0.072510	10,910,149	0	0	791,095	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.179465	2,869,695	0	0	515,010	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.252387	38,684,387	0	0	9,763,436	59.00
60.00	06000	LABORATORY	0.122925	9,981,791	0	0	1,227,012	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437566	329,635	0	0	144,237	62.00
65.00	06500	RESPIRATORY THERAPY	0.183888	1,109,202	0	0	203,969	65.00
66.00	06600	PHYSICAL THERAPY	0.323324	135,479	0	0	43,804	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.347814	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.244711	45,782	0	0	11,203	67.00
68.00	06800	SPEECH PATHOLOGY	0.305305	35,140	0	0	10,728	68.00
69.00	06900	ELECTROCARDIOLOGY	0.174698	27,638,086	0	0	4,828,318	69.00
69.01	06901	CARDIAC REHAB	0.537479	921,085	0	0	495,064	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.384430	643,084	0	0	247,221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.953302	6,961	0	0	20,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.698227	5,666,706	0	0	3,956,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195099	131,148,982	0	80,697	25,587,035	73.00
76.00	03020	RENAL ACUTE	0.529850	215,576	0	0	114,223	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.460596	428,705	0	0	197,460	90.00
90.05	09005	PATIENT NUTRITION	3.039528	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.250017	3,740,392	0	0	935,162	90.07
91.00	09100	EMERGENCY	0.103835	23,685,263	0	246	2,459,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.737232	4,367,366	0	0	3,219,762	92.00
200.00		Subtotal (see instructions)		361,103,659	0	80,943	70,695,752	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		361,103,659	0	80,943	70,695,752	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/9/2020 1:51 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	15,744	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	26	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
200.00		Subtotal (see instructions)	0	15,770	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	0	15,770	202.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0023

Period:

Worksheet D

Component CCN: 15-T023

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

7/9/2020 1:51 pm

Title XVIII				Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	4,074,815	190,838,459	0.021352	44,662	954
50.01	05001 CARDIAC SURGERY	430,408	6,956,653	0.061870	2,900	179
50.02	05002 WISC	1,893,821	120,673,343	0.015694	83	1
51.00	05100 RECOVERY ROOM	124,041	10,326,790	0.012012	2,900	35
51.02	05101 O/P TREATMENT ROOM	727,471	2,250,076	0.323310	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	917,294	23,267,054	0.039425	41	2
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,694,041	59,344,418	0.045397	60,798	2,760
55.00	05500 RADIOLOGY-THERAPEUTIC	1,805,854	49,242,021	0.036673	29,466	1,081
56.00	05600 RADIOISOTOPE	913,018	13,795,564	0.066182	906	60
57.00	05700 CT SCAN	381,642	49,054,628	0.007780	40,203	313
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	723,138	14,146,782	0.051117	1,305	67
59.00	05900 CARDIAC CATHETERIZATION	1,253,005	106,210,780	0.011797	7,817	92
60.00	06000 LABORATORY	27,237	85,445,848	0.000319	237,718	76
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,214	3,251,160	0.000681	18,955	13
65.00	06500 RESPIRATORY THERAPY	776,087	38,036,589	0.020404	353,657	7,216
66.00	06600 PHYSICAL THERAPY	287,340	13,481,876	0.021313	938,258	19,997
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0
66.02	06602 O/P PHYSICAL THERAPY	503,164	8,571,348	0.058703	0	0
67.00	06700 OCCUPATIONAL THERAPY	45,805	9,459,694	0.004842	956,589	4,632
68.00	06800 SPEECH PATHOLOGY	126,759	4,419,201	0.028684	229,967	6,596
69.00	06900 ELECTROCARDIOLOGY	1,791,464	90,663,580	0.019759	14,189	280
69.01	06901 CARDIAC REHAB	240,189	1,718,709	0.139750	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	172,176	4,783,927	0.035991	6,896	248
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	339,368	140,264	2.419495	7	17
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,388	22,030,365	0.000925	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	1,613,919	303,742,255	0.005313	298,941	1,588
76.00	03020 RENAL ACUTE	101,250	3,551,182	0.028512	85,931	2,450
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	18,415	729,832	0.025232	0	0
90.05	09005 PATIENT NUTRITION	50,631	163,834	0.309038	0	0
90.07	09007 WOUND CLINIC	254,650	8,538,740	0.029823	0	0
91.00	09100 EMERGENCY	1,074,053	139,882,508	0.007678	7,930	61
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,068,466	0.000000	0	0
200.00	Total (lines 50 through 199)	23,383,657	1,401,785,946		3,340,119	48,718

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0023
Component CCN: 15-T023

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part IV
Date/Time Prepared:
7/9/2020 1:51 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	115,384	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	362,394	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	477,778	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/9/2020 1:51 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) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	190,838,459	0.000000	50.00
50.01	05001	CARDIAC SURGERY		0	0	0	6,956,653	0.000000	50.01
50.02	05002	WVSC		0	0	0	120,673,343	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	10,326,790	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM		0	0	0	2,250,076	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	23,267,054	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	115,384	115,384	59,344,418	0.001944	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	49,242,021	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	13,795,564	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	49,054,628	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	14,146,782	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	106,210,780	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	85,445,848	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	3,251,160	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	38,036,589	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	13,481,876	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	8,571,348	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,459,694	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	4,419,201	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	90,663,580	0.000000	69.00
69.01	06901	CARDIAC REHAB		0	0	0	1,718,709	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	4,783,927	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	140,264	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	22,030,365	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	362,394	362,394	303,742,255	0.001193	73.00
76.00	03020	RENAL ACUTE		0	0	0	3,551,182	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	729,832	0.000000	90.00
90.05	09005	PATIENT NUTRITION		0	0	0	163,834	0.000000	90.05
90.07	09007	WOUND CLINIC		0	0	0	8,538,740	0.000000	90.07
91.00	09100	EMERGENCY		0	0	0	139,882,508	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	17,068,466	0.000000	92.00
200.00		Total (lines 50 through 199)		0	477,778	477,778	1,401,785,946		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0023

Period:

Worksheet D

Component CCN: 15-T023

From 01/01/2019

Part IV

To 12/31/2019

Date/Time Prepared:

7/9/2020 1:51 pm

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	44,662	0	0	0	50.00
50.01	05001 CARDIAC SURGERY	0.000000	2,900	0	0	0	50.01
50.02	05002 WISC	0.000000	83	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	2,900	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.000000	0	0	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	41	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.001944	60,798	118	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	29,466	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	906	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	40,203	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,305	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,817	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	237,718	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	18,955	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	353,657	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	938,258	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	956,589	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	229,967	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	14,189	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	6,896	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7	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	0.001193	298,941	357	0	0	73.00
76.00	03020 RENAL ACUTE	0.000000	85,931	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	7,930	0	159	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		3,340,119	475	159	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:15-0023		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/9/2020 1:51 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	0.109981	0	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0.512705	0	0	0	0	0	50.01
50.02	05002	WVSC	0.132723	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.305181	0	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0.904473	0	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.326736	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228782	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.160259	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.216034	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.072510	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.179465	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.252387	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.122925	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437566	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.183888	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.323324	0	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.347814	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.244711	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.305305	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.174698	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0.537479	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.384430	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.953302	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.698227	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195099	0	0	0	251	0	73.00
76.00	03020	RENAL ACUTE	0.529850	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.460596	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	3.039528	0	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.250017	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.103835	159	0	0	0	17	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.737232	0	0	0	0	0	92.00
200.00		Subtotal (see instructions)		159	0	0	251	17	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00
202.00		Net Charges (line 200 - line 201)		159	0	0	251	17	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:15-0023

Period:

Worksheet D

Component CCN:15-T023

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
7/9/2020 1:51 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	49	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	49	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	49	202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
7/9/2020 1:51 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)	59,235	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	59,235	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)	46,780	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	22,265	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)	59,845,998	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)	59,845,998	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)	59,845,998	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)	1,010.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	22,494,552	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)	22,494,552	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:

7/9/2020 1:51 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,917,694	6,622	1,799.71	3,499	6,297,185	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	4,188,329	4,095	1,022.79	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,492,796	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					65,284,533	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,328,768	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,149,725	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,478,493	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,806,040	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)					12,455	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,010.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,583,411	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
7/9/2020 1:51 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	6,735,911	59,845,998	0.112554	12,583,411	1,416,313	90.00
91.00 Nursing School cost	0	59,845,998	0.000000	12,583,411	0	91.00
92.00 Allied health cost	0	59,845,998	0.000000	12,583,411	0	92.00
93.00 All other Medical Education	0	59,845,998	0.000000	12,583,411	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/9/2020 1:51 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)		3,628	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,628	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)		3,628	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,801	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,016,577	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,016,577	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,016,577	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)		831.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,497,477	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)		1,497,477	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
				Component CCN: 15-T023		Date/Time Prepared: 7/9/2020 1:51 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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	INTENSIVE NURSERY	0	0	0.00	0	0
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					851,829
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,349,306
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					229,213
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					49,193
52.00	Total Program excludable cost (sum of lines 50 and 51)					278,406
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,070,900
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)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/9/2020 1:51 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	461,719	3,016,577	0.153061	0	0	90.00
91.00 Nursing School cost	0	3,016,577	0.000000	0	0	91.00
92.00 Allied health cost	0	3,016,577	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,016,577	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/9/2020 1:51 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)		59,235	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		59,235	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)		46,780	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,016	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)		3,149	15.00
16.00	Nursery days (title V or XIX only)		249	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)		59,845,998	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)		59,845,998	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)		59,845,998	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)		1,010.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,026,475	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)		1,026,475	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
7/9/2020 1:51 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,631,387	3,149	518.07	249	128,999	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,917,694	6,622	1,799.71	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	4,188,329	4,095	1,022.79	668	683,224	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,230,003	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,068,701	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)					12,455	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,010.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,583,411	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/9/2020 1:51 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	6,735,911	59,845,998	0.112554	12,583,411	1,416,313	90.00
91.00	Nursing School cost	0	59,845,998	0.000000	12,583,411	0	91.00
92.00	Allied health cost	0	59,845,998	0.000000	12,583,411	0	92.00
93.00	All other Medical Education	0	59,845,998	0.000000	12,583,411	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Component CCN: 15-T023		Date/Time Prepared: 7/9/2020 1:51 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,628	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,628	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)		3,628	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		57	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,149	15.00
16.00	Nursery days (title V or XIX only)		249	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,016,577	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,016,577	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,016,577	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)		831.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		47,394	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)		47,394	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
				Component CCN: 15-T023		Date/Time Prepared: 7/9/2020 1:51 pm
				Title XIX	Subprovider - IRF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 INTENSIVE NURSERY	0	0	0.00	0	0	47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,060	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,454	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)					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 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/9/2020 1:51 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	461,719	3,016,577	0.153061	0	0	90.00
91.00	Nursing School cost	0	3,016,577	0.000000	0	0	91.00
92.00	Allied health cost	0	3,016,577	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,016,577	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/9/2020 1:51 pm
Cost Center Description			Title XVIII	Hospital	PPS
			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		46,508,186	30.00
31.00	03100	INTENSIVE CARE UNIT		13,293,995	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	0.110176	45,901,894	5,057,287 50.00
50.01	05001	CARDIAC SURGERY	0.512705	2,996,940	1,536,546 50.01
50.02	05002	WVSC	0.132723	94,941	12,601 50.02
51.00	05100	RECOVERY ROOM	0.305181	1,655,727	505,296 51.00
51.02	05101	O/P TREATMENT ROOM	0.904473	750	678 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.326736	93,861	30,668 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228826	7,774,543	1,779,018 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.160259	1,026,172	164,453 55.00
56.00	05600	RADIOISOTOPE	0.216034	496,251	107,207 56.00
57.00	05700	CT SCAN	0.072510	7,090,620	514,141 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.179465	1,161,107	208,378 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.252387	18,538,923	4,678,983 59.00
60.00	06000	LABORATORY	0.125068	20,012,014	2,502,863 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437566	1,275,930	558,304 62.00
65.00	06500	RESPIRATORY THERAPY	0.183888	18,203,473	3,347,400 65.00
66.00	06600	PHYSICAL THERAPY	0.323324	3,345,346	1,081,631 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.347814	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.244711	1,785,026	436,815 67.00
68.00	06800	SPEECH PATHOLOGY	0.305305	535,796	163,581 68.00
69.00	06900	ELECTROCARDIOLOGY	0.174698	6,586,566	1,150,660 69.00
69.01	06901	CARDIAC REHAB	0.537479	40,977	22,024 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.386531	963,339	372,360 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.953302	31,525	93,103 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.698227	5,786,043	4,039,971 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195099	21,005,805	4,098,212 73.00
76.00	03020	RENAL ACUTE	0.529850	2,149,167	1,138,736 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.460596	0	0 90.00
90.05	09005	PATIENT NUTRITION	3.057632	0	0 90.05
90.07	09007	WOUND CLINIC	0.250017	10,592	2,648 90.07
91.00	09100	EMERGENCY	0.103835	15,583,569	1,618,120 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.737232	1,724,168	1,271,112 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		185,871,065	36,492,796 200.00
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)		185,871,065	36,492,796 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/9/2020 1:51 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		29,250		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02040 INTENSIVE NURSERY		0		35.00
41.00	04100 SUBPROVIDER - IRF		1,878,649		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.110176	44,662	4,921	50.00
50.01	05001 CARDIAC SURGERY	0.512705	2,900	1,487	50.01
50.02	05002 WVSC	0.132723	83	11	50.02
51.00	05100 RECOVERY ROOM	0.305181	2,900	885	51.00
51.02	05101 O/P TREATMENT ROOM	0.904473	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.326736	41	13	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.228826	60,798	13,912	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.160259	29,466	4,722	55.00
56.00	05600 RADIOISOTOPE	0.216034	906	196	56.00
57.00	05700 CT SCAN	0.072510	40,203	2,915	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.179465	1,305	234	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.252387	7,817	1,973	59.00
60.00	06000 LABORATORY	0.125068	237,718	29,731	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437566	18,955	8,294	62.00
65.00	06500 RESPIRATORY THERAPY	0.183888	353,657	65,033	65.00
66.00	06600 PHYSICAL THERAPY	0.323324	938,258	303,361	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.347814	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.244711	956,589	234,088	67.00
68.00	06800 SPEECH PATHOLOGY	0.305305	229,967	70,210	68.00
69.00	06900 ELECTROCARDIOLOGY	0.174698	14,189	2,479	69.00
69.01	06901 CARDIAC REHAB	0.537479	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.386531	6,896	2,666	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.953302	7	21	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.698227	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195099	298,941	58,323	73.00
76.00	03020 RENAL ACUTE	0.529850	85,931	45,531	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.460596	0	0	90.00
90.05	09005 PATIENT NUTRITION	3.057632	0	0	90.05
90.07	09007 WOUND CLINIC	0.250017	0	0	90.07
91.00	09100 EMERGENCY	0.103835	7,930	823	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.737232	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,340,119	851,829	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)		3,340,119		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/9/2020 1:51 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		2,071,863	30.00
31.00	03100	INTENSIVE CARE UNIT		716,895	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		107,693	41.00
43.00	04300	NURSERY		2,743,924	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.109981	1,338,834	50.00
50.01	05001	CARDIAC SURGERY	0.512705	0	50.01
50.02	05002	WVSC	0.132723	0	50.02
51.00	05100	RECOVERY ROOM	0.305181	48,162	51.00
51.02	05101	O/P TREATMENT ROOM	0.904473	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.326736	287,081	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228782	269,974	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.160259	55,893	55.00
56.00	05600	RADIOISOTOPE	0.216034	28,564	56.00
57.00	05700	CT SCAN	0.072510	311,447	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.179465	65,491	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.252387	60,107	59.00
60.00	06000	LABORATORY	0.122925	1,212,973	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437566	81,031	62.00
65.00	06500	RESPIRATORY THERAPY	0.183888	861,155	65.00
66.00	06600	PHYSICAL THERAPY	0.323324	147,007	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.347814	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.244711	157,701	67.00
68.00	06800	SPEECH PATHOLOGY	0.305305	34,867	68.00
69.00	06900	ELECTROCARDIOLOGY	0.174698	286,822	69.00
69.01	06901	CARDIAC REHAB	0.537479	255	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.384430	62,913	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.953302	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.698227	18,347	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195099	1,152,373	73.00
76.00	03020	RENAL ACUTE	0.529850	47,398	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.460596	0	90.00
90.05	09005	PATIENT NUTRITION	3.039528	0	90.05
90.07	09007	WOUND CLINIC	0.250017	310	90.07
91.00	09100	EMERGENCY	0.103835	682,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.737232	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,211,683	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)		7,211,683	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/9/2020 1:51 pm	
		Component CCN: 15-T023			
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02040 INTENSIVE NURSERY		0		35.00
41.00	04100 SUBPROVIDER - IRF		881		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.109981	10,948	1,204	50.00
50.01	05001 CARDIAC SURGERY	0.512705	0	0	50.01
50.02	05002 WVSC	0.132723	0	0	50.02
51.00	05100 RECOVERY ROOM	0.305181	394	120	51.00
51.02	05101 O/P TREATMENT ROOM	0.904473	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.326736	2,347	767	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.228782	2,208	505	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.160259	457	73	55.00
56.00	05600 RADIOISOTOPE	0.216034	234	51	56.00
57.00	05700 CT SCAN	0.072510	2,547	185	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.179465	536	96	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.252387	491	124	59.00
60.00	06000 LABORATORY	0.122925	9,918	1,219	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437566	663	290	62.00
65.00	06500 RESPIRATORY THERAPY	0.183888	7,042	1,295	65.00
66.00	06600 PHYSICAL THERAPY	0.323324	1,202	389	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.347814	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.244711	1,290	316	67.00
68.00	06800 SPEECH PATHOLOGY	0.305305	285	87	68.00
69.00	06900 ELECTROCARDIOLOGY	0.174698	2,345	410	69.00
69.01	06901 CARDIAC REHAB	0.537479	2	1	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.384430	514	198	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.953302	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.698227	150	105	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195099	9,423	1,838	73.00
76.00	03020 RENAL ACUTE	0.529850	388	206	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.460596	0	0	90.00
90.05	09005 PATIENT NUTRITION	3.039528	0	0	90.05
90.07	09007 WOUND CLINIC	0.250017	3	1	90.07
91.00	09100 EMERGENCY	0.103835	5,585	580	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.737232	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		58,972	10,060	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)		58,972		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/9/2020 1:51 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		58,414,019	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		319,286	2.04
3.00	Managed Care Simulated Payments		13,022,534	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		207.15	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		20.88	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).		0.058991	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.060471	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.058991	21.00
22.00	IME payment adjustment (see instructions)		1,852,016	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		412,879	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)		8.66	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)		0.040792	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010775	27.00
28.00	IME add-on adjustment amount (see instructions)		629,411	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		140,318	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,481,427	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		553,197	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.85	31.00
32.00	Sum of lines 30 and 31		27.64	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.02	33.00
34.00	Disproportionate share adjustment (see instructions)		1,755,341	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/9/2020 1:51 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000437490	0.000415960
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,619,299	3,473,515
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,707,037	873,124
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,580,161	
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)		0.0000000	
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)		66,550,234	
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)		67,103,431	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,238,160	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).		664,297	52.00
53.00	Nursing and Allied Health Managed Care payment		30,537	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)		40,174	58.00
59.00	Total (sum of amounts on lines 49 through 58)		73,076,599	59.00
60.00	Primary payer payments		35,040	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		73,041,559	61.00
62.00	Deductibles billed to program beneficiaries		5,441,675	62.00
63.00	Coinurance billed to program beneficiaries		77,742	63.00
64.00	Allowable bad debts (see instructions)		596,637	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		387,814	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		195,045	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		67,909,956	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-227,686	70.93
70.94	HRR adjustment amount (see instructions)		-202,313	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/9/2020 1:51 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)		67,479,957	71.00	
71.01	Sequestration adjustment (see instructions)		1,349,599	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		65,888,916	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		241,442	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		907,769	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	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
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 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/9/2020 1:51 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	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	58,414,019	0		58,414,019	58,414,019
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					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	319,286	0		319,286	319,286
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	13,022,534	0	0	13,022,534	13,022,534
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.058991	0.058991	0.058991	0.058991	
6.00	IME payment adjustment (see instructions)	22.00	1,852,016	0	0	1,852,016	1,852,016
6.01	IME payment adjustment for managed care (see instructions)	22.01	412,879	0	0	412,879	412,879
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.010775	0.010775	0.010775	0.010775	
8.00	IME adjustment (see instructions)	28.00	629,411	0	0	629,411	629,411
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	140,318	0	0	140,318	140,318
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,481,427	0	0	2,481,427	2,481,427
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	553,197	0	0	553,197	553,197
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1202	0.1202	0.1202	0.1202	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,755,341	0	0	1,755,341	1,755,341
11.01	Uncompensated care payments	36.00	3,580,161	0	2,707,037	873,124	3,580,161
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	66,550,234	0	2,707,037	63,843,197	66,550,234
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	67,103,431	0	2,707,037	64,396,394	67,103,431

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/9/2020 1:51 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,238,160	0	0	5,238,160	5,238,160
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	2,707,037	69,634,554	72,341,591
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	4,729,743	0	0	4,729,743	4,729,743
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	57,673	0	0	57,673	57,673
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	0.0377	0.0377	0.0377	0.0377	
23.00	Indirect medical education adjustment (see instructions)	6.00	178,311	0	0	178,311	178,311
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0576	0.0576	0.0576	0.0576	
25.00	Disproportionate share adjustment (see instructions)	11.00	272,433	0	0	272,433	272,433
26.00	Total prospective capital payments (see instructions)	12.00	5,238,160	0	0	5,238,160	5,238,160
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
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 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/9/2020 1:51 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	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	58,414,019		58,414,019	58,414,019	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	319,286		319,286	319,286	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	13,022,534	0	13,022,534	13,022,534	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.058991	0.058991	0.058991		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,852,016	0	1,852,016	1,852,016	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	412,879	0	412,879	412,879	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	0.010775	0.010775	0.010775		7.00
8.00	IME adjustment (see instructions)	28.00	629,411	0	629,411	629,411	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	140,318	0	140,318	140,318	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,481,427	0	2,481,427	2,481,427	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	553,197	0	553,197	553,197	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1202	0.1202	0.1202		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,755,341	0	1,755,341	1,755,341	11.00
11.01	Uncompensated care payments	36.00	3,580,161	2,707,037	873,124	3,580,161	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	66,550,234	2,707,037	63,843,197	66,550,234	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	67,103,431	2,707,037	64,396,394	67,103,431	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,238,160	0	5,238,160	5,238,160	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	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			2,707,037	69,634,554	72,341,591	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/9/2020 1:51 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	4,729,743	0	4,729,743	4,729,743	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	57,673	0	57,673	57,673	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	0.0377	0.0377	0.0377		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	178,311	0	178,311	178,311	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0576	0.0576	0.0576		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	272,433	0	272,433	272,433	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,238,160	0	5,238,160	5,238,160	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	-227,686	0	-227,686	-227,686	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	-202,313	0	-202,313	-202,313	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 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/9/2020 1:51 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,770	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		70,516,507	2.00
3.00	OPPS payments		67,764,127	3.00
4.00	Outlier payment (see instructions)		18,584	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		179,245	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,770	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		80,943	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)		80,943	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)		80,943	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		65,173	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)		15,770	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		67,961,956	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)		12,461,613	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)		55,516,113	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		694,859	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)		56,210,972	30.00
31.00	Primary payer payments		11,077	31.00
32.00	Subtotal (line 30 minus line 31)		56,199,895	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,931,085	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,255,205	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,218,170	36.00
37.00	Subtotal (see instructions)		57,455,100	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-1,044	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)		5,074	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		57,456,144	40.00
40.01	Sequestration adjustment (see instructions)		1,149,123	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		56,617,484	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-310,463	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/9/2020 1:51 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)		49	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17	2.00
3.00	OPPS payments		107	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)		49	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		251	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)		251	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		251	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		202	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)		49	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		107	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)		156	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)		156	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		156	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)		156	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)		156	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		157	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		-4	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
7/9/2020 1:51 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		64,696,080		54,211,823	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	01/22/2020	1,128,636	01/22/2020	2,066,361	3.01
3.02		02/06/2019	64,200		0	3.02
3.03			0	02/06/2019	68,800	3.03
3.04			0	08/07/2019	270,500	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,192,836		2,405,661	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)		65,888,916		56,617,484	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		241,442		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		310,463	6.02
7.00	Total Medicare program liability (see instructions)		66,130,358		56,307,021	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 01/01/2019 To 12/31/2019	Worksheet E-1 Part I Date/Time Prepared: 7/9/2020 1:51 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		2,744,877		157
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)		2,744,877		157
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		3,276		0
6.02	SETTLEMENT TO PROGRAM		0		4
7.00	Total Medicare program liability (see instructions)		2,748,153		153
				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 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
7/9/2020 1:51 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 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 7/9/2020 1:51 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,667,909 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0157 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			151,804 3.00
4.00	Outlier Payments			18,610 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			20.88 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.939726 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,838,323 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,838,323 17.00
18.00	Primary payer payments			8,007 18.00
19.00	Subtotal (line 17 less line 18).			2,830,316 19.00
20.00	Deductibles			25,892 20.00
21.00	Subtotal (line 19 minus line 20)			2,804,424 21.00
22.00	Coinsurance			2,387 22.00
23.00	Subtotal (line 21 minus line 22)			2,802,037 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,656 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,726 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,340 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,803,763 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)			475 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)			2,804,238 32.00
32.01	Sequestration adjustment (see instructions)			56,085 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,744,877 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)			3,276 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			18,610 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 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 7/9/2020 1:51 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,068,701		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,068,701	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,068,701	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		5,640,375		8.00
9.00	Ancillary service charges		7,211,683	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)		12,852,058	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)		12,852,058	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		9,783,357	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		3,068,701	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)		3,068,701	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,068,701	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,068,701	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		3,068,701	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		3,068,701	0	40.00
41.00	Interim payments		5,329,891	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-2,261,190	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 7/9/2020 1:51 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	57,454		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)	57,454	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)	57,454	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	881		8.00
9.00	Ancillary service charges	58,972	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)	59,853	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)	59,853	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,399	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)	57,454	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	57,454	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)	57,454	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	57,454	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	57,454	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	57,454	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	57,454	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/9/2020 1:51 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)			20.88	6.00
7.00	Enter the lesser of line 5 or line 6			14.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	20.88	0.00	20.88	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	130,208.00	0.00		18.00
19.00	Approved amount for resident costs	1,942,703	0	1,942,703	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			5.96	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)			103,482.00	23.00
24.00	Multiply line 22 time line 23			595,022	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,537,725	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	27,565	6,074		26.00
27.00	Total Inpatient Days (see instructions)	61,206	61,206		27.00
28.00	Ratio of inpatient days to total inpatient days	0.450364	0.099239		28.00
29.00	Program direct GME amount	1,142,900	251,841	1,394,741	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		35,585	35,585	30.00
31.00	Net Program direct GME amount			1,359,156	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/9/2020 1:51 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)		67,633,839	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)		43,047	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		67,590,792	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		70,711,588	42.00
43.00	Primary payer payments (see instructions)		11,077	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		70,700,511	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		138,291,303	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.488757	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.511243	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,359,156	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		664,297	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		694,859	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 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
7/9/2020 1:51 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	77,068,271	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	44,279,267	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	5,324,188	0	0	0	7.00
8.00 Prepaid expenses	-22,112,655	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)	104,559,071	0	0	0	11.00
FIXED ASSETS					
12.00 Land	38,094,774	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	347,394,809	0	0	0	15.00
16.00 Accumulated depreciation	-323,714,640	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	168,453,931	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)	230,228,874	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	141,919,865	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	141,919,865	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	476,707,810	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	24,171,686	0	0	0	37.00
38.00 Salaries, wages, and fees payable	20,860,893	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	5,621,649	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	50,654,228	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	243,725,286	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	243,725,286	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	294,379,514	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	182,328,296	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	182,328,296	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	476,707,810	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
7/9/2020 1:51 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		120,807,885		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		61,520,411				2.00
3.00	Total (sum of line 1 and line 2)		182,328,296		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)		182,328,296		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)		182,328,296		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 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
7/9/2020 1:51 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	99,157,083		99,157,083	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,843,485		3,843,485	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)	103,000,568		103,000,568	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,478,400		25,478,400	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	INTENSIVE NURSERY	18,023,502		18,023,502	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	43,501,902		43,501,902	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	146,502,470		146,502,470	17.00
18.00	Ancillary services	364,106,261	871,296,305	1,235,402,566	18.00
19.00	Outpatient services	33,170,661	133,212,719	166,383,380	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	PROFESSIONAL	4,962,724	20,010,408	24,973,132	27.00
27.01	OTHER PROFESSIONAL	0	558	558	27.01
27.02	OTHER	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	548,742,116	1,024,519,990	1,573,262,106	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		346,781,284		29.00
30.00	HOME OFFICE	80,307,470			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)		80,307,470		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)		427,088,754		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
7/9/2020 1:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,573,262,106	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,093,159,622	2.00
3.00	Net patient revenues (line 1 minus line 2)	480,102,484	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	427,088,754	4.00
5.00	Net income from service to patients (line 3 minus line 4)	53,013,730	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	14,672,618	24.00
24.01	TRANSFERS AND OTHER ALLOCATED	1,513,585	24.01
24.02	INTEREST INCOME	3,181,841	24.02
24.03	TRANSFER FOR PROPERTY AND EQUIPMENT	1,352,692	24.03
24.04	UNREALIZED GAIN/LOSS ON INVESTMENTS	10,870,934	24.04
24.05	OTHER INCOME AND EXPENSE	-89,403	24.05
24.06	OTHER INCOME AND EXPENSE	2,422,201	24.06
25.00	Total other income (sum of lines 6-24)	33,924,468	25.00
26.00	Total (line 5 plus line 25)	86,938,198	26.00
27.00	ALLOCATED EXPENSES	25,417,787	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	25,417,787	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	61,520,411	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/9/2020 1:51 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,729,743	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		57,673	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)		157.75	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.77	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)		178,311	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.85	8.00
9.00	Sum of lines 7 and 8		27.64	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.76	10.00
11.00	Disproportionate share adjustment (see instructions)		272,433	11.00
12.00	Total prospective capital payments (see instructions)		5,238,160	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