

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 10:49 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/26/2022	Time: 10:49 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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 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 01/01/2021 and ending 12/31/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Matt Nealon	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Matt Nealon		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronica		4

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	508,219	-900,206	0	-1,854,365	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	2,672	5		42,361	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	510,891	-900,201	0	-1,812,004	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 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 10:49 am	
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
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			UNION HOSPITAL, INC.	150023	45460	1	01/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF			MEDICAL REHAB	15T023	45460	5	09/01/1989	N
6.00	Subprovider - (Other)							P	O
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)						01/01/2021	12/31/2021	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 10:49 am

		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.	1,568	11,606	1,213	549	1,492	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	42	553	48	28	101		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. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y	
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 10:49 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
		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
61.01	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)					
61.02	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)					
61.03	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)					
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					
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)					
61.06	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)					
		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				63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.91	20.14	0.043230	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	2.33	20.53	0.101925	67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 10:49 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00	2.00	3.00			
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				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	720,644	0			0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 10:49 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	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		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 10:49 am
			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 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 10:49 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? 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 programs 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.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/10/2022	Y 03/10/2022
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

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 10:49 am

		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 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 10:49 am
		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 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 10:49 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	205	74,825	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)		205	74,825	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)		244	89,060	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)		259			0	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 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 10:49 am

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)	22,005	1,083	53,989			1.00
2.00	HMO and other (see instructions)	10,715	14,732				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	730				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)	22,005	1,083	53,989			7.00
8.00	INTENSIVE CARE UNIT	3,128	96	8,117			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	287	4,100			12.00
13.00	NURSERY		96	2,814			13.00
14.00	Total (see instructions)	25,133	1,562	69,020	20.53	1,432.37	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,920	42	4,440	0.00	19.54	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)			34			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				20.53	1,451.91	27.00
28.00	Observation Bed Days		3,336	11,055			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	134	228			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			153			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 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 10:49 am

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	4,748	217	14,508	1.00
2.00 HMO and other (see instructions)			1,768	2,666		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				49		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	4,748	217	14,508	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	137	1	292	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 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 10:49 am

	Wkst. A Line Number	Amount Reported	Reclassificati on 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	111,153,642	0	111,153,642	2,979,336.00	37.31
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		130,669	0	130,669	764.00	171.03
4.01	Physicians - Part A - Teaching		714,222	0	714,222	5,563.00	128.39
5.00	Physician and Non Physician-Part B		3,484,763	0	3,484,763	8,408.00	414.46
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	1,453,506	1,453,506	42,702.00	34.04
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		19,357,126	-2,064,344	17,292,782	274,536.00	62.99
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,768,906	0	8,768,906	85,242.00	102.87
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		446,134	0	446,134	3,203.00	139.29
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		26,366,638	0	26,366,638	626,816.00	42.06
14.02	Related organization salaries		6,317,908	0	6,317,908	136,460.00	46.30
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,929,493	0	21,929,493		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,802,733	0	2,802,733		
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		12,545	0	12,545		
22.01	Physician Part A - Teaching		81,715	0	81,715		
23.00	Physician Part B		220,826	0	220,826		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		301,824	0	301,824		
25.50	Home office wage-related (core)		5,865,349	0	5,865,349		
25.51	Related organization wage-related (core)		1,347,686	0	1,347,686		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 10:49 am

		Wkst. A Line Number	Amount Reported	Reclassificati on 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	256,484	765,755	1,022,239	35,648.00	28.68	26.00
27.00	Administrative & General	5.00	10,477,306	-2,859,348	7,617,958	245,589.00	31.02	27.00
28.00	Administrative & General under contract (see inst.)		1,619,685	0	1,619,685	14,117.90	114.73	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	78,801	1,922	80,723	3,188.00	25.32	30.00
31.00	Laundry & Linen Service	8.00	786,113	19,176	805,289	43,787.00	18.39	31.00
32.00	Housekeeping	9.00	2,140,399	52,212	2,192,611	132,810.00	16.51	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,800,763	-1,438,089	362,674	21,408.00	16.94	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,479,073	1,479,073	87,219.00	16.96	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,274,234	31,083	1,305,317	21,876.00	59.67	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	2,929,358	71,458	3,000,816	125,956.00	23.82	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 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 10:49 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	108,574,342	-1,453,506	107,120,836	2,936,780.90	36.48	1.00
2.00	Excluded area salaries (see instructions)	19,357,126	-2,064,344	17,292,782	274,536.00	62.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,217,216	610,838	89,828,054	2,662,244.90	33.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	41,899,586	0	41,899,586	851,721.00	49.19	4.00
5.00	Subtotal wage-related costs (see inst.)	29,155,073	0	29,155,073	0.00	32.46	5.00
6.00	Total (sum of lines 3 thru 5)	160,271,875	610,838	160,882,713	3,513,965.90	45.78	6.00
7.00	Total overhead cost (see instructions)	21,363,143	-1,876,758	19,486,385	731,598.90	26.64	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/26/2022 10:49 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,196,086	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,951,723	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	-190	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	36,075	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)	209,621	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	344,591	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	7,401,616	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	8,170	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	201,445	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,349,137	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 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/26/2022 10:49 am

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	8,768,906	25,349,137	1.00
2.00	Hospital	8,768,906	25,349,137	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 01/01/2021
To 12/31/2021

Worksheet S-10

Date/Time Prepared:
5/26/2022 10:49 am

			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)		0.216956	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		69,813,593	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		2,087,211	5.00
6.00	Medicaid charges		302,411,070	6.00
7.00	Medicaid cost (line 1 times line 6)		65,609,896	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)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	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)	15,509,144	0	15,509,144
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,364,802	0	3,364,802
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,364,802	0	3,364,802
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		25,648,655	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		334,314	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		514,328	27.01
28.00	Non-Medicare bad debt expense (see instructions)		25,134,327	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,633,057	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,997,859	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,997,859	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (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		14,882,200	14,882,200	6,183,631	21,065,831	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		10,283,779	10,283,779	2,669,237	12,953,016	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	256,484	26,178	282,662	4,379,996	4,662,658	4.00
5.01	00540	NONPATIENT TELEPHONES	444,773	349,643	794,416	10,850	805,266	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	1,193,931	275,260	1,469,191	29,124	1,498,315	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	8,838,602	23,712,739	32,551,341	-12,025,533	20,525,808	5.06
7.00	00700	OPERATION OF PLANT	78,801	481,044	559,845	1,922	561,767	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	786,113	431,880	1,217,993	19,176	1,237,169	8.00
9.00	00900	HOUSEKEEPING	2,140,399	1,287,527	3,427,926	52,212	3,480,138	9.00
10.00	01000	DIETARY	1,800,763	2,799,140	4,599,903	-3,686,106	913,797	10.00
11.00	01100	CAFETERIA	0	0	0	3,727,090	3,727,090	11.00
13.00	01300	NURSING ADMINISTRATION	1,274,234	165,638	1,439,872	31,083	1,470,955	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,929,358	1,465,943	4,395,301	71,458	4,466,759	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,580,462	1,580,462	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,141,040	2,141,040	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	92,944	92,944	23.00
23.01	02341	OTHER MED ED	1,122,493	115,583	1,238,076	76,625	1,314,701	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	22,657,429	13,978,518	36,635,947	-671,788	35,964,159	30.00
31.00	03100	INTENSIVE CARE UNIT	5,475,124	4,635,122	10,110,246	216,641	10,326,887	31.00
35.00	02040	INTENSIVE NURSERY	2,215,885	1,329,738	3,545,623	95,994	3,641,617	35.00
41.00	04100	SUBPROVIDER - IRF	1,728,886	342,380	2,071,266	87,597	2,158,863	41.00
43.00	04300	NURSERY	0	0	0	1,056,984	1,056,984	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,397,432	19,940,562	23,337,994	-6,505,679	16,832,315	50.00
50.01	05001	CARDIAC SURGERY	2,362,162	2,621,047	4,983,209	-158,545	4,824,664	50.01
50.02	05002	WVSC	0	15,494,037	15,494,037	-2,162,749	13,331,288	50.02
51.00	05100	RECOVERY ROOM	1,613,957	325,447	1,939,404	39,370	1,978,774	51.00
51.02	05101	O/P TREATMENT ROOM	426,326	179,421	605,747	10,400	616,147	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,313,083	3,634,704	6,947,787	90,672	7,038,459	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,558,147	4,312,622	8,870,769	97,079	8,967,848	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	354,875	5,274,743	5,629,618	8,657	5,638,275	55.00
56.00	05600	RADIOISOTOPE	396,520	1,436,329	1,832,849	9,673	1,842,522	56.00
57.00	05700	CT SCAN	1,036,204	1,064,934	2,101,138	25,277	2,126,415	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	712,008	671,923	1,383,931	17,369	1,401,300	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,433,040	20,738,629	23,171,669	-1,209,029	21,962,640	59.00
60.00	06000	LABORATORY	1,791,188	9,086,670	10,877,858	43,694	10,921,552	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,702,823	1,702,823	0	1,702,823	62.00
65.00	06500	RESPIRATORY THERAPY	3,423,756	1,500,834	4,924,590	113,080	5,037,670	65.00
66.00	06600	PHYSICAL THERAPY	140	5,346,066	5,346,206	3	5,346,209	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	3,457,307	3,457,307	0	3,457,307	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	599,327	599,327	0	599,327	68.00
69.00	06900	ELECTROCARDIOLOGY	2,075,738	2,150,940	4,226,678	50,635	4,277,313	69.00
69.01	06901	CARDIAC REHAB	301,295	44,647	345,942	7,350	353,292	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,502,601	1,765,453	4,268,054	61,048	4,329,102	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	985,411	985,411	-985,411	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,105,511	11,105,511	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,826,702	55,894,965	60,721,667	-4,059,988	56,661,679	73.00
76.00	03020	RENAL ACUTE	0	2,092,555	2,092,555	0	2,092,555	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	198,572	45,444	244,016	4,844	248,860	90.00
90.05	09005	PATIENT NUTRITION	71,747	15,151	86,898	1,750	88,648	90.05
90.07	09007	WOUND CLINIC	393,689	1,120,262	1,513,951	-2,748	1,511,203	90.07
91.00	09100	EMERGENCY	5,515,438	7,356,507	12,871,945	144,396	13,016,341	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)	94,647,895	245,421,072	340,068,967	2,887,298	342,956,265	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	2,176,579	3,373,139	5,549,718	197,110	5,746,828	194.00
194.01	07951	RENTAL PROPERTY	0	25,273	25,273	0	25,273	194.01
194.02	07954	FAMILY PRACTICE	5,018,433	1,735,650	6,754,083	-3,599,084	3,154,999	194.02
194.03	07952	WELLNESS	0	0	0	376,695	376,695	194.03
194.04	07955	PHYSICIAN PRACTICES	8,746,432	24,633,896	33,380,328	213,358	33,593,686	194.04
194.06	07953	SYCAMORE SPORTS MED	18,300	1,254,045	1,272,345	446	1,272,791	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (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	546,003	128,664	674,667	-75,823	598,844	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	111,153,642	276,571,739	387,725,381	0	387,725,381	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/26/2022 10:49 am

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	-5,052,645	16,013,186	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-706,900	12,246,116	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,835,057	22,497,715	4.00
5.01	00540	NONPATIENT TELEPHONES	-52,769	752,497	5.01
5.02	00550	DATA PROCESSING	16,607,106	16,607,106	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,141,340	2,141,340	5.03
5.04	00570	ADMITTING	0	1,498,315	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,310,111	8,310,111	5.05
5.06	00590	OTHER ADMIN AND GENERAL	14,661,304	35,187,112	5.06
7.00	00700	OPERATION OF PLANT	9,432,084	9,993,851	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-7,229	1,229,940	8.00
9.00	00900	HOUSEKEEPING	-100,190	3,379,948	9.00
10.00	01000	DIETARY	-721,893	191,904	10.00
11.00	01100	CAFETERIA	-900,630	2,826,460	11.00
13.00	01300	NURSING ADMINISTRATION	1,161,125	2,632,080	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	377,455	4,844,214	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,580,462	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,141,040	22.00
23.00	02300	PARAMED ED PRGM	0	92,944	23.00
23.01	02341	OTHER MED ED	-1,025,930	288,771	23.01
23.02	02301	PARAMED ED PRGM	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-702,459	35,261,700	30.00
31.00	03100	INTENSIVE CARE UNIT	-97,769	10,229,118	31.00
35.00	02040	INTENSIVE NURSERY	-904,000	2,737,617	35.00
41.00	04100	SUBPROVIDER - IRF	-323,705	1,835,158	41.00
43.00	04300	NURSERY	0	1,056,984	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,267,366	13,564,949	50.00
50.01	05001	CARDIAC SURGERY	-2,542,543	2,282,121	50.01
50.02	05002	WVSC	-1,579,639	11,751,649	50.02
51.00	05100	RECOVERY ROOM	19,975	1,998,749	51.00
51.02	05101	O/P TREATMENT ROOM	0	616,147	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,751,145	4,287,314	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,665	9,075,513	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,638,275	55.00
56.00	05600	RADIOISOTOPE	0	1,842,522	56.00
57.00	05700	CT SCAN	253,571	2,379,986	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	67,262	1,468,562	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,170	21,983,810	59.00
60.00	06000	LABORATORY	-22,545	10,899,007	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,702,823	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,037,670	65.00
66.00	06600	PHYSICAL THERAPY	-2,239,294	3,106,915	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	-1,632,851	1,824,456	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,310,557	2,310,557	67.00
68.00	06800	SPEECH PATHOLOGY	317,277	916,604	68.00
69.00	06900	ELECTROCARDIOLOGY	16,465	4,293,778	69.00
69.01	06901	CARDIAC REHAB	299	353,591	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-3,239,484	1,089,618	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-14,055	-14,055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,105,511	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,066,616	57,728,295	73.00
76.00	03020	RENAL ACUTE	0	2,092,555	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	248,860	90.00
90.05	09005	PATIENT NUTRITION	-1,475	87,173	90.05
90.07	09007	WOUND CLINIC	19,040	1,530,243	90.07
91.00	09100	EMERGENCY	-3,582,577	9,433,764	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)		43,256,386	386,212,651	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	5,746,828	194.00
194.01	07951	RENTAL PROPERTY	0	25,273	194.01
194.02	07954	FAMILY PRACTICE	0	3,154,999	194.02
194.03	07952	WELLNESS	0	376,695	194.03
194.04	07955	PHYSICIAN PRACTICES	-410,000	33,183,686	194.04
194.06	07953	SYCAMORE SPORTS MED	-1,205,863	66,928	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	598,844	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)		41,640,523	429,365,904	200.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/26/2022 10:49 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PARAMED RECLASS					
1.00	PARAMED ED PRGM	23.00	74,169	16,966		1.00
	0		74,169	16,966		
	B - FITNESS ACTIVITY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	115,404	37,893		1.00
2.00	WELLNESS	194.03	278,467	91,435		2.00
	0		393,871	129,328		
	C - CLAY CITY RURAL HEALTH RECLASS					
1.00	RURAL HEALTH	194.00	0	47,567		1.00
	0		0	47,567		
	D - CORK MEDICAL RURAL HEALTH RECLASS					
1.00	RURAL HEALTH	194.00	0	64,414		1.00
	0		0	64,414		
	E - BRAZIL MEDICAL CENTER RECLASS					
1.00	RURAL HEALTH	194.00	0	32,034		1.00
	0		0	32,034		
	F - HOUSE NURSE ASSISTANT RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	73,922	7,357		1.00
2.00	INTENSIVE NURSERY	35.00	37,316	3,714		2.00
3.00	SUBPROVIDER - IRF	41.00	40,415	4,022		3.00
	0		151,653	15,093		
	G - EMPLOYEE ACCESS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	70,745	16,671		1.00
	0		70,745	16,671		
	H - TUBE FEEDING RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	2,873	0		1.00
	0		2,873	0		
	I - FAMILY MEDICINE RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,418,894	126,956		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,423,057	683,269		2.00
	0		2,841,951	810,225		
	J - LOBBY PHARMACY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	555,264	3,559,677		1.00
	0		555,264	3,559,677		
	K - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,105,511		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		0	11,105,511		
	L - INTEREST RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,327,646		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,669,237		2.00
	0		0	8,996,883		
	M - NURSERY RECLASS					
1.00	NURSERY	43.00	854,255	181,891		1.00
	0		854,255	181,891		
	N - PHARMACY PARAMED RECLASS					
1.00	OTHER MED ED	23.01	44,573	4,670		1.00
	0		44,573	4,670		
	O - CAFE RECLASS					
1.00	CAFETERIA	11.00	1,443,852	2,248,017		1.00
	0		1,443,852	2,248,017		
	P - CENTRAL SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00	0	236,499		1.00
2.00	CARDIAC SURGERY	50.01	0	19,708		2.00
3.00	WVSC	50.02	0	59,125		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,854		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	78,833		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	541,976		6.00
7.00	RESPIRATORY THERAPY	65.00	0	29,562		7.00
8.00	EMERGENCY	91.00	0	9,854		8.00
	0		0	985,411		
	Q - BONUS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,342	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	10,850	0		2.00
3.00	ADMITTING	5.04	29,124	0		3.00
4.00	OTHER ADMIN AND GENERAL	5.06	205,998	0		4.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/26/2022 10:49 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	OPERATION OF PLANT	7.00	1,922	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	19,176	0	6.00
7.00	HOUSEKEEPING	9.00	52,212	0	7.00
8.00	DIETARY	10.00	8,636	0	8.00
9.00	CAFETERIA	11.00	35,221	0	9.00
10.00	NURSING ADMINISTRATION	13.00	31,083	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	71,458	0	11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	34,612	0	12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	34,714	0	13.00
14.00	PARAMED ED PRGM	23.00	1,809	0	14.00
15.00	OTHER MED ED	23.01	27,382	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	528,231	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	135,362	0	17.00
18.00	INTENSIVE NURSERY	35.00	54,964	0	18.00
19.00	SUBPROVIDER - IRF	41.00	43,160	0	19.00
20.00	NURSERY	43.00	20,838	0	20.00
21.00	OPERATING ROOM	50.00	82,876	0	21.00
22.00	CARDIAC SURGERY	50.01	57,622	0	22.00
23.00	RECOVERY ROOM	51.00	39,370	0	23.00
24.00	O/P TREATMENT ROOM	51.02	10,400	0	24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	80,818	0	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	109,381	0	26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	8,657	0	27.00
28.00	RADIOISOTOPE	56.00	9,673	0	28.00
29.00	CT SCAN	57.00	25,277	0	29.00
30.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	17,369	0	30.00
31.00	CARDIAC CATHETERIZATION	59.00	59,351	0	31.00
32.00	LABORATORY	60.00	43,694	0	32.00
33.00	RESPIRATORY THERAPY	65.00	83,518	0	33.00
34.00	PHYSICAL THERAPY	66.00	3	0	34.00
35.00	ELECTROCARDIOLOGY	69.00	50,635	0	35.00
36.00	CARDIAC REHAB	69.01	7,350	0	36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	61,048	0	37.00
38.00	DRUGS CHARGED TO PATIENTS	73.00	104,196	0	38.00
39.00	CLINIC	90.00	4,844	0	39.00
40.00	PATIENT NUTRITION	90.05	1,750	0	40.00
41.00	WOUND CLINIC	90.07	9,604	0	41.00
42.00	EMERGENCY	91.00	134,542	0	42.00
43.00	RURAL HEALTH	194.00	53,095	0	43.00
44.00	FAMILY PRACTICE	194.02	53,092	0	44.00
45.00	WELLNESS	194.03	6,793	0	45.00
46.00	PHYSICIAN PRACTICES	194.04	213,358	0	46.00
47.00	SYCAMORE SPORTS MED	194.06	446	0	47.00
48.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	11,593	0	48.00
			2,711,449	0	
500.00	Grand Total: Increases		9,144,655	28,214,358	500.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/26/2022 10:49 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PARAMED RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	74,169	16,966	0		1.00
	0		74,169	16,966			
	B - FITNESS ACTIVITY RECLASS						
1.00	OTHER ADMIN AND GENERAL	5.06	393,871	129,328	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		393,871	129,328			
	C - CLAY CITY RURAL HEALTH RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	47,567	9		1.00
	0		0	47,567			
	D - CORK MEDICAL RURAL HEALTH RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	64,414	9		1.00
	0		0	64,414			
	E - BRAZIL MEDICAL CENTER RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	32,034	9		1.00
	0		0	32,034			
	F - HOUSE NURSE ASSISTANT RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	151,653	15,093	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
	0		151,653	15,093			
	G - EMPLOYEE ACCESS RECLASS						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	70,745	16,671	0		1.00
	0		70,745	16,671			
	H - TUBE FEEDING RECLASS						
1.00	DIETARY	10.00	2,873	0	0		1.00
	0		2,873	0			
	I - FAMILY MEDICINE RECLASS						
1.00	FAMILY PRACTICE	194.02	2,841,951	810,225	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		2,841,951	810,225			
	J - LOBBY PHARMACY RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	555,264	3,559,677	0		1.00
	0		555,264	3,559,677			
	K - IMPLANTABLE DEVICES RECLASS						
1.00	OPERATING ROOM	50.00	0	6,825,054	0		1.00
2.00	CARDIAC SURGERY	50.01	0	235,875	0		2.00
3.00	WVSC	50.02	0	2,221,874	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,810,356	0		4.00
5.00	WOUND CLINIC	90.07	0	12,352	0		5.00
	0		0	11,105,511			
	L - INTEREST RECLASS						
1.00	OTHER ADMIN AND GENERAL	5.06	0	8,996,883	11		1.00
2.00	0	0.00	0	0	11		2.00
	0		0	8,996,883			
	M - NURSERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	854,255	181,891	0		1.00
	0		854,255	181,891			
	N - PHARMACY PARAMED RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	44,573	4,670	0		1.00
	0		44,573	4,670			
	O - CAFE RECLASS						
1.00	DIETARY	10.00	1,443,852	2,248,017	0		1.00
	0		1,443,852	2,248,017			
	P - CENTRAL SUPPLY RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	985,411	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
	0		0	985,411			
	Q - BONUS RECLASS						
1.00	OTHER ADMIN AND GENERAL	5.06	2,711,449	0	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

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/26/2022 10:49 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
5.00		0.00	0	0	0		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
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
0			2,711,449	0			
500.00	Grand Total: Decreases		9,144,655	28,214,358			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 10:49 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,860,235	1,714,177	0	1,714,177	0	1.00	
2.00	Land Improvements	20,535,875	310,706	0	310,706	0	2.00	
3.00	Buildings and Fixtures	402,841,063	0	0	0	94,858,610	3.00	
4.00	Building Improvements	2,288,759	102,156,333	0	102,156,333	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	177,458,926	13,569,454	0	13,569,454	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	620,984,858	117,750,670	0	117,750,670	94,858,610	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	620,984,858	117,750,670	0	117,750,670	94,858,610	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,574,412	0					1.00
2.00	Land Improvements	20,846,581	0					2.00
3.00	Buildings and Fixtures	307,982,453	0					3.00
4.00	Building Improvements	104,445,092	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	191,028,380	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	643,876,918	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	643,876,918	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,882,200	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,283,779	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	25,165,979	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	14,882,200				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,283,779				2.00
3.00	Total (sum of lines 1-2)	0	25,165,979				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	452,848,538	0	452,848,538	0.703315	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	191,028,380	0	191,028,380	0.296685	0	2.00
3.00	Total (sum of lines 1-2)	643,876,918	0	643,876,918	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,906,302	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,705,626	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,611,928	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,106,884	0	0	0	16,013,186	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,540,490	0	0	0	12,246,116	2.00
3.00	Total (sum of lines 1-2)	8,647,374	0	0	0	28,259,302	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/26/2022 10:49 am

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				3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-220,762	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-128,747	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	-2,361	OTHER ADMIN AND GENERAL	5.06	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-205,668	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	-21,419	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,995,964			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	82,209,756			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,286,820	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	-14,055	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00	Sale of drugs to other than patients	A	-412	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-59,280	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	A	-13,224	OPERATION OF PLANT	7.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEPHONE DEPRECIATION	A	-53	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
34.00	VENDING HOUSEKEEPING	A	-13,589	HOUSEKEEPING	9.00	0	34.00
36.00	LAB - BLDG	B	-80,184	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	36.00
38.00	LAB - ADMINISTRATION	B	-269	OTHER ADMIN AND GENERAL	5.06	0	38.00
39.00	LAB - LAUNDRY	B	-2,709	LAUNDRY & LINEN SERVICE	8.00	0	39.00
40.00	LAB - HOUSEKEEPING	B	-43,082	HOUSEKEEPING	9.00	0	40.00
41.00	LAB - OPERATION OF PLANT	B	-117,848	OPERATION OF PLANT	7.00	0	41.00
42.00	HAMILTON CENTER OPERATION OF PLANT	A	-114,309	OPERATION OF PLANT	7.00	0	42.00
42.01	HAMILTON CENTER NUTRITION	A	-237,056	DIETARY	10.00	0	42.01
45.00	FITNESS ACTIVITY	B	-70,043	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.00
45.01	UHF - HOUSEKEEPING	A	-1,324	HOUSEKEEPING	9.00	0	45.01
45.02	MISCELLANEOUS	B	-433,198	OTHER ADMIN AND GENERAL	5.06	0	45.02
45.03	CATERING	B	-37,227	CAFETERIA	11.00	0	45.03
45.04	PHYSICIAN MEALS	B	-22,129	CAFETERIA	11.00	0	45.04
45.06	PHYSICIAN EQUIPMENT REVENUE	B	-30,094	OPERATION OF PLANT	7.00	0	45.06
45.08	LOBBY PHARMACY	B	-405,360	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.08
45.09	LOBBYING COSTS	A	-24,125	OTHER ADMIN AND GENERAL	5.06	0	45.09
45.24	AP&S REVENUE	B	-120,773	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.24
45.26	AP&S REVENUE	B	-218,853	DATA PROCESSING	5.02	0	45.26
45.27	COH REVENUE	B	-17,276	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.27
45.29	COH REVENUE	B	-4,650	NONPATIENT TELEPHONES	5.01	0	45.29
45.32	PHYSICIAN RENTAL	A	-377,769	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.32
45.37	PHYSICIAN RENTAL	A	-279,768	OPERATION OF PLANT	7.00	0	45.37
45.38	ACCELERATED DEPRECIATION	A	13,280	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.38
45.39	CONTINUING EDUCATION	B	-2,000	OTHER ADMIN AND GENERAL	5.06	0	45.39
45.40	EDUCATION SERVICES	B	-18,025	OTHER ADMIN AND GENERAL	5.06	0	45.40
45.42	TRANSCRIPTION	B	-13,467	MEDICAL RECORDS & LIBRARY	16.00	0	45.42
45.43	LAUNDRY	B	-4,520	LAUNDRY & LINEN SERVICE	8.00	0	45.43
45.44	HOUSEKEEPING	B	-3,500	HOUSEKEEPING	9.00	0	45.44
45.45	LANDSBAUM	B	-97,338	OPERATION OF PLANT	7.00	0	45.45
45.47	MAPLE CENTER	B	-123,256	OTHER ADMIN AND GENERAL	5.06	0	45.47
45.48	AP&S A/P PD SPACE/EQUIP RENT R	B	-4,067,138	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.48
45.49	HAF	A	-10,434,683	OTHER ADMIN AND GENERAL	5.06	0	45.49
46.00	DIETARY EXPENSES	A	-798,681	DIETARY	10.00	0	46.00
46.01	RECUITMENT EXPENSE	A	-419,505	NURSING ADMINISTRATION	13.00	0	46.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		41,640,523				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 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 10:49 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
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	1,025,930	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,875,379	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	6,557,942	3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	208,201	4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	66,173	4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	398,672	4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,693,356	0	4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	5,979,842	0	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	18,310,460	0	4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	181,501	0	4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	16,825,959	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	2,347,008	0	4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	8,310,111	0	4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	25,699,221	0	4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	10,150,838	0	4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	359,977	0	4.12
4.13	10.00	DIETARY	HOME OFFICE	313,844	0	4.13
4.14	11.00	CAFETERIA	HOME OFFICE	445,546	0	4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,580,630	0	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	450,202	0	4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	315,148	0	4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	11,560	0	4.18
4.19	50.02	WVSC	HOME OFFICE	225,583	0	4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	19,975	0	4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	278,398	0	4.21
4.22	57.00	CT SCAN	HOME OFFICE	253,571	0	4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (	HOME OFFICE	67,262	0	4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	21,170	0	4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	199,762	0	4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	98,628	0	4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	160,591	0	4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	56,788	0	4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	17,825	0	4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	299	0	4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	1,240	0	4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	1,067,028	0	4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	19,040	0	4.33
4.34	50.00	OPERATING ROOM	HOME OFFICE	255,633	0	4.34
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,674,761	5,113,817	4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,320,421	3,051,900	4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	2,149,966	0	4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	760,272	499,783	4.39
4.40	194.04	PHYSICIAN PRACTICES	UNION THERAPIES	0	410,000	4.40
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	1,205,863	4.41
5.00	0		0	102,623,416	20,413,660	5.00

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

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

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

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

6.00	G	0.00	UNION HOSPITAL	100.00	6.00
7.00	G	0.00	UNION THERAPY	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00

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

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 10:49 am

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

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

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

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

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 10:49 am

	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	-1,025,930	0		1.00
2.00	-1,875,379	9		2.00
3.00	-6,557,942	9		3.00
4.00	-208,201	0		4.00
4.01	-66,173	0		4.01
4.02	-398,672	0		4.02
4.03	1,693,356	9		4.03
4.04	5,979,842	9		4.04
4.05	18,310,460	0		4.05
4.06	181,501	0		4.06
4.07	16,825,959	0		4.07
4.08	2,347,008	0		4.08
4.09	8,310,111	0		4.09
4.10	25,699,221	0		4.10
4.11	10,150,838	0		4.11
4.12	359,977	0		4.12
4.13	313,844	0		4.13
4.14	445,546	0		4.14
4.15	1,580,630	0		4.15
4.16	450,202	0		4.16
4.17	315,148	0		4.17
4.18	11,560	0		4.18
4.19	225,583	0		4.19
4.20	19,975	0		4.20
4.21	278,398	0		4.21
4.22	253,571	0		4.22
4.23	67,262	0		4.23
4.24	21,170	0		4.24
4.25	199,762	0		4.25
4.26	98,628	0		4.26
4.27	160,591	0		4.27
4.28	56,788	0		4.28
4.29	17,825	0		4.29
4.30	299	0		4.30
4.31	1,240	0		4.31
4.32	1,067,028	0		4.32
4.33	19,040	0		4.33
4.34	255,633	0		4.34
4.36	-2,439,056	0		4.36
4.37	-1,731,479	0		4.37
4.38	2,149,966	0		4.38
4.39	260,489	0		4.39
4.40	-410,000	0		4.40
4.41	-1,205,863	0		4.41
5.00	82,209,756			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 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 10:49 am

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 10:49 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	702,459	702,459	0	169,700	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	97,769	97,769	0	169,700	0	2.00
3.00	35.00	INTENSIVE NURSERY	904,000	904,000	0	169,700	0	3.00
4.00	41.00	SUBPROVIDER - IRF	323,705	323,705	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	3,849,282	3,813,282	36,000	246,400	94	5.00
6.00	50.01	CARDIAC SURGERY	2,554,103	2,554,103	0	246,400	0	6.00
7.00	50.02	WVSC	1,805,222	1,805,222	0	246,400	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	2,751,145	2,751,145	0	237,100	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	192,563	167,563	25,000	271,900	167	9.00
10.00	60.00	LABORATORY	308,500	0	308,500	260,300	2,285	10.00
11.00	69.00	ELECTROCARDIOLOGY	1,360	1,360	0	271,900	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	3,240,724	3,240,724	0	179,000	0	12.00
13.00	90.05	PATIENT NUTRITION	2,250	0	2,250	179,000	9	13.00
14.00	91.00	EMERGENCY	3,656,961	3,582,577	74,384	179,000	2,369	14.00
200.00			20,390,043	19,943,909	446,134		4,924	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	11,135	557	0	0	0	5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	0	0	6.00
7.00	50.02	WVSC	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	21,830	1,092	0	0	0	9.00
10.00	60.00	LABORATORY	285,955	14,298	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	90.05	PATIENT NUTRITION	775	39	0	0	0	13.00
14.00	91.00	EMERGENCY	203,871	10,194	0	0	0	14.00
200.00			523,566	26,180	0	0	0	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	30.00	ADULTS & PEDIATRICS	0	0	0	702,459		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	97,769		2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	904,000		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	323,705		4.00
5.00	50.00	OPERATING ROOM	0	11,135	24,865	3,838,147		5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	2,554,103		6.00
7.00	50.02	WVSC	0	0	0	1,805,222		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	2,751,145		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	21,830	3,170	170,733		9.00
10.00	60.00	LABORATORY	0	285,955	22,545	22,545		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,360		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	3,240,724		12.00
13.00	90.05	PATIENT NUTRITION	0	775	1,475	1,475		13.00
14.00	91.00	EMERGENCY	0	203,871	0	3,582,577		14.00
200.00			0	523,566	52,055	19,995,964		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	16,013,186	16,013,186			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	12,246,116	12,246,116			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,497,715	91,727	0	22,589,442	4.00
5.01	00540	NONPATIENT TELEPHONES	752,497	10,716	88,164	94,266	5.01
5.02	00550	DATA PROCESSING	16,607,106	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,141,340	0	0	0	5.03
5.04	00570	ADMITTING	1,498,315	49,941	49	253,044	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,310,111	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	35,187,112	283,874	39,877	1,228,807	5.06
7.00	00700	OPERATION OF PLANT	9,993,851	5,461,791	8,097	16,701	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,229,940	97,664	158,496	166,610	8.00
9.00	00900	HOUSEKEEPING	3,379,948	25,248	25,371	453,640	9.00
10.00	01000	DIETARY	191,904	179,017	154,625	75,035	10.00
11.00	01100	CAFETERIA	2,826,460	127,739	6,007	306,013	11.00
13.00	01300	NURSING ADMINISTRATION	2,632,080	38,752	83	270,064	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,844,214	86,165	9,091	620,854	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,580,462	0	0	300,723	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,141,040	0	0	301,606	22.00
23.00	02300	PARAMED ED PRGM	92,944	0	0	15,719	23.00
23.01	02341	OTHER MED ED	288,771	11,743	44	50,966	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,261,700	3,137,975	825,503	4,589,442	30.00
31.00	03100	INTENSIVE CARE UNIT	10,229,118	374,965	674,666	1,176,076	31.00
35.00	02040	INTENSIVE NURSERY	2,737,617	64,131	295,779	477,548	35.00
41.00	04100	SUBPROVIDER - IRF	1,835,158	251,548	14,141	374,989	41.00
43.00	04300	NURSERY	1,056,984	12,363	252	181,052	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,564,949	686,744	2,270,765	720,058	50.00
50.01	05001	CARDIAC SURGERY	2,282,121	31,217	286,351	500,641	50.01
50.02	05002	WVSC	11,751,649	495,348	795,226	0	50.02
51.00	05100	RECOVERY ROOM	1,998,749	23,356	55,038	342,065	51.00
51.02	05101	O/P TREATMENT ROOM	616,147	390,231	45,691	90,356	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,287,314	387,230	264,435	702,181	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,075,513	522,520	1,754,381	950,343	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,638,275	430,467	233,588	75,213	55.00
56.00	05600	RADIOISOTOPE	1,842,522	143,527	342,025	84,039	56.00
57.00	05700	CT SCAN	2,379,986	35,425	373,971	219,615	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,468,562	42,292	893,508	150,904	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,983,810	589,342	303,955	515,663	59.00
60.00	06000	LABORATORY	10,899,007	0	30,089	379,628	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,702,823	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,037,670	83,947	363,809	725,637	65.00
66.00	06600	PHYSICAL THERAPY	3,106,915	165,545	12,979	30	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	1,824,456	0	81,992	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,310,557	27,042	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	916,604	53,627	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,293,778	51,882	1,075,919	439,936	69.00
69.01	06901	CARDIAC REHAB	353,591	106,569	64,878	63,857	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,089,618	0	68,734	530,406	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-14,055	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,105,511	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,728,295	337,859	143,601	896,075	73.00
76.00	03020	RENAL ACUTE	2,092,555	57,492	6,211	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	248,860	11,384	0	42,086	90.00
90.05	09005	PATIENT NUTRITION	87,173	31,478	675	15,206	90.05
90.07	09007	WOUND CLINIC	1,530,243	146,006	35,988	83,439	90.07
91.00	09100	EMERGENCY	9,433,764	393,525	182,333	1,168,953	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)	386,212,651	15,549,414	11,986,387	19,649,486	867,919
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	5,746,828	0	64,949	461,308	762
194.01	07951	RENTAL PROPERTY	25,273	0	2,520	0	194.01
194.02	07954	FAMILY PRACTICE	3,154,999	195,719	78,062	461,288	54,102

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
194.03	07952	WELLNESS	376,695	221,309	0	59,019	0	194.03
194.04	07955	PHYSICIAN PRACTICES	33,183,686	0	113,410	1,853,736	16,764	194.04
194.06	07953	SYCAMORE SPORTS MED	66,928	0	0	3,878	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	598,844	46,744	788	100,727	6,096	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)	429,365,904	16,013,186	12,246,116	22,589,442	945,643	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS 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	16,607,106					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,141,340				5.03
5.04	00570	ADMITTING	97,910	12,118	1,945,667			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	8,310,111		5.05
5.06	00590	OTHER ADMIN AND GENERAL	369,047	132	0	0	37,197,241	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	15,534,542	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	37,658	2,401	0	0	1,706,485	8.00
9.00	00900	HOUSEKEEPING	67,784	1,391	0	0	3,959,478	9.00
10.00	01000	DIETARY	30,126	237	0	0	635,516	10.00
11.00	01100	CAFETERIA	135,568	0	0	0	3,420,075	11.00
13.00	01300	NURSING ADMINISTRATION	7,532	0	0	0	2,955,369	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	489,552	183	0	0	6,072,919	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,881,185	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,442,646	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	108,663	23.00
23.01	02341	OTHER MED ED	0	0	0	0	351,524	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	4,451,155	481,309	397,109	651,107	49,925,603	30.00
31.00	03100	INTENSIVE CARE UNIT	7,532	197,470	111,798	166,555	12,960,278	31.00
35.00	02040	INTENSIVE NURSERY	143,100	26,933	61,247	91,244	3,911,315	35.00
41.00	04100	SUBPROVIDER - IRF	0	18,264	16,452	24,510	2,558,684	41.00
43.00	04300	NURSERY	0	0	9,402	14,006	1,277,107	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	775,751	60,955	181,729	868,462	19,191,897	50.00
50.01	05001	CARDIAC SURGERY	75,316	210,680	21,308	31,866	3,444,072	50.01
50.02	05002	WVSC	858,599	475,814	343	621,883	14,998,862	50.02
51.00	05100	RECOVERY ROOM	331,389	47,526	10,734	55,066	2,877,639	51.00
51.02	05101	O/P TREATMENT ROOM	37,658	18,456	274	17,063	1,236,450	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	406,705	76,472	63,964	115,520	6,321,347	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	497,083	31,088	64,208	367,374	13,344,806	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	482,020	1,047	9,139	246,572	7,147,563	55.00
56.00	05600	RADIOISOTOPE	60,253	2,071	4,206	55,824	2,534,467	56.00
57.00	05700	CT SCAN	0	67,324	55,710	275,449	3,412,814	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,063	2,826	8,505	73,065	2,657,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	723,030	14,673	116,433	527,128	24,799,942	59.00
60.00	06000	LABORATORY	0	2,825	182,362	504,245	12,004,252	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	9,850	17,510	1,730,183	62.00
65.00	06500	RESPIRATORY THERAPY	165,694	80,907	118,965	193,032	6,780,329	65.00
66.00	06600	PHYSICAL THERAPY	361,515	1,245	32,257	75,105	3,773,117	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	67,784	1,782	0	37,079	2,013,855	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	24,348	60,373	2,426,130	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,772	21,349	997,114	68.00
69.00	06900	ELECTROCARDIOLOGY	369,047	86	58,900	444,268	6,736,864	69.00
69.01	06901	CARDIAC REHAB	30,126	471	411	7,462	631,937	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	263,605	806	2,903	20,164	1,989,190	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	-14,055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	44,593	249,089	11,399,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,468,656	45,133	191,580	1,697,416	62,546,715	73.00
76.00	03020	RENAL ACUTE	0	31,779	13,781	22,480	2,227,346	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	22,595	230	5	4,266	329,426	90.00
90.05	09005	PATIENT NUTRITION	37,658	8	0	976	173,174	90.05
90.07	09007	WOUND CLINIC	128,037	31,831	0	52,489	2,017,939	90.07
91.00	09100	EMERGENCY	1,016,762	182,962	128,379	700,114	13,254,798	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)	14,031,310	2,129,435	1,945,667	8,310,111	379,883,769	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	805,878	4,302	0	0	7,084,027	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	27,793	194.01
194.02	07954	FAMILY PRACTICE	451,894	27	0	0	4,396,091	194.02
194.03	07952	WELLNESS	0	0	0	0	657,023	194.03
194.04	07955	PHYSICIAN PRACTICES	1,280,366	7,536	0	0	36,455,498	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	70,806	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	37,658	40	0	0	790,897	194.07

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS 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)	16,607,106	2,141,340	1,945,667	8,310,111	429,365,904	202.00

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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	37,197,241					5.06
7.00	00700	OPERATION OF PLANT	1,473,405	17,007,947				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	161,855	164,215	2,032,555			8.00
9.00	00900	HOUSEKEEPING	375,545	42,452	160,329	4,537,804		9.00
10.00	01000	DIETARY	60,277	301,006	7,854	81,298	1,085,951	10.00
11.00	01100	CAFETERIA	324,384	214,785	0	58,011	0	11.00
13.00	01300	NURSING ADMINISTRATION	280,308	65,160	0	17,599	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	575,998	144,881	0	39,130	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	178,425	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	231,678	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	10,306	0	0	0	0	23.00
23.01	02341	OTHER MED ED	33,341	19,745	0	5,333	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	4,735,294	5,276,303	651,232	1,425,059	825,146	30.00
31.00	03100	INTENSIVE CARE UNIT	1,229,243	630,479	79,761	170,284	123,460	31.00
35.00	02040	INTENSIVE NURSERY	370,976	107,831	8,591	29,124	0	35.00
41.00	04100	SUBPROVIDER - IRF	242,684	422,961	23,758	114,236	67,531	41.00
43.00	04300	NURSERY	121,130	20,787	0	5,614	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,820,294	1,154,716	128,647	311,874	0	50.00
50.01	05001	CARDIAC SURGERY	326,660	52,490	131	14,177	0	50.01
50.02	05002	WVSC	1,422,597	832,895	148,109	224,954	0	50.02
51.00	05100	RECOVERY ROOM	272,935	39,271	99,097	10,607	0	51.00
51.02	05101	O/P TREATMENT ROOM	117,274	656,147	7,473	177,217	65,245	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	599,561	651,101	87,631	175,854	22	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,265,715	878,584	60,715	237,294	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	677,925	723,803	25,417	195,490	0	55.00
56.00	05600	RADIOISOTOPE	240,387	241,331	10,027	65,180	0	56.00
57.00	05700	CT SCAN	323,695	59,565	0	16,088	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	252,082	71,111	77,293	19,206	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,352,200	990,940	58,889	267,640	4,547	59.00
60.00	06000	LABORATORY	1,138,567	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	164,103	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	643,094	141,152	0	38,123	0	65.00
66.00	06600	PHYSICAL THERAPY	357,869	278,354	8,777	75,180	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	191,008	0	33,845	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	230,111	45,469	0	12,281	0	67.00
68.00	06800	SPEECH PATHOLOGY	94,573	90,170	0	24,354	0	68.00
69.00	06900	ELECTROCARDIOLOGY	638,971	87,236	37,251	23,561	0	69.00
69.01	06901	CARDIAC REHAB	59,937	179,189	491	48,396	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	188,669	0	7,313	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	1,081,179	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,932,253	568,089	3,354	153,433	0	73.00
76.00	03020	RENAL ACUTE	211,257	96,670	10,527	26,109	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	31,245	19,142	0	5,170	0	90.00
90.05	09005	PATIENT NUTRITION	16,425	52,928	0	14,295	0	90.05
90.07	09007	WOUND CLINIC	191,395	245,500	18,660	66,306	0	90.07
91.00	09100	EMERGENCY	1,257,178	661,687	265,272	178,713	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)	32,504,008	16,228,145	2,020,444	4,327,190	1,085,951	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	671,899	0	1,369	0	0	194.00
194.01	07951	RENTAL PROPERTY	2,636	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	416,956	329,088	1,568	88,882	0	194.02
194.03	07952	WELLNESS	62,317	372,117	0	100,504	0	194.03
194.04	07955	PHYSICIAN PRACTICES	3,457,695	0	9,174	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	6,716	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75,014	78,597	0	21,228	0	194.07
200.00		Cross Foot Adjustments						200.00

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			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)	37,197,241	17,007,947	2,032,555	4,537,804	1,085,951	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			11.00	13.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	4,017,255					11.00
13.00	01300	NURSING ADMINISTRATION	36,891	3,355,327				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	212,914	0	7,045,842			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	72,025	0	0	2,131,635		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,108	0	0		2,689,432	22.00
23.00	02300	PARAMED ED PRGM	4,567	0	0			23.00
23.01	02341	OTHER MED ED	31,621	39,734	0			23.01
23.02	02301	PARAMED ED PRGM	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,036,812	1,229,992	552,075	764,716	964,824	30.00
31.00	03100	INTENSIVE CARE UNIT	233,994	294,033	141,222	3,440	4,340	31.00
35.00	02040	INTENSIVE NURSERY	101,187	127,149	77,366	30,669	38,694	35.00
41.00	04100	SUBPROVIDER - IRF	72,377	90,947	20,782	0	0	41.00
43.00	04300	NURSERY	43,215	54,303	11,876	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	211,157	265,336	736,370	159,364	201,066	50.00
50.01	05001	CARDIAC SURGERY	27,756	17,218	27,020	0	0	50.01
50.02	05002	WVSC	0	0	527,295	0	0	50.02
51.00	05100	RECOVERY ROOM	83,268	104,633	46,691	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	17,216	21,633	14,468	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	164,780	192,931	97,949	196,912	248,439	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	241,373	0	311,497	20,064	25,314	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,567	0	209,069	22,357	28,207	55.00
56.00	05600	RADIOISOTOPE	17,216	0	47,334	0	0	56.00
57.00	05700	CT SCAN	45,675	0	233,553	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,567	0	61,952	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	100,133	0	446,953	860	1,085	59.00
60.00	06000	LABORATORY	120,862	0	427,550	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	14,847	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	145,807	171,740	163,673	30,096	37,971	65.00
66.00	06600	PHYSICAL THERAPY	0	0	63,682	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	31,439	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	51,190	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	18,102	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	121,565	152,756	376,695	0	0	69.00
69.01	06901	CARDIAC REHAB	14,756	18,543	6,327	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	36,540	20,309	17,097	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	211,203	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	165,834	183,219	1,438,925	7,452	9,402	73.00
76.00	03020	RENAL ACUTE	0	0	19,061	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,378	9,271	3,617	342,804	432,508	90.00
90.05	09005	PATIENT NUTRITION	3,162	3,973	828	0	0	90.05
90.07	09007	WOUND CLINIC	20,027	25,165	44,506	52,739	66,540	90.07
91.00	09100	EMERGENCY	264,561	332,442	593,628	218,409	275,561	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,717,911	3,355,327	7,045,842	1,849,882	2,333,951	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	93,106	0	0	281,753	355,481	194.02
194.03	07952	WELLNESS	0	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	184,806	0	0	0	0	194.04

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER 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	21,432	0	0	0	0	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)	4,017,255	3,355,327	7,045,842	2,131,635	2,689,432	202.00

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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	123,536					23.00
23.01	02341	OTHER MED ED		481,298				23.01
23.02	02301	PARAMED ED PRGM			0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	67,387,056	-1,729,540	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	15,870,534	-7,780	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	4,802,902	-69,363	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,613,960	0	41.00
43.00	04300	NURSERY	0	0	0	1,534,032	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	24,180,721	-360,430	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	3,909,524	0	50.01
50.02	05002	WVSC	0	0	0	18,154,712	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,534,141	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,313,123	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,736,527	-445,351	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,536	0	0	16,508,898	-45,378	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,047,398	-50,564	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,155,942	0	56.00
57.00	05700	CT SCAN	0	0	0	4,091,390	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,169,984	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	29,023,189	-1,945	59.00
60.00	06000	LABORATORY	0	0	0	13,691,231	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,909,133	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,151,985	-68,067	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,556,979	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	2,270,147	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,765,181	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,224,313	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,174,899	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	959,576	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,259,118	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	-14,055	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,691,575	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	481,298	0	71,489,974	-16,854	73.00
76.00	03020	RENAL ACUTE	0	0	0	2,590,970	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,180,561	-775,312	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	264,785	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	2,748,777	-119,279	90.07
91.00	09100	EMERGENCY	0	0	0	17,302,249	-493,970	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)		123,536	481,298	0	373,251,431	-4,183,833	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	7,757,295	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	30,429	0	194.01
194.02	07954	FAMILY PRACTICE	0	0	0	5,962,925	-637,234	194.02
194.03	07952	WELLNESS	0	0	0	1,191,961	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	0	0	40,107,173	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	77,522	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	987,168	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)	123,536	481,298	0	429,365,904	-4,821,067	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN AND GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM	23.00
23.01	02341	OTHER MED ED	23.01
23.02	02301	PARAMED ED PRGM	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02040	INTENSIVE NURSERY	35.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	CARDIAC SURGERY	50.01
50.02	05002	WVSC	50.02
51.00	05100	RECOVERY ROOM	51.00
51.02	05101	O/P TREATMENT ROOM	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	66.01
66.02	06602	O/P PHYSICAL THERAPY	66.02
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIAC REHAB	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	RENAL ACUTE	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.05	09005	PATIENT NUTRITION	90.05
90.07	09007	WOUND CLINIC	90.07
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
194.00	07950	RURAL HEALTH	194.00
194.01	07951	RENTAL PROPERTY	194.01
194.02	07954	FAMILY PRACTICE	194.02
194.03	07952	WELLNESS	194.03
194.04	07955	PHYSICIAN PRACTICES	194.04
194.06	07953	SYCAMORE SPORTS MED	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118 through 201)	424,544,837	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	91,727	0	91,727	4.00
5.01	00540	NONPATIENT TELEPHONES	0	10,716	88,164	98,880	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	2,876	49,941	49	52,866	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	46,701	283,874	39,877	370,452	5.06
7.00	00700	OPERATION OF PLANT	24,000	5,461,791	8,097	5,493,888	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,047	97,664	158,496	273,207	8.00
9.00	00900	HOUSEKEEPING	1,293	25,248	25,371	51,912	9.00
10.00	01000	DIETARY	2,781	179,017	154,625	336,423	10.00
11.00	01100	CAFETERIA	0	127,739	6,007	133,746	11.00
13.00	01300	NURSING ADMINISTRATION	1,247	38,752	83	40,082	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,676	86,165	9,091	105,932	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	11,743	44	11,787	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	283,840	3,137,975	825,503	4,247,318	30.00
31.00	03100	INTENSIVE CARE UNIT	1,116,544	374,965	674,666	2,166,175	31.00
35.00	02040	INTENSIVE NURSERY	4,039	64,131	295,779	363,949	35.00
41.00	04100	SUBPROVIDER - IRF	11,159	251,548	14,141	276,848	41.00
43.00	04300	NURSERY	0	12,363	252	12,615	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	927,608	686,744	2,270,765	3,885,117	50.00
50.01	05001	CARDIAC SURGERY	36,018	31,217	286,351	353,586	50.01
50.02	05002	WVSC	483,942	495,348	795,226	1,774,516	50.02
51.00	05100	RECOVERY ROOM	2,646	23,356	55,038	81,040	51.00
51.02	05101	O/P TREATMENT ROOM	1,092	390,231	45,691	437,014	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,985	387,230	264,435	666,650	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	566,396	522,520	1,754,381	2,843,297	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	874,389	430,467	233,588	1,538,444	55.00
56.00	05600	RADIOISOTOPE	227,439	143,527	342,025	712,991	56.00
57.00	05700	CT SCAN	90,778	35,425	373,971	500,174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	495	42,292	893,508	936,295	58.00
59.00	05900	CARDIAC CATHETERIZATION	202,373	589,342	303,955	1,095,670	59.00
60.00	06000	LABORATORY	1,411	0	30,089	31,500	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	88,015	83,947	363,809	535,771	65.00
66.00	06600	PHYSICAL THERAPY	990	165,545	12,979	179,514	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,219	0	81,992	84,211	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	27,042	0	27,042	67.00
68.00	06800	SPEECH PATHOLOGY	0	53,627	0	53,627	68.00
69.00	06900	ELECTROCARDIOLOGY	488,923	51,882	1,075,919	1,616,724	69.00
69.01	06901	CARDIAC REHAB	0	106,569	64,878	171,447	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	20,681	0	68,734	89,415	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	826,232	337,859	143,601	1,307,692	73.00
76.00	03020	RENAL ACUTE	1,247	57,492	6,211	64,950	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	11,384	0	11,384	90.00
90.05	09005	PATIENT NUTRITION	0	31,478	675	32,153	90.05
90.07	09007	WOUND CLINIC	4,546	146,006	35,988	186,540	90.07
91.00	09100	EMERGENCY	49,949	393,525	182,333	625,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,434,577	15,549,414	11,986,387	33,970,378	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	166,433	0	64,949	231,382	194.00
194.01	07951	RENTAL PROPERTY	0	0	2,520	2,520	194.01
194.02	07954	FAMILY PRACTICE	9,776	195,719	78,062	283,557	194.02
194.03	07952	WELLNESS	0	221,309	0	221,309	194.03

ALLOCATION OF CAPITAL RELATED COSTS

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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	820,388	0	113,410	933,798	7,526	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	16	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,654	46,744	788	51,186	409	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)	7,434,828	16,013,186	12,246,116	35,694,130	91,727	202.00

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/ACC OUNTS 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	99,263					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	3,599	0	0	57,492		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	9,278	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	5,679	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,440	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	640	0	0	0	0	9.00
10.00	01000	DIETARY	480	0	0	0	0	10.00
11.00	01100	CAFETERIA	1,920	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	720	0	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,400	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	0	0	0	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,673	0	0	11,685	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,320	0	0	3,307	0	31.00
35.00	02040	INTENSIVE NURSERY	1,440	0	0	1,812	0	35.00
41.00	04100	SUBPROVIDER - IRF	2,480	0	0	487	0	41.00
43.00	04300	NURSERY	320	0	0	278	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,559	0	0	5,376	0	50.00
50.01	05001	CARDIAC SURGERY	480	0	0	630	0	50.01
50.02	05002	WVSC	0	0	0	10	0	50.02
51.00	05100	RECOVERY ROOM	1,440	0	0	318	0	51.00
51.02	05101	O/P TREATMENT ROOM	2,160	0	0	8	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,840	0	0	1,892	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,639	0	0	1,899	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,279	0	0	270	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	124	0	56.00
57.00	05700	CT SCAN	560	0	0	1,648	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	320	0	0	252	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,720	0	0	3,444	0	59.00
60.00	06000	LABORATORY	640	0	0	5,395	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	291	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,120	0	0	3,519	0	65.00
66.00	06600	PHYSICAL THERAPY	1,840	0	0	954	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	80	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	400	0	0	720	0	67.00
68.00	06800	SPEECH PATHOLOGY	80	0	0	141	0	68.00
69.00	06900	ELECTROCARDIOLOGY	320	0	0	1,742	0	69.00
69.01	06901	CARDIAC REHAB	480	0	0	12	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,360	0	0	86	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	1,319	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,999	0	0	5,667	0	73.00
76.00	03020	RENAL ACUTE	320	0	0	408	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	1,040	0	0	0	0	90.07
91.00	09100	EMERGENCY	5,039	0	0	3,798	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)	91,104	0	0	57,492	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	80	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	5,679	0	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	1,760	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	640	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/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	99,263	0	0	57,492	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	384,719					5.06
7.00	00700	OPERATION OF PLANT	15,239	5,514,874				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,674	53,247	330,244			8.00
9.00	00900	HOUSEKEEPING	3,884	13,765	26,050	98,093		9.00
10.00	01000	DIETARY	623	97,602	1,276	1,757	438,466	10.00
11.00	01100	CAFETERIA	3,355	69,645	0	1,254	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,899	21,128	0	380	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,958	46,978	0	846	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,845	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,396	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	107	0	0	0	0	23.00
23.01	02341	OTHER MED ED	345	6,402	0	115	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	48,977	1,710,859	105,812	30,808	333,163	30.00
31.00	03100	INTENSIVE CARE UNIT	12,714	204,434	12,959	3,681	49,848	31.00
35.00	02040	INTENSIVE NURSERY	3,837	34,965	1,396	630	0	35.00
41.00	04100	SUBPROVIDER - IRF	2,510	137,146	3,860	2,469	27,267	41.00
43.00	04300	NURSERY	1,253	6,740	0	121	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,827	374,420	20,902	6,742	0	50.00
50.01	05001	CARDIAC SURGERY	3,379	17,020	21	306	0	50.01
50.02	05002	WVSC	14,714	270,069	24,064	4,863	0	50.02
51.00	05100	RECOVERY ROOM	2,823	12,734	16,101	229	0	51.00
51.02	05101	O/P TREATMENT ROOM	1,213	212,758	1,214	3,831	26,343	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,201	211,121	14,238	3,801	9	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,091	284,883	9,865	5,130	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,012	234,695	4,130	4,226	0	55.00
56.00	05600	RADIOISOTOPE	2,486	78,252	1,629	1,409	0	56.00
57.00	05700	CT SCAN	3,348	19,314	0	348	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,607	23,058	12,558	415	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,329	321,315	9,568	5,786	1,836	59.00
60.00	06000	LABORATORY	11,776	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,697	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,652	45,769	0	824	0	65.00
66.00	06600	PHYSICAL THERAPY	3,701	90,257	1,426	1,625	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	1,976	0	5,499	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,380	14,743	0	265	0	67.00
68.00	06800	SPEECH PATHOLOGY	978	29,238	0	526	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,609	28,286	6,052	509	0	69.00
69.01	06901	CARDIAC REHAB	620	58,102	80	1,046	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,951	0	1,188	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	11,183	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,347	184,204	545	3,317	0	73.00
76.00	03020	RENAL ACUTE	2,185	31,345	1,710	564	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	323	6,207	0	112	0	90.00
90.05	09005	PATIENT NUTRITION	170	17,162	0	309	0	90.05
90.07	09007	WOUND CLINIC	1,980	79,604	3,032	1,433	0	90.07
91.00	09100	EMERGENCY	13,003	214,554	43,101	3,863	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)		336,177	5,262,021	328,276	93,540	438,466	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	6,949	0	222	0	0	194.00
194.01	07951	RENTAL PROPERTY	27	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	4,313	106,708	255	1,921	0	194.02
194.03	07952	WELLNESS	645	120,660	0	2,173	0	194.03
194.04	07955	PHYSICIAN PRACTICES	35,763	0	1,491	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	69	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	776	25,485	0	459	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)	384,719	5,514,874	330,244	98,093	438,466	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			11.00	13.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	211,162					11.00
13.00	01300	NURSING ADMINISTRATION	1,939	68,244				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,192	0	175,827			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,786	0	0	6,852		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	794	0	0		4,415	22.00
23.00	02300	PARAMED ED PRGM	240	0	0			23.00
23.01	02341	OTHER MED ED	1,662	808	0			23.01
23.02	02301	PARAMED ED PRGM	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,498	25,017	13,729			30.00
31.00	03100	INTENSIVE CARE UNIT	12,300	5,980	3,512			31.00
35.00	02040	INTENSIVE NURSERY	5,319	2,586	1,924			35.00
41.00	04100	SUBPROVIDER - IRF	3,804	1,850	517			41.00
43.00	04300	NURSERY	2,272	1,104	295			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,099	5,397	18,311			50.00
50.01	05001	CARDIAC SURGERY	1,459	350	672			50.01
50.02	05002	WVSC	0	0	13,112			50.02
51.00	05100	RECOVERY ROOM	4,377	2,128	1,161			51.00
51.02	05101	O/P TREATMENT ROOM	905	440	360			51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,661	3,924	2,436			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,687	0	7,746			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	923	0	5,199			55.00
56.00	05600	RADIOISOTOPE	905	0	1,177			56.00
57.00	05700	CT SCAN	2,401	0	5,808			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,607	0	1,541			58.00
59.00	05900	CARDIAC CATHETERIZATION	5,263	0	11,114			59.00
60.00	06000	LABORATORY	6,353	0	10,632			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	369			62.00
65.00	06500	RESPIRATORY THERAPY	7,664	3,493	4,070			65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,584			66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0			66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	782			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,273			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	450			68.00
69.00	06900	ELECTROCARDIOLOGY	6,390	3,107	9,367			69.00
69.01	06901	CARDIAC REHAB	776	377	157			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,921	413	425			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,252			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,717	3,726	36,398			73.00
76.00	03020	RENAL ACUTE	0	0	474			76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	388	189	90			90.00
90.05	09005	PATIENT NUTRITION	166	81	21			90.05
90.07	09007	WOUND CLINIC	1,053	512	1,107			90.07
91.00	09100	EMERGENCY	13,906	6,762	14,762			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)	195,427	68,244	175,827	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	07950	RURAL HEALTH	0	0	0			194.00
194.01	07951	RENTAL PROPERTY	0	0	0			194.01
194.02	07954	FAMILY PRACTICE	4,894	0	0			194.02
194.03	07952	WELLNESS	0	0	0			194.03
194.04	07955	PHYSICIAN PRACTICES	9,714	0	0			194.04

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER 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	1,127	0	0			194.07
200.00		Cross Foot Adjustments				6,852	4,415	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	211,162	68,244	175,827	6,852	4,415	202.00

ALLOCATION OF CAPITAL RELATED 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	
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	411					23.00
23.01	02341	OTHER MED ED		21,326				23.01
23.02	02301	PARAMED ED PRGM			0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				6,614,185	0	30.00
31.00	03100	INTENSIVE CARE UNIT				2,482,005	0	31.00
35.00	02040	INTENSIVE NURSERY				419,797	0	35.00
41.00	04100	SUBPROVIDER - IRF				460,760	0	41.00
43.00	04300	NURSERY				25,733	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,355,673	0	50.00
50.01	05001	CARDIAC SURGERY				379,936	0	50.01
50.02	05002	WVSC				2,101,348	0	50.02
51.00	05100	RECOVERY ROOM				123,740	0	51.00
51.02	05101	O/P TREATMENT ROOM				686,613	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM				923,624	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				3,191,095	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				1,798,483	0	55.00
56.00	05600	RADIOISOTOPE				799,314	0	56.00
57.00	05700	CT SCAN				534,493	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				979,266	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,483,139	0	59.00
60.00	06000	LABORATORY				67,837	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				2,357	0	62.00
65.00	06500	RESPIRATORY THERAPY				611,828	0	65.00
66.00	06600	PHYSICAL THERAPY				280,901	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY				92,548	0	66.02
67.00	06700	OCCUPATIONAL THERAPY				46,823	0	67.00
68.00	06800	SPEECH PATHOLOGY				85,040	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,680,892	0	69.00
69.01	06901	CARDIAC REHAB				233,356	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY				98,912	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				17,754	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				1,619,250	0	73.00
76.00	03020	RENAL ACUTE				101,956	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				18,864	0	90.00
90.05	09005	PATIENT NUTRITION				50,124	0	90.05
90.07	09007	WOUND CLINIC				276,640	0	90.07
91.00	09100	EMERGENCY				949,341	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	33,593,627	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
194.00	07950	RURAL HEALTH				240,506	0	194.00
194.01	07951	RENTAL PROPERTY				2,547	0	194.01
194.02	07954	FAMILY PRACTICE				409,200	0	194.02
194.03	07952	WELLNESS				345,027	0	194.03
194.04	07955	PHYSICIAN PRACTICES				990,052	0	194.04

ALLOCATION OF CAPITAL RELATED 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				85	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				80,082	0	194.07
200.00		Cross Foot Adjustments	411	21,326	0	33,004	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	411	21,326	0	35,694,130	0	202.00

ALLOCATION OF CAPITAL RELATED 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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118 through 201)	35,694,130	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:49 am

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	981,808				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,004,495			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,624	0	109,183,292		4.00
5.01	00540	NONPATIENT TELEPHONES	657	36,029	455,623	1,241	5.01
5.02	00550	DATA PROCESSING	0	0	0	2,205	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	3,062	20	1,223,055	45	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	17,405	16,296	5,939,280	116	5.06
7.00	00700	OPERATION OF PLANT	334,876	3,309	80,723	71	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	64,771	805,289	18	8.00
9.00	00900	HOUSEKEEPING	1,548	10,368	2,192,611	8	9.00
10.00	01000	DIETARY	10,976	63,189	362,674	6	10.00
11.00	01100	CAFETERIA	7,832	2,455	1,479,073	24	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	34	1,305,317	9	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	3,715	3,000,816	30	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,453,506	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,457,771	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	75,978	0	23.00
23.01	02341	OTHER MED ED	720	18	246,337	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	192,397	337,350	22,182,625	171	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	275,709	5,684,408	29	31.00
35.00	02040	INTENSIVE NURSERY	3,932	120,873	2,308,165	18	35.00
41.00	04100	SUBPROVIDER - IRF	15,423	5,779	1,812,461	31	41.00
43.00	04300	NURSERY	758	103	875,093	4	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,106	927,969	3,480,308	82	50.00
50.01	05001	CARDIAC SURGERY	1,914	117,020	2,419,784	6	50.01
50.02	05002	WVSC	30,371	324,977	0	0	50.02
51.00	05100	RECOVERY ROOM	1,432	22,492	1,653,327	18	51.00
51.02	05101	O/P TREATMENT ROOM	23,926	18,672	436,726	27	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,742	108,064	3,393,901	23	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,037	716,945	4,593,359	108	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	95,458	363,532	41	55.00
56.00	05600	RADIOISOTOPE	8,800	139,772	406,193	0	56.00
57.00	05700	CT SCAN	2,172	152,827	1,061,481	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	365,141	729,377	4	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,134	124,214	2,492,391	34	59.00
60.00	06000	LABORATORY	0	12,296	1,834,882	8	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,147	148,674	3,507,274	14	65.00
66.00	06600	PHYSICAL THERAPY	10,150	5,304	143	23	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	33,507	0	1	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,658	0	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	3,288	0	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	3,181	439,685	2,126,373	4	69.00
69.01	06901	CARDIAC REHAB	6,534	26,513	308,645	6	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,089	2,563,649	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,715	58,684	4,331,061	50	73.00
76.00	03020	RENAL ACUTE	3,525	2,538	0	4	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	698	0	203,416	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	276	73,497	0	90.05
90.07	09007	WOUND CLINIC	8,952	14,707	403,293	13	90.07
91.00	09100	EMERGENCY	24,128	74,512	5,649,980	63	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	953,373	4,898,354	94,973,397	1,139	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	26,542	2,229,674	1	194.00
194.01	07951	RENTAL PROPERTY	0	1,030	0	0	194.01
194.02	07954	FAMILY PRACTICE	12,000	31,901	2,229,574	71	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:49 am

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	13,569	0	285,260	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	46,346	8,959,790	22	170	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	18,746	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	322	486,851	8	5	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)	16,013,186	12,246,116	22,589,442	945,643	16,607,106	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.309896	2.447023	0.206895	762.000806	7,531.567347	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			91,727	99,263	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000840	79.986301	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITIO)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,844,106					5.03
5.04	00570	ADMITTING	44,389	593,387,735				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,701,185,298			5.05
5.06	00590	OTHER ADMIN AND GENERAL	484	0	0	-37,197,241	392,182,718	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	15,534,542	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,797	0	0	0	1,706,485	8.00
9.00	00900	HOUSEKEEPING	5,094	0	0	0	3,959,478	9.00
10.00	01000	DIETARY	870	0	0	0	635,516	10.00
11.00	01100	CAFETERIA	0	0	0	0	3,420,075	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,955,369	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	672	0	0	0	6,072,919	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,881,185	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,442,646	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	108,663	23.00
23.01	02341	OTHER MED ED	0	0	0	0	351,524	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	1,763,117	121,122,799	133,287,079	0	49,925,603	30.00
31.00	03100	INTENSIVE CARE UNIT	723,369	34,095,203	34,095,203	0	12,960,278	31.00
35.00	02040	INTENSIVE NURSERY	98,660	18,678,475	18,678,475	0	3,911,315	35.00
41.00	04100	SUBPROVIDER - IRF	66,903	5,017,326	5,017,326	0	2,558,684	41.00
43.00	04300	NURSERY	0	2,867,220	2,867,220	0	1,277,107	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	223,290	55,422,053	177,781,273	0	19,191,897	50.00
50.01	05001	CARDIAC SURGERY	771,758	6,498,308	6,523,308	0	3,444,072	50.01
50.02	05002	WVSC	1,742,992	104,600	127,304,538	0	14,998,862	50.02
51.00	05100	RECOVERY ROOM	174,096	3,273,710	11,272,532	0	2,877,639	51.00
51.02	05101	O/P TREATMENT ROOM	67,609	83,558	3,492,941	0	1,236,450	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	280,132	19,507,049	23,647,835	0	6,321,347	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,881	19,581,576	75,204,498	0	13,344,806	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,835	2,786,997	50,475,353	0	7,147,563	55.00
56.00	05600	RADIOISOTOPE	7,586	1,282,581	11,427,698	0	2,534,467	56.00
57.00	05700	CT SCAN	246,620	16,989,921	56,386,648	0	3,412,814	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,353	2,593,631	14,957,083	0	2,657,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,749	35,508,688	107,907,486	0	24,799,942	59.00
60.00	06000	LABORATORY	10,350	55,615,051	103,223,107	0	12,004,252	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,004,102	3,584,444	0	1,730,183	62.00
65.00	06500	RESPIRATORY THERAPY	296,378	36,280,957	39,515,350	0	6,780,329	65.00
66.00	06600	PHYSICAL THERAPY	4,560	9,837,574	15,374,673	0	3,773,117	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	6,527	0	7,590,297	0	2,013,855	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7,425,538	12,358,849	0	2,426,130	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,455,269	4,370,343	0	997,114	68.00
69.00	06900	ELECTROCARDIOLOGY	315	17,962,862	90,945,266	0	6,736,864	69.00
69.01	06901	CARDIAC REHAB	1,724	125,353	1,527,525	0	631,937	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,953	885,315	4,127,715	0	1,989,190	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,055	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,599,443	50,990,681	0	11,399,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	165,331	58,426,429	347,511,386	0	62,546,715	73.00
76.00	03020	RENAL ACUTE	116,411	4,202,926	4,601,901	0	2,227,346	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	843	1,400	873,307	0	329,426	90.00
90.05	09005	PATIENT NUTRITION	28	0	199,814	0	173,174	90.05
90.07	09007	WOUND CLINIC	116,602	0	10,744,937	0	2,017,939	90.07
91.00	09100	EMERGENCY	670,221	39,151,821	143,319,207	0	13,254,798	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)		7,800,499	593,387,735	1,701,185,298	-37,183,186	342,700,583	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	15,758	0	0	0	7,084,027	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	27,793	194.01
194.02	07954	FAMILY PRACTICE	99	0	0	0	4,396,091	194.02
194.03	07952	WELLNESS	0	0	0	0	657,023	194.03
194.04	07955	PHYSICIAN PRACTICES	27,604	0	0	0	36,455,498	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITIO)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	70,806	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	146	0	0	0	790,897	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)	2,141,340	1,945,667	8,310,111		37,197,241	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.272987	0.003279	0.004885		0.094847	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	57,492	0		384,719	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000097	0.000000		0.000981	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:

5/26/2022 10:49 am

Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
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	620,184				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,183,383			8.00
9.00	00900	HOUSEKEEPING	1,548	93,346	612,648		9.00
10.00	01000	DIETARY	10,976	4,573	10,976	199,915	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	192,397	379,157	192,397	151,903	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	46,438	22,990	22,728	31.00
35.00	02040	INTENSIVE NURSERY	3,932	5,002	3,932	0	35.00
41.00	04100	SUBPROVIDER - IRF	15,423	13,832	15,423	12,432	41.00
43.00	04300	NURSERY	758	0	758	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,106	74,900	42,106	0	50.00
50.01	05001	CARDIAC SURGERY	1,914	76	1,914	0	50.01
50.02	05002	WVSC	30,371	86,231	30,371	0	50.02
51.00	05100	RECOVERY ROOM	1,432	57,696	1,432	0	51.00
51.02	05101	O/P TREATMENT ROOM	23,926	4,351	23,926	12,011	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,742	51,020	23,742	4	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,037	35,349	32,037	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	14,798	26,393	0	55.00
56.00	05600	RADIOISOTOPE	8,800	5,838	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	45,001	2,593	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,134	34,286	36,134	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	5,147	0	5,147	0	65.00
66.00	06600	PHYSICAL THERAPY	10,150	5,110	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	19,705	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	21,688	3,181	0	69.00
69.01	06901	CARDIAC REHAB	6,534	286	6,534	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,258	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,715	1,953	20,715	0	73.00
76.00	03020	RENAL ACUTE	3,525	6,129	3,525	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	698	0	698	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	90.05
90.07	09007	WOUND CLINIC	8,952	10,864	8,952	0	90.07
91.00	09100	EMERGENCY	24,128	154,445	24,128	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)	591,749	1,176,332	584,213	199,915	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	797	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	12,000	913	12,000	0	194.02
194.03	07952	WELLNESS	13,569	0	13,569	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	5,341	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	0	2,866	0	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)	17,007,947	2,032,555	4,537,804	1,085,951	4,017,255	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.424034	1.717580	7.406870	5.432064	351.342925	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,514,874	330,244	98,093	438,466	211,162	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.892319	0.279068	0.160113	2.193262	18.467903	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED ED PRGM (PARAMED RADIOLOGY)	
					SERVICES-SALAR Y & FRINGES (INTERNS)	SERVICES-OTHER 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	7,600					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,701,185,298				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	7,437			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		7,437		22.00
23.00	02300	PARAMED ED PRGM	0	0			100	23.00
23.01	02341	OTHER MED ED	90	0				23.01
23.02	02301	PARAMED ED PRGM	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,786	133,287,079	2,668	2,668	0	30.00
31.00	03100	INTENSIVE CARE UNIT	666	34,095,203	12	12	0	31.00
35.00	02040	INTENSIVE NURSERY	288	18,678,475	107	107	0	35.00
41.00	04100	SUBPROVIDER - IRF	206	5,017,326	0	0	0	41.00
43.00	04300	NURSERY	123	2,867,220	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	601	177,781,273	556	556	0	50.00
50.01	05001	CARDIAC SURGERY	39	6,523,308	0	0	0	50.01
50.02	05002	WVSC	0	127,304,538	0	0	0	50.02
51.00	05100	RECOVERY ROOM	237	11,272,532	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	49	3,492,941	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	437	23,647,835	687	687	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	75,204,498	70	70	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	50,475,353	78	78	0	55.00
56.00	05600	RADIOISOTOPE	0	11,427,698	0	0	0	56.00
57.00	05700	CT SCAN	0	56,386,648	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,957,083	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	107,907,486	3	3	0	59.00
60.00	06000	LABORATORY	0	103,223,107	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,584,444	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	389	39,515,350	105	105	0	65.00
66.00	06600	PHYSICAL THERAPY	0	15,374,673	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	7,590,297	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	12,358,849	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,370,343	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	346	90,945,266	0	0	0	69.00
69.01	06901	CARDIAC REHAB	42	1,527,525	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	46	4,127,715	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	50,990,681	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	415	347,511,386	26	26	0	73.00
76.00	03020	RENAL ACUTE	0	4,601,901	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21	873,307	1,196	1,196	0	90.00
90.05	09005	PATIENT NUTRITION	9	199,814	0	0	0	90.05
90.07	09007	WOUND CLINIC	57	10,744,937	184	184	0	90.07
91.00	09100	EMERGENCY	753	143,319,207	762	762	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)	7,600	1,701,185,298	6,454	6,454	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	983	983	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED ED PRGM (PARAMED RADIOLOGY)	
					SERVICES-SALAR Y & FRINGES (INTERNS)	SERVICES-OTHER 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)	3,355,327	7,045,842	2,131,635	2,689,432	123,536	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	441.490395	0.004142	286.625656	361.628614	1,235.360000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	68,244	175,827	6,852	4,415	411	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.979474	0.000103	0.921339	0.593653	4.110000	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 01/01/2021
To 12/31/2021

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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:49 am

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)	481,298	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,812.980000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,326	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	213.260000	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 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 10:49 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	65,657,516		65,657,516	0	65,657,516	30.00
31.00	03100	INTENSIVE CARE UNIT	15,862,754		15,862,754	0	15,862,754	31.00
35.00	02040	INTENSIVE NURSERY	4,733,539		4,733,539	0	4,733,539	35.00
41.00	04100	SUBPROVIDER - IRF	3,613,960		3,613,960	0	3,613,960	41.00
43.00	04300	NURSERY	1,534,032		1,534,032	0	1,534,032	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,820,291		23,820,291	24,865	23,845,156	50.00
50.01	05001	CARDIAC SURGERY	3,909,524		3,909,524	0	3,909,524	50.01
50.02	05002	WVSC	18,154,712		18,154,712	0	18,154,712	50.02
51.00	05100	RECOVERY ROOM	3,534,141		3,534,141	0	3,534,141	51.00
51.02	05101	O/P TREATMENT ROOM	2,313,123		2,313,123	0	2,313,123	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,291,176		8,291,176	0	8,291,176	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,463,520		16,463,520	3,170	16,466,690	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,996,834		8,996,834	0	8,996,834	55.00
56.00	05600	RADIOISOTOPE	3,155,942		3,155,942	0	3,155,942	56.00
57.00	05700	CT SCAN	4,091,390		4,091,390	0	4,091,390	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,169,984		3,169,984	0	3,169,984	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,021,244		29,021,244	0	29,021,244	59.00
60.00	06000	LABORATORY	13,691,231		13,691,231	22,545	13,713,776	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,909,133		1,909,133	0	1,909,133	62.00
65.00	06500	RESPIRATORY THERAPY	8,083,918	0	8,083,918	0	8,083,918	65.00
66.00	06600	PHYSICAL THERAPY	4,556,979	0	4,556,979	0	4,556,979	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,270,147	0	2,270,147	0	2,270,147	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,765,181	0	2,765,181	0	2,765,181	67.00
68.00	06800	SPEECH PATHOLOGY	1,224,313	0	1,224,313	0	1,224,313	68.00
69.00	06900	ELECTROCARDIOLOGY	8,174,899		8,174,899	0	8,174,899	69.00
69.01	06901	CARDIAC REHAB	959,576		959,576	0	959,576	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,259,118		2,259,118	0	2,259,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,691,575		12,691,575	0	12,691,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,473,120		71,473,120	0	71,473,120	73.00
76.00	03020	RENAL ACUTE	2,590,970		2,590,970	0	2,590,970	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	405,249		405,249	0	405,249	90.00
90.05	09005	PATIENT NUTRITION	264,785		264,785	1,475	266,260	90.05
90.07	09007	WOUND CLINIC	2,629,498		2,629,498	0	2,629,498	90.07
91.00	09100	EMERGENCY	16,808,279		16,808,279	0	16,808,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,159,249		11,159,249	0	11,159,249	92.00
200.00		Subtotal (see instructions)	380,240,902	0	380,240,902	52,055	380,292,957	200.00
201.00		Less Observation Beds	11,159,249		11,159,249	0	11,159,249	201.00
202.00		Total (see instructions)	369,081,653	0	369,081,653	52,055	369,133,708	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0023		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/26/2022 10:49 am		
				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	117,856,189		117,856,189				30.00	
31.00	03100	INTENSIVE CARE UNIT	34,095,203		34,095,203				31.00	
35.00	02040	INTENSIVE NURSERY	18,678,475		18,678,475				35.00	
41.00	04100	SUBPROVIDER - IRF	5,017,326		5,017,326				41.00	
43.00	04300	NURSERY	2,867,220		2,867,220				43.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	55,422,053	122,359,220	177,781,273	0.133987	0.000000		50.00	
50.01	05001	CARDIAC SURGERY	6,498,308	25,000	6,523,308	0.599316	0.000000		50.01	
50.02	05002	WVSC	104,600	127,199,938	127,304,538	0.142609	0.000000		50.02	
51.00	05100	RECOVERY ROOM	3,273,710	7,998,822	11,272,532	0.313518	0.000000		51.00	
51.02	05101	O/P TREATMENT ROOM	83,558	3,409,383	3,492,941	0.662228	0.000000		51.02	
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,507,049	4,140,786	23,647,835	0.350610	0.000000		52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,581,576	55,622,922	75,204,498	0.218917	0.000000		54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,786,997	47,688,356	50,475,353	0.178242	0.000000		55.00	
56.00	05600	RADIOISOTOPE	1,282,581	10,145,117	11,427,698	0.276166	0.000000		56.00	
57.00	05700	CT SCAN	16,989,921	39,396,727	56,386,648	0.072560	0.000000		57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593,631	12,363,452	14,957,083	0.211939	0.000000		58.00	
59.00	05900	CARDIAC CATHETERIZATION	35,508,688	72,398,798	107,907,486	0.268946	0.000000		59.00	
60.00	06000	LABORATORY	55,615,051	47,608,056	103,223,107	0.132637	0.000000		60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,004,102	580,342	3,584,444	0.532616	0.000000		62.00	
65.00	06500	RESPIRATORY THERAPY	36,280,957	3,234,393	39,515,350	0.204577	0.000000		65.00	
66.00	06600	PHYSICAL THERAPY	9,837,574	5,537,099	15,374,673	0.296395	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	7,590,297	7,590,297	0.299085	0.000000		66.02	
67.00	06700	OCCUPATIONAL THERAPY	7,425,538	4,933,311	12,358,849	0.223741	0.000000		67.00	
68.00	06800	SPEECH PATHOLOGY	1,455,269	2,915,074	4,370,343	0.280141	0.000000		68.00	
69.00	06900	ELECTROCARDIOLOGY	17,962,862	72,982,404	90,945,266	0.089888	0.000000		69.00	
69.01	06901	CARDIAC REHAB	125,353	1,402,172	1,527,525	0.628190	0.000000		69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	885,315	3,242,400	4,127,715	0.547305	0.000000		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,599,443	37,391,238	50,990,681	0.248900	0.000000		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	58,426,429	289,084,957	347,511,386	0.205671	0.000000		73.00	
76.00	03020	RENAL ACUTE	4,202,926	398,975	4,601,901	0.563022	0.000000		76.00	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	1,400	871,907	873,307	0.464040	0.000000		90.00	
90.05	09005	PATIENT NUTRITION	0	199,814	199,814	1.325157	0.000000		90.05	
90.07	09007	WOUND CLINIC	0	10,744,937	10,744,937	0.244720	0.000000		90.07	
91.00	09100	EMERGENCY	39,151,821	104,167,386	143,319,207	0.117279	0.000000		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,266,610	12,164,280	15,430,890	0.723176	0.000000		92.00	
200.00		Subtotal (see instructions)	593,387,735	1,107,797,563	1,701,185,298				200.00	
201.00		Less Observation Beds							201.00	
202.00		Total (see instructions)	593,387,735	1,107,797,563	1,701,185,298				202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet C
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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	0.134126		50.00
50.01	05001	CARDIAC SURGERY	0.599316		50.01
50.02	05002	WVSC	0.142609		50.02
51.00	05100	RECOVERY ROOM	0.313518		51.00
51.02	05101	O/P TREATMENT ROOM	0.662228		51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350610		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218959		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.178242		55.00
56.00	05600	RADIOISOTOPE	0.276166		56.00
57.00	05700	CT SCAN	0.072560		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.211939		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.268946		59.00
60.00	06000	LABORATORY	0.132856		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.532616		62.00
65.00	06500	RESPIRATORY THERAPY	0.204577		65.00
66.00	06600	PHYSICAL THERAPY	0.296395		66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602	O/P PHYSICAL THERAPY	0.299085		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.223741		67.00
68.00	06800	SPEECH PATHOLOGY	0.280141		68.00
69.00	06900	ELECTROCARDIOLOGY	0.089888		69.00
69.01	06901	CARDIAC REHAB	0.628190		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.547305		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248900		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205671		73.00
76.00	03020	RENAL ACUTE	0.563022		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.464040		90.00
90.05	09005	PATIENT NUTRITION	1.332539		90.05
90.07	09007	WOUND CLINIC	0.244720		90.07
91.00	09100	EMERGENCY	0.117279		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.723176		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
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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	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,657,516		65,657,516	0	65,657,516	30.00
31.00	03100	INTENSIVE CARE UNIT	15,862,754		15,862,754	0	15,862,754	31.00
35.00	02040	INTENSIVE NURSERY	4,733,539		4,733,539	0	4,733,539	35.00
41.00	04100	SUBPROVIDER - IRF	3,613,960		3,613,960	0	3,613,960	41.00
43.00	04300	NURSERY	1,534,032		1,534,032	0	1,534,032	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,820,291		23,820,291	24,865	23,845,156	50.00
50.01	05001	CARDIAC SURGERY	3,909,524		3,909,524	0	3,909,524	50.01
50.02	05002	WVSC	18,154,712		18,154,712	0	18,154,712	50.02
51.00	05100	RECOVERY ROOM	3,534,141		3,534,141	0	3,534,141	51.00
51.02	05101	O/P TREATMENT ROOM	2,313,123		2,313,123	0	2,313,123	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,291,176		8,291,176	0	8,291,176	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,463,520		16,463,520	3,170	16,466,690	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,996,834		8,996,834	0	8,996,834	55.00
56.00	05600	RADIOISOTOPE	3,155,942		3,155,942	0	3,155,942	56.00
57.00	05700	CT SCAN	4,091,390		4,091,390	0	4,091,390	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,169,984		3,169,984	0	3,169,984	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,021,244		29,021,244	0	29,021,244	59.00
60.00	06000	LABORATORY	13,691,231		13,691,231	22,545	13,713,776	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,909,133		1,909,133	0	1,909,133	62.00
65.00	06500	RESPIRATORY THERAPY	8,083,918	0	8,083,918	0	8,083,918	65.00
66.00	06600	PHYSICAL THERAPY	4,556,979	0	4,556,979	0	4,556,979	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,270,147	0	2,270,147	0	2,270,147	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,765,181	0	2,765,181	0	2,765,181	67.00
68.00	06800	SPEECH PATHOLOGY	1,224,313	0	1,224,313	0	1,224,313	68.00
69.00	06900	ELECTROCARDIOLOGY	8,174,899		8,174,899	0	8,174,899	69.00
69.01	06901	CARDIAC REHAB	959,576		959,576	0	959,576	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,259,118		2,259,118	0	2,259,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,691,575		12,691,575	0	12,691,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,473,120		71,473,120	0	71,473,120	73.00
76.00	03020	RENAL ACUTE	2,590,970		2,590,970	0	2,590,970	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	405,249		405,249	0	405,249	90.00
90.05	09005	PATIENT NUTRITION	264,785		264,785	1,475	266,260	90.05
90.07	09007	WOUND CLINIC	2,629,498		2,629,498	0	2,629,498	90.07
91.00	09100	EMERGENCY	16,808,279		16,808,279	0	16,808,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,159,249		11,159,249	0	11,159,249	92.00
200.00		Subtotal (see instructions)	380,240,902	0	380,240,902	52,055	380,292,957	200.00
201.00		Less Observation Beds	11,159,249		11,159,249	0	11,159,249	201.00
202.00		Total (see instructions)	369,081,653	0	369,081,653	52,055	369,133,708	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2021
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			Title XIX		Hospital	Cost		
	Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	117,856,189		117,856,189		30.00	
31.00	03100	INTENSIVE CARE UNIT	34,095,203		34,095,203		31.00	
35.00	02040	INTENSIVE NURSERY	18,678,475		18,678,475		35.00	
41.00	04100	SUBPROVIDER - IRF	5,017,326		5,017,326		41.00	
43.00	04300	NURSERY	2,867,220		2,867,220		43.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,422,053	122,359,220	177,781,273	0.133987	0.000000	50.00
50.01	05001	CARDIAC SURGERY	6,498,308	25,000	6,523,308	0.599316	0.000000	50.01
50.02	05002	WVSC	104,600	127,199,938	127,304,538	0.142609	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,273,710	7,998,822	11,272,532	0.313518	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	83,558	3,409,383	3,492,941	0.662228	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,507,049	4,140,786	23,647,835	0.350610	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,581,576	55,622,922	75,204,498	0.218917	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,786,997	47,688,356	50,475,353	0.178242	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,282,581	10,145,117	11,427,698	0.276166	0.000000	56.00
57.00	05700	CT SCAN	16,989,921	39,396,727	56,386,648	0.072560	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593,631	12,363,452	14,957,083	0.211939	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,508,688	72,398,798	107,907,486	0.268946	0.000000	59.00
60.00	06000	LABORATORY	55,615,051	47,608,056	103,223,107	0.132637	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,004,102	580,342	3,584,444	0.532616	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	36,280,957	3,234,393	39,515,350	0.204577	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,837,574	5,537,099	15,374,673	0.296395	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	7,590,297	7,590,297	0.299085	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,425,538	4,933,311	12,358,849	0.223741	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,455,269	2,915,074	4,370,343	0.280141	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,962,862	72,982,404	90,945,266	0.089888	0.000000	69.00
69.01	06901	CARDIAC REHAB	125,353	1,402,172	1,527,525	0.628190	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	885,315	3,242,400	4,127,715	0.547305	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,599,443	37,391,238	50,990,681	0.248900	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,426,429	289,084,957	347,511,386	0.205671	0.000000	73.00
76.00	03020	RENAL ACUTE	4,202,926	398,975	4,601,901	0.563022	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,400	871,907	873,307	0.464040	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	199,814	199,814	1.325157	0.000000	90.05
90.07	09007	WOUND CLINIC	0	10,744,937	10,744,937	0.244720	0.000000	90.07
91.00	09100	EMERGENCY	39,151,821	104,167,386	143,319,207	0.117279	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,266,610	12,164,280	15,430,890	0.723176	0.000000	92.00
200.00		Subtotal (see instructions)	593,387,735	1,107,797,563	1,701,185,298			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	593,387,735	1,107,797,563	1,701,185,298			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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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 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 10:49 am

			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	6,614,185	0	6,614,185	65,044	101.69	30.00
31.00	INTENSIVE CARE UNIT	2,482,005		2,482,005	8,117	305.78	31.00
35.00	INTENSIVE NURSERY	419,797		419,797	4,100	102.39	35.00
41.00	SUBPROVIDER - IRF	460,760	0	460,760	4,440	103.77	41.00
43.00	NURSERY	25,733		25,733	2,814	9.14	43.00
200.00	Total (lines 30 through 199)	10,002,480		10,002,480	84,515		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	22,005	2,237,688				
31.00	INTENSIVE CARE UNIT	3,128	956,480				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	1,920	199,238				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	27,053	3,393,406				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/26/2022 10:49 am

			Title XVIII		Hospital	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	4,355,673	177,781,273	0.024500	23,641,982	579,229	50.00
50.01	05001	CARDIAC SURGERY	379,936	6,523,308	0.058243	2,622,674	152,752	50.01
50.02	05002	WVSC	2,101,348	127,304,538	0.016506	103,800	1,713	50.02
51.00	05100	RECOVERY ROOM	123,740	11,272,532	0.010977	1,385,846	15,212	51.00
51.02	05101	O/P TREATMENT ROOM	686,613	3,492,941	0.196572	7,676	1,509	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	923,624	23,647,835	0.039057	57,941	2,263	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,191,095	75,204,498	0.042432	8,306,149	352,447	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,798,483	50,475,353	0.035631	876,870	31,244	55.00
56.00	05600	RADIOISOTOPE	799,314	11,427,698	0.069945	758,463	53,051	56.00
57.00	05700	CT SCAN	534,493	56,386,648	0.009479	7,417,049	70,306	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	979,266	14,957,083	0.065472	959,410	62,814	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,483,139	107,907,486	0.013745	15,886,313	218,357	59.00
60.00	06000	LABORATORY	67,837	103,223,107	0.000657	22,094,565	14,516	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,357	3,584,444	0.000658	1,186,786	781	62.00
65.00	06500	RESPIRATORY THERAPY	611,828	39,515,350	0.015483	13,766,416	213,145	65.00
66.00	06600	PHYSICAL THERAPY	280,901	15,374,673	0.018270	3,415,001	62,392	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	92,548	7,590,297	0.012193	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	46,823	12,358,849	0.003789	2,091,045	7,923	67.00
68.00	06800	SPEECH PATHOLOGY	85,040	4,370,343	0.019458	489,222	9,519	68.00
69.00	06900	ELECTROCARDIOLOGY	1,680,892	90,945,266	0.018482	7,641,970	141,239	69.00
69.01	06901	CARDIAC REHAB	233,356	1,527,525	0.152767	59,046	9,020	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	98,912	4,127,715	0.023963	379,271	9,088	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,754	50,990,681	0.000348	6,202,181	2,158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,619,250	347,511,386	0.004660	21,708,519	101,162	73.00
76.00	03020	RENAL ACUTE	101,956	4,601,901	0.022155	2,057,254	45,578	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,864	873,307	0.021601	0	0	90.00
90.05	09005	PATIENT NUTRITION	50,124	199,814	0.250853	0	0	90.05
90.07	09007	WOUND CLINIC	276,640	10,744,937	0.025746	0	0	90.07
91.00	09100	EMERGENCY	949,341	143,319,207	0.006624	15,787,645	104,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,124,160	15,430,890	0.072851	1,585,215	115,484	92.00
200.00		Total (lines 50 through 199)	24,715,307	1,522,670,885		160,488,309	2,377,479	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part III
Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
				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	65,044	0.00	22,005		30.00
31.00	03100	INTENSIVE CARE UNIT		0	8,117	0.00	3,128		31.00
35.00	02040	INTENSIVE NURSERY		0	4,100	0.00	0		35.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,440	0.00	1,920		41.00
43.00	04300	NURSERY		0	2,814	0.00	0		43.00
200.00		Total (lines 30 through 199)		0	84,515		27,053		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 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	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	123,536	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	481,298	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	604,834	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0023		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:49 am	
			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	177,781,273	0.000000	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	6,523,308	0.000000	50.01
50.02	05002	WVSC	0	0	0	127,304,538	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	11,272,532	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	3,492,941	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,647,835	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	123,536	123,536	75,204,498	0.001643	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	50,475,353	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,427,698	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	56,386,648	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,957,083	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	107,907,486	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	103,223,107	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,584,444	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,515,350	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	15,374,673	0.000000	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	7,590,297	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,358,849	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,370,343	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	90,945,266	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,527,525	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,127,715	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,990,681	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	481,298	481,298	347,511,386	0.001385	73.00
76.00	03020	RENAL ACUTE	0	0	0	4,601,901	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	873,307	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	199,814	0.000000	90.05
90.07	09007	WOUND CLINIC	0	0	0	10,744,937	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	143,319,207	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	15,430,890	0.000000	92.00
200.00		Total (lines 50 through 199)	0	604,834	604,834	1,522,670,885		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 10:49 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	23,641,982	0	30,369,981	0	50.00
50.01	05001	CARDIAC SURGERY	0.000000	2,622,674	0	24,056	0	50.01
50.02	05002	WVSC	0.000000	103,800	0	29,741,298	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	1,385,846	0	2,098,816	0	51.00
51.02	05101	O/P TREATMENT ROOM	0.000000	7,676	0	1,256,615	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	57,941	0	1,107	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.001643	8,306,149	13,647	11,949,115	19,632	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	876,870	0	19,361,582	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	758,463	0	4,053,979	0	56.00
57.00	05700	CT SCAN	0.000000	7,417,049	0	11,131,425	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	959,410	0	2,907,748	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	15,886,313	0	31,830,644	0	59.00
60.00	06000	LABORATORY	0.000000	22,094,565	0	7,802,166	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,186,786	0	266,574	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	13,766,416	0	697,703	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,415,001	0	135,762	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	2,091,045	0	60,886	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	489,222	0	44,178	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,641,970	0	24,886,308	0	69.00
69.01	06901	CARDIAC REHAB	0.000000	59,046	0	606,628	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	379,271	0	641,276	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,202,181	0	11,435,637	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001385	21,708,519	30,066	128,578,803	178,082	73.00
76.00	03020	RENAL ACUTE	0.000000	2,057,254	0	121,652	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	413,783	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	3,742,248	0	90.07
91.00	09100	EMERGENCY	0.000000	15,787,645	0	17,040,020	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,585,215	0	2,335,545	0	92.00
200.00		Total (lines 50 through 199)		160,488,309	43,713	343,535,535	197,714	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 10:49 am

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.133987	30,369,981	0	0	4,069,183	50.00
50.01	05001	CARDIAC SURGERY	0.599316	24,056	0	0	14,417	50.01
50.02	05002	WVSC	0.142609	29,741,298	0	0	4,241,377	50.02
51.00	05100	RECOVERY ROOM	0.313518	2,098,816	0	0	658,017	51.00
51.02	05101	O/P TREATMENT ROOM	0.662228	1,256,615	0	0	832,166	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350610	1,107	0	0	388	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218917	11,949,115	0	0	2,615,864	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.178242	19,361,582	0	0	3,451,047	55.00
56.00	05600	RADIOISOTOPE	0.276166	4,053,979	0	0	1,119,571	56.00
57.00	05700	CT SCAN	0.072560	11,131,425	0	0	807,696	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.211939	2,907,748	0	0	616,265	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.268946	31,830,644	0	0	8,560,724	59.00
60.00	06000	LABORATORY	0.132637	7,802,166	0	0	1,034,856	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.532616	266,574	0	0	141,982	62.00
65.00	06500	RESPIRATORY THERAPY	0.204577	697,703	0	0	142,734	65.00
66.00	06600	PHYSICAL THERAPY	0.296395	135,762	0	0	40,239	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.299085	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.223741	60,886	0	0	13,623	67.00
68.00	06800	SPEECH PATHOLOGY	0.280141	44,178	0	0	12,376	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089888	24,886,308	0	0	2,236,980	69.00
69.01	06901	CARDIAC REHAB	0.628190	606,628	0	0	381,078	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.547305	641,276	0	0	350,974	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248900	11,435,637	0	0	2,846,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205671	128,578,803	0	452,247	26,444,931	73.00
76.00	03020	RENAL ACUTE	0.563022	121,652	0	0	68,493	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.464040	413,783	0	0	192,012	90.00
90.05	09005	PATIENT NUTRITION	1.325157	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.244720	3,742,248	0	0	915,803	90.07
91.00	09100	EMERGENCY	0.117279	17,040,020	0	0	1,998,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.723176	2,335,545	0	0	1,689,010	92.00
200.00		Subtotal (see instructions)		343,535,535	0	452,247	65,496,573	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		343,535,535	0	452,247	65,496,573	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 10:49 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
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	93,014	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	93,014	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	0	93,014	202.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 10:49 am	
				Component CCN: 15-T023			
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,355,673	177,781,273	0.024500	32,470	796
50.01	05001	CARDIAC SURGERY	379,936	6,523,308	0.058243	3,549	207
50.02	05002	WVSC	2,101,348	127,304,538	0.016506	159	3
51.00	05100	RECOVERY ROOM	123,740	11,272,532	0.010977	0	0
51.02	05101	O/P TREATMENT ROOM	686,613	3,492,941	0.196572	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	923,624	23,647,835	0.039057	26	1
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,191,095	75,204,498	0.042432	79,265	3,363
55.00	05500	RADIOLOGY-THERAPEUTIC	1,798,483	50,475,353	0.035631	0	0
56.00	05600	RADIOISOTOPE	799,314	11,427,698	0.069945	0	0
57.00	05700	CT SCAN	534,493	56,386,648	0.009479	49,561	470
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	979,266	14,957,083	0.065472	5,325	349
59.00	05900	CARDIAC CATHETERIZATION	1,483,139	107,907,486	0.013745	22,464	309
60.00	06000	LABORATORY	67,837	103,223,107	0.000657	342,026	225
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,357	3,584,444	0.000658	13,007	9
65.00	06500	RESPIRATORY THERAPY	611,828	39,515,350	0.015483	356,798	5,524
66.00	06600	PHYSICAL THERAPY	280,901	15,374,673	0.018270	1,096,720	20,037
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0
66.02	06602	O/P PHYSICAL THERAPY	92,548	7,590,297	0.012193	0	0
67.00	06700	OCCUPATIONAL THERAPY	46,823	12,358,849	0.003789	1,108,487	4,200
68.00	06800	SPEECH PATHOLOGY	85,040	4,370,343	0.019458	206,450	4,017
69.00	06900	ELECTROCARDIOLOGY	1,680,892	90,945,266	0.018482	23,061	426
69.01	06901	CARDIAC REHAB	233,356	1,527,525	0.152767	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	98,912	4,127,715	0.023963	1,133	27
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,754	50,990,681	0.000348	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,619,250	347,511,386	0.004660	210,593	981
76.00	03020	RENAL ACUTE	101,956	4,601,901	0.022155	114,115	2,528
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	18,864	873,307	0.021601	0	0
90.05	09005	PATIENT NUTRITION	50,124	199,814	0.250853	0	0
90.07	09007	WOUND CLINIC	276,640	10,744,937	0.025746	0	0
91.00	09100	EMERGENCY	949,341	143,319,207	0.006624	15,474	102
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,430,890	0.000000	0	0
200.00		Total (lines 50 through 199)	23,591,147	1,522,670,885		3,680,683	43,574

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:49 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	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	123,536	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	481,298	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	604,834	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:49 am	
			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	177,781,273	0.000000	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	6,523,308	0.000000	50.01
50.02	05002	WVSC	0	0	0	127,304,538	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	11,272,532	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	3,492,941	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,647,835	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	123,536	123,536	75,204,498	0.001643	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	50,475,353	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,427,698	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	56,386,648	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,957,083	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	107,907,486	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	103,223,107	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,584,444	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,515,350	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	15,374,673	0.000000	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	7,590,297	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,358,849	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,370,343	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	90,945,266	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,527,525	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,127,715	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,990,681	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	481,298	481,298	347,511,386	0.001385	73.00
76.00	03020	RENAL ACUTE	0	0	0	4,601,901	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	873,307	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	199,814	0.000000	90.05
90.07	09007	WOUND CLINIC	0	0	0	10,744,937	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	143,319,207	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	15,430,890	0.000000	92.00
200.00		Total (lines 50 through 199)	0	604,834	604,834	1,522,670,885		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:49 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	32,470	0	0	0	50.00
50.01	05001	CARDIAC SURGERY		0.000000	3,549	0	0	0	50.01
50.02	05002	WVSC		0.000000	159	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM		0.000000	0	0	530	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	26	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.001643	79,265	130	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	49,561	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	5,325	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	22,464	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	342,026	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	13,007	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	356,798	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,096,720	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY		0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,108,487	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	206,450	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	23,061	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,133	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001385	210,593	292	0	0	73.00
76.00	03020	RENAL ACUTE		0.000000	114,115	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	15,474	0	0	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)			3,680,683	422	530	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0023

Period:

Worksheet D

Component CCN: 15-T023

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/26/2022 10:49 am

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	0.133987	0	0	0	0 50.00
50.01	05001 CARDIAC SURGERY	0.599316	0	0	0	0 50.01
50.02	05002 WVSC	0.142609	0	0	0	0 50.02
51.00	05100 RECOVERY ROOM	0.313518	0	0	0	0 51.00
51.02	05101 O/P TREATMENT ROOM	0.662228	530	0	0	351 51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.350610	0	0	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218917	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.178242	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.276166	0	0	0	0 56.00
57.00	05700 CT SCAN	0.072560	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.211939	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.268946	0	0	0	0 59.00
60.00	06000 LABORATORY	0.132637	0	0	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.532616	0	0	0	0 62.00
65.00	06500 RESPIRATORY THERAPY	0.204577	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.296395	0	0	0	0 66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0 66.01
66.02	06602 O/P PHYSICAL THERAPY	0.299085	0	0	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.223741	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.280141	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.089888	0	0	0	0 69.00
69.01	06901 CARDIAC REHAB	0.628190	0	0	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.547305	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.248900	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.205671	0	0	934	0 73.00
76.00	03020 RENAL ACUTE	0.563022	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.464040	0	0	0	0 90.00
90.05	09005 PATIENT NUTRITION	1.325157	0	0	0	0 90.05
90.07	09007 WOUND CLINIC	0.244720	0	0	0	0 90.07
91.00	09100 EMERGENCY	0.117279	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.723176	0	0	0	0 92.00
200.00	Subtotal (see instructions)		530	0	934	351 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		530	0	934	351 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0023

Period:

Worksheet D

Component CCN: 15-T023

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/26/2022 10:49 am

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	192	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	192	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	192	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 10:49 am
		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)		65,044	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		65,044	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)		53,989	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)		22,005	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)		65,657,516	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)		65,657,516	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)		65,657,516	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)		1,009.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,212,507	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)		22,212,507	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/26/2022 10:49 am

			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	15,862,754	8,117	1,954.26	3,128	6,112,925	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	4,733,539	4,100	1,154.52	0	0	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,513,277	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					59,838,709	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)					3,194,168	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,421,192	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,615,360	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					54,223,349	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)					11,055	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,009.43	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,159,249	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/26/2022 10:49 am

		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	6,614,185	65,657,516	0.100738	11,159,249	1,124,160	90.00
91.00 Nursing Program cost	0	65,657,516	0.000000	11,159,249	0	91.00
92.00 Allied health cost	0	65,657,516	0.000000	11,159,249	0	92.00
93.00 All other Medical Education	0	65,657,516	0.000000	11,159,249	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 10:49 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,440	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,440	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,440	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)		1,920	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)		3,613,960	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)		3,613,960	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)		3,613,960	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)		813.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,562,784	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)		1,562,784	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 15-T023		Date/Time Prepared: 5/26/2022 10:49 am	
				Title XVIII		Subprovider - IRF	PPS
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		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)					902,979	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,465,763	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)					199,238	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					43,996	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					243,234	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,222,529	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 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 10:49 am	
		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	460,760	3,613,960	0.127494	0	0	90.00
91.00	Nursing Program cost	0	3,613,960	0.000000	0	0	91.00
92.00	Allied health cost	0	3,613,960	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,613,960	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 10:49 am
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)			65,044 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			65,044 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)			53,989 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)			1,083 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,814 15.00
16.00	Nursery days (title V or XIX only)			96 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)			65,657,516 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)			65,657,516 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)			65,657,516 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)			1,009.43 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,093,213 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)			1,093,213 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/26/2022 10:49 am

		Title XIX		Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	1,534,032	2,814	545.14	96	52,333
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,862,754	8,117	1,954.26	96	187,609
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	INTENSIVE NURSERY	4,733,539	4,100	1,154.52	287	331,347
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,199,164
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,863,666
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
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)					11,055
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,009.43
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,159,249

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/26/2022 10:49 am

		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	6,614,185	65,657,516	0.100738	11,159,249	1,124,160
91.00	Nursing Program cost	0	65,657,516	0.000000	11,159,249	0
92.00	Allied health cost	0	65,657,516	0.000000	11,159,249	0
93.00	All other Medical Education	0	65,657,516	0.000000	11,159,249	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN: 15-T023		Date/Time Prepared: 5/26/2022 10:49 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,440 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,440 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,440 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)			42 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,814 15.00
16.00	Nursery days (title V or XIX only)			96 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)			3,613,960 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)			3,613,960 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)			3,613,960 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)			813.95 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			34,186 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)			34,186 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 15-T023		Date/Time Prepared: 5/26/2022 10:49 am	
				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		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)					8,175	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,361	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 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 10:49 am	
		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	460,760	3,613,960	0.127494	0	0	90.00
91.00	Nursing Program cost	0	3,613,960	0.000000	0	0	91.00
92.00	Allied health cost	0	3,613,960	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,613,960	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 10:49 am	
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	49,536,249		30.00
31.00	03100	INTENSIVE CARE UNIT	13,124,154		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	0.134126	23,641,982	3,171,004 50.00
50.01	05001	CARDIAC SURGERY	0.599316	2,622,674	1,571,810 50.01
50.02	05002	WVSC	0.142609	103,800	14,803 50.02
51.00	05100	RECOVERY ROOM	0.313518	1,385,846	434,488 51.00
51.02	05101	O/P TREATMENT ROOM	0.662228	7,676	5,083 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350610	57,941	20,315 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218959	8,306,149	1,818,706 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.178242	876,870	156,295 55.00
56.00	05600	RADIOISOTOPE	0.276166	758,463	209,462 56.00
57.00	05700	CT SCAN	0.072560	7,417,049	538,181 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.211939	959,410	203,336 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.268946	15,886,313	4,272,560 59.00
60.00	06000	LABORATORY	0.132856	22,094,565	2,935,396 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.532616	1,186,786	632,101 62.00
65.00	06500	RESPIRATORY THERAPY	0.204577	13,766,416	2,816,292 65.00
66.00	06600	PHYSICAL THERAPY	0.296395	3,415,001	1,012,189 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.299085	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.223741	2,091,045	467,852 67.00
68.00	06800	SPEECH PATHOLOGY	0.280141	489,222	137,051 68.00
69.00	06900	ELECTROCARDIOLOGY	0.089888	7,641,970	686,921 69.00
69.01	06901	CARDIAC REHAB	0.628190	59,046	37,092 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.547305	379,271	207,577 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248900	6,202,181	1,543,723 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205671	21,708,519	4,464,813 73.00
76.00	03020	RENAL ACUTE	0.563022	2,057,254	1,158,279 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.464040	0	0 90.00
90.05	09005	PATIENT NUTRITION	1.332539	0	0 90.05
90.07	09007	WOUND CLINIC	0.244720	0	0 90.07
91.00	09100	EMERGENCY	0.117279	15,787,645	1,851,559 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.723176	1,585,215	1,146,389 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		160,488,309	31,513,277 200.00
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)		160,488,309	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 10:49 am	
		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				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
35.00	02040 INTENSIVE NURSERY				35.00
41.00	04100 SUBPROVIDER - IRF		2,146,089		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.134126	32,470	4,355	50.00
50.01	05001 CARDIAC SURGERY	0.599316	3,549	2,127	50.01
50.02	05002 WVSC	0.142609	159	23	50.02
51.00	05100 RECOVERY ROOM	0.313518	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.662228	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.350610	26	9	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218959	79,265	17,356	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.178242	0	0	55.00
56.00	05600 RADIOISOTOPE	0.276166	0	0	56.00
57.00	05700 CT SCAN	0.072560	49,561	3,596	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.211939	5,325	1,129	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.268946	22,464	6,042	59.00
60.00	06000 LABORATORY	0.132856	342,026	45,440	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.532616	13,007	6,928	62.00
65.00	06500 RESPIRATORY THERAPY	0.204577	356,798	72,993	65.00
66.00	06600 PHYSICAL THERAPY	0.296395	1,096,720	325,062	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.299085	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.223741	1,108,487	248,014	67.00
68.00	06800 SPEECH PATHOLOGY	0.280141	206,450	57,835	68.00
69.00	06900 ELECTROCARDIOLOGY	0.089888	23,061	2,073	69.00
69.01	06901 CARDIAC REHAB	0.628190	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.547305	1,133	620	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.248900	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.205671	210,593	43,313	73.00
76.00	03020 RENAL ACUTE	0.563022	114,115	64,249	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.464040	0	0	90.00
90.05	09005 PATIENT NUTRITION	1.332539	0	0	90.05
90.07	09007 WOUND CLINIC	0.244720	0	0	90.07
91.00	09100 EMERGENCY	0.117279	15,474	1,815	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.723176	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,680,683	902,979	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)		3,680,683		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 10:49 am	
Cost Center Description		Title XIX	Hospital	Cost	
		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		2,116,042	30.00
31.00	03100	INTENSIVE CARE UNIT		930,950	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		27,891	41.00
43.00	04300	NURSERY		1,652,934	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133987	816,908	50.00
50.01	05001	CARDIAC SURGERY	0.599316	0	50.01
50.02	05002	WVSC	0.142609	0	50.02
51.00	05100	RECOVERY ROOM	0.313518	37,776	51.00
51.02	05101	O/P TREATMENT ROOM	0.662228	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350610	194,679	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218917	278,504	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.178242	35,007	55.00
56.00	05600	RADIOISOTOPE	0.276166	29,800	56.00
57.00	05700	CT SCAN	0.072560	295,573	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.211939	43,075	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.268946	76,773	59.00
60.00	06000	LABORATORY	0.132637	1,236,678	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.532616	85,790	62.00
65.00	06500	RESPIRATORY THERAPY	0.204577	889,138	65.00
66.00	06600	PHYSICAL THERAPY	0.296395	110,553	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.299085	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.223741	95,146	67.00
68.00	06800	SPEECH PATHOLOGY	0.280141	25,188	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089888	325,268	69.00
69.01	06901	CARDIAC REHAB	0.628190	125	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.547305	41,553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248900	5,207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205671	1,289,314	73.00
76.00	03020	RENAL ACUTE	0.563022	70,886	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.464040	0	90.00
90.05	09005	PATIENT NUTRITION	1.325157	0	90.05
90.07	09007	WOUND CLINIC	0.244720	0	90.07
91.00	09100	EMERGENCY	0.117279	612,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.723176	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,594,972	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)		6,594,972	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 10:49 am	
		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			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	190		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133987	5,569	746 50.00
50.01	05001	CARDIAC SURGERY	0.599316	0	0 50.01
50.02	05002	WVSC	0.142609	0	0 50.02
51.00	05100	RECOVERY ROOM	0.313518	258	81 51.00
51.02	05101	O/P TREATMENT ROOM	0.662228	0	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350610	1,327	465 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218917	1,899	416 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.178242	239	43 55.00
56.00	05600	RADIOISOTOPE	0.276166	203	56 56.00
57.00	05700	CT SCAN	0.072560	2,015	146 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.211939	294	62 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.268946	523	141 59.00
60.00	06000	LABORATORY	0.132637	8,431	1,118 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.532616	585	312 62.00
65.00	06500	RESPIRATORY THERAPY	0.204577	6,062	1,240 65.00
66.00	06600	PHYSICAL THERAPY	0.296395	754	223 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.299085	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.223741	649	145 67.00
68.00	06800	SPEECH PATHOLOGY	0.280141	172	48 68.00
69.00	06900	ELECTROCARDIOLOGY	0.089888	2,217	199 69.00
69.01	06901	CARDIAC REHAB	0.628190	1	1 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.547305	283	155 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248900	35	9 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205671	8,790	1,808 73.00
76.00	03020	RENAL ACUTE	0.563022	483	272 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.464040	0	0 90.00
90.05	09005	PATIENT NUTRITION	1.325157	0	0 90.05
90.07	09007	WOUND CLINIC	0.244720	0	0 90.07
91.00	09100	EMERGENCY	0.117279	4,172	489 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.723176	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		44,961	8,175 200.00
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)		44,961	8,175 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/26/2022 10:49 am

		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)			39,868,042	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			13,272,361	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)			292,444	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			60,801	2.04
3.00	Managed Care Simulated Payments			20,800,798	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			213.20	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			20.53	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).			0.057317	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.056935	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.056935	21.00
22.00	IME payment adjustment (see instructions)			1,627,053	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			636,879	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)			8.31	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)			8.31	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.038977	26.00
27.00	IME payments adjustment factor. (see instructions)			0.010300	27.00
28.00	IME add-on adjustment amount (see instructions)			547,346	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			214,248	28.01
29.00	Total IME payment (sum of lines 22 and 28)			2,174,399	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			851,127	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.33	30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.72	31.00
32.00	Sum of lines 30 and 31			28.05	32.00
33.00	Allowable disproportionate share percentage (see instructions)			12.36	33.00
34.00	Disproportionate share adjustment (see instructions)			1,642,039	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 10:49 am
		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)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.000409962	0.000544339
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,398,591	3,914,891
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,541,959	986,768
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,528,727	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (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 (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		60,838,813	
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)		61,689,940	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,488,200	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).		687,693	52.00
53.00	Nursing and Allied Health Managed Care payment		9,352	53.00
54.00	Special add-on payments for new technologies		485,883	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)		43,713	58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,404,781	59.00
60.00	Primary payer payments		16,831	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,387,950	61.00
62.00	Deductibles billed to program beneficiaries		4,750,672	62.00
63.00	Coinsurance billed to program beneficiaries		143,054	63.00
64.00	Allowable bad debts (see instructions)		131,287	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		85,337	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,579,561	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)		-165,687	70.93
70.94	HRR adjustment amount (see instructions)		-403,467	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 10:49 am	
		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)		62,010,407	71.00	
71.01	Sequestration adjustment (see instructions)		0	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		61,502,188	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		508,219	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,086,087	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	0	100.00
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 10:49 am

					Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	39,868,042	0	39,868,042		39,868,042	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,272,361	0		13,272,361	13,272,361	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00						2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	292,444	0	292,444		292,444	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	60,801	0		60,801	60,801	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	20,800,798	0	15,198,646	5,602,152	20,800,798	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.056935	0.056935	0.056935	0.056935		5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,627,053	0	1,220,680	406,373	1,627,053	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	636,879	0	465,352	171,527	636,879	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	0.010300	0.010300	0.010300	0.010300		7.00	
8.00	IME adjustment (see instructions)	28.00	547,346	0	410,641	136,705	547,346	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	214,248	0	156,546	57,702	214,248	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,174,399	0	1,631,321	543,078	2,174,399	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	851,127	0	621,898	229,229	851,127	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1236	0.1236	0.1236	0.1236		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,642,039	0	1,231,923	410,116	1,642,039	11.00	
11.01	Uncompensated care payments	36.00	3,528,727	0	2,541,959	986,768	3,528,727	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	60,838,813	0	45,565,689	15,273,124	60,838,813	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	61,689,940	0	46,187,587	15,502,353	61,689,940	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,488,200	0	3,389,870	1,098,330	4,488,200	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 10:49 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	485,883	0	328,533	157,350	485,883	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	49,905,990	16,758,033	66,664,023	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,053,223	0	3,056,918	996,305	4,053,223	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	67,350	0	55,690	11,660	67,350	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0323	0.0323	0.0323	0.0323		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	130,919	0	98,738	32,181	130,919	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0584	0.0584	0.0584	0.0584		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	236,708	0	178,524	58,184	236,708	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,488,200	0	3,389,870	1,098,330	4,488,200	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 10:49 am

		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	39,868,042	39,868,042		39,868,042	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,272,361		13,272,361	13,272,361	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	292,444	292,444		292,444	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	60,801		60,801	60,801	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	20,800,798	15,198,646	5,602,152	20,800,798	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.056935	0.056935	0.056935		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,627,053	1,220,680	406,373	1,627,053	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	636,879	465,352	171,527	636,879	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	0.010300	0.010300	0.010300		7.00
8.00	IME adjustment (see instructions)	28.00	547,346	410,641	136,705	547,346	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	214,248	156,546	57,702	214,248	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,174,399	1,631,321	543,078	2,174,399	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	851,127	621,898	229,229	851,127	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1236	0.1236	0.1236		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,642,039	1,231,923	410,116	1,642,039	11.00
11.01	Uncompensated care payments	36.00	3,528,727	2,541,959	986,768	3,528,727	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	60,838,813	45,565,689	15,273,124	60,838,813	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	61,689,940	46,187,587	15,502,353	61,689,940	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,488,200	3,389,870	1,098,330	4,488,200	16.00
17.00	Special add-on payments for new technologies	54.00	485,883	328,533	157,350	485,883	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			49,905,990	16,758,033	66,664,023	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 10:49 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,053,223	3,056,918	996,305	4,053,223	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	67,350	55,690	11,660	67,350	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	0.0323	0.0323	0.0323		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	130,919	98,738	32,181	130,919	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0584	0.0584	0.0584		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	236,708	178,524	58,184	236,708	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,488,200	3,389,870	1,098,330	4,488,200	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	-165,687	-165,687	0	-165,687	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	-403,467	-333,632	-69,835	-403,467	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 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 10:49 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		93,014	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		65,298,859	2.00
3.00	OPPS payments		62,234,876	3.00
4.00	Outlier payment (see instructions)		25,046	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		197,714	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		93,014	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		452,247	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)		452,247	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)		452,247	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		359,233	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		93,014	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)		62,457,636	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)		11,000,991	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)		51,549,659	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		724,379	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)		52,274,038	30.00
31.00	Primary payer payments		11,585	31.00
32.00	Subtotal (line 30 minus line 31)		52,262,453	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)		383,041	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		248,977	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		52,511,430	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-88	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		52,511,518	40.00
40.01	Sequestration adjustment (see instructions)		0	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		53,411,724	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)		-900,206	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 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 10:49 am
		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)			192 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			351 2.00
3.00	OPPS payments			372 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)			192 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			934 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)			934 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)			934 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			742 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)			192 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)			372 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)			564 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)			564 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			564 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)			564 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)			564 40.00
40.01	Sequestration adjustment (see instructions)			0 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			559 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)			5 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 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 10:49 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		60,387,831		51,329,458	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/31/2021	1,114,357	12/31/2021	2,082,266	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,114,357		2,082,266	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)		61,502,188		53,411,724	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		508,219		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		900,206	6.02
7.00	Total Medicare program liability (see instructions)		62,010,407		52,511,518	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

Period:

Worksheet E-1

Component CCN: 15-T023

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 10:49 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,151,591		559	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,151,591		559	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		2,672		5	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,154,263		564	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 10:49 am
		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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			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 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/26/2022 10:49 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,039,435 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0168 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			173,248 3.00
4.00	Outlier Payments			692 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)			20.53 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)			12.164384 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,213,375 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,213,375 17.00
18.00	Primary payer payments			30,225 18.00
19.00	Subtotal (line 17 less line 18).			3,183,150 19.00
20.00	Deductibles			23,744 20.00
21.00	Subtotal (line 19 minus line 20)			3,159,406 21.00
22.00	Coinsurance			5,565 22.00
23.00	Subtotal (line 21 minus line 22)			3,153,841 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,153,841 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)			422 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
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,154,263 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,151,591 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)			2,672 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			692 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
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2022 10:49 am
		Title XIX	Hospital	Cost
			Inpatient	Outpatient
			1.00	2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	2,863,666		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,863,666	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	2,863,666	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	4,727,817		8.00
9.00	Ancillary service charges	6,594,972	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)	11,322,789	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)	11,322,789	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	8,459,123	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	2,863,666	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)	2,863,666	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,863,666	0	31.00
32.00	Deductibles	0		32.00
33.00	Coinurance	0		33.00
34.00	Allowable bad debts (see instructions)	0		34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	2,863,666	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		37.00
38.00	Subtotal (line 36 ± line 37)	2,863,666	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	2,863,666	0	40.00
41.00	Interim payments	4,718,031	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-1,854,365	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 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2022 10:49 am
		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		42,361	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)		42,361	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)		42,361	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		190	8.00
9.00	Ancillary service charges		44,961	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)		45,151	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		45,151	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,790	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		42,361	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		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	26.00
27.00	Subtotal (sum of lines 22 through 26)		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)		42,361	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		42,361	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		42,361	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		42,361	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)		42,361	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		42,361	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 10:49 am	
		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)			20.53	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.	20.53	0.00	20.53	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	138,338.04	138,338.04		18.00
19.00	Approved amount for resident costs	2,064,004	0	2,064,004	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)			5.61	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.61	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			109,943.97	23.00
24.00	Multiply line 22 time line 23			616,786	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,680,790	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	27,053	10,715		26.00
27.00	Total Inpatient Days (see instructions)	70,874	70,874		27.00
28.00	Ratio of inpatient days to total inpatient days	0.381706	0.151184		28.00
29.00	Program direct GME amount	1,023,274	405,293	1,428,567	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		16,495	16,495	30.00
31.00	Net Program direct GME amount			1,412,072	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 10:49 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM 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)		62,304,472	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)		47,056	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		62,257,416	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		65,590,130	42.00
43.00	Primary payer payments (see instructions)		11,585	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		65,578,545	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		127,835,961	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.487010	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.512990	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,412,072	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		687,693	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		724,379	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 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
5/26/2022 10:49 am

	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	78,176,679	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	69,441,176	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	6,289,601	0	0	0	7.00
8.00 Prepaid expenses	-38,239,108	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)	115,668,348	0	0	0	11.00
FIXED ASSETS					
12.00 Land	19,574,412	0	0	0	12.00
13.00 Land improvements	20,846,581	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	307,982,453	0	0	0	15.00
16.00 Accumulated depreciation	-365,641,965	0	0	0	16.00
17.00 Leasehold improvements	104,445,092	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	191,028,380	0	0	0	23.00
24.00 Accumulated depreciation	0	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	278,234,953	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	278,055,338	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	278,055,338	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	671,958,639	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	39,700,683	0	0	0	37.00
38.00 Salaries, wages, and fees payable	27,015,604	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	2,859,337	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	69,575,624	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	54,736,969	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	239,399,122	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	294,136,091	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	363,711,715	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	308,246,924				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	308,246,924	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	671,958,639	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/26/2022 10:49 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		240,910,795		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		67,336,129				2.00
3.00	Total (sum of line 1 and line 2)		308,246,924		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)		308,246,924		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)		308,246,924		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 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 10:49 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	123,610,413		123,610,413	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,248,776		5,248,776	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)	128,859,189		128,859,189	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	34,480,940		34,480,940	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	18,724,925		18,724,925	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	53,205,865		53,205,865	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	182,065,054		182,065,054	17.00
18.00	Ancillary services	371,939,896	991,463,168	1,363,403,064	18.00
19.00	Outpatient services	39,215,725	116,501,455	155,717,180	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	RURAL HEALTH	0	5,500,432	5,500,432	27.00
27.01	RENTAL PROPERTY	0	0	0	27.01
27.02	FAMILY PRACTICE	0	1,158,774	1,158,774	27.02
27.03	WELLNESS	0	0	0	27.03
27.04	PHYSICIAN PRACTICES	839,391	21,713,483	22,552,874	27.04
27.05	SYCAMORE SPORTS MED	0	0	0	27.05
27.06	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	275,408	454,964	730,372	27.06
27.07	PRO FEES	3,309,460	1,642,433	4,951,893	27.07
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	597,644,934	1,138,434,709	1,736,079,643	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		387,725,381		29.00
30.00	HOME OFFICE	97,085,257			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)		97,085,257		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)		484,810,638		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/26/2022 10:49 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,736,079,643	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,207,891,704	2.00
3.00	Net patient revenues (line 1 minus line 2)	528,187,939	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	484,810,638	4.00
5.00	Net income from service to patients (line 3 minus line 4)	43,377,301	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	32,785,744	24.00
24.01	TRANSFERS AND OTHER ALLOCATED	2,318,964	24.01
24.02	INTEREST INCOME	21,420,738	24.02
24.03	TRANSFER FOR PROPERTY AND EQUIPMENT	0	24.03
24.04	UNREALIZED GAIN/LOSS ON INVESTMENTS	0	24.04
24.05	OTHER INCOME AND EXPENSE	-7,809	24.05
24.06	OTHER INCOME AND EXPENSE	1,891,000	24.06
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	58,408,637	25.00
26.00	Total (line 5 plus line 25)	101,785,938	26.00
27.00	ALLOCATED COSTS	34,449,809	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	34,449,809	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	67,336,129	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 10:49 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,053,223	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		67,350	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)		182.01	3.00
4.00	Number of interns & residents (see instructions)		20.53	4.00
5.00	Indirect medical education percentage (see instructions)		3.23	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)		130,919	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.33	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.72	8.00
9.00	Sum of lines 7 and 8		28.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.84	10.00
11.00	Disproportionate share adjustment (see instructions)		236,708	11.00
12.00	Total prospective capital payments (see instructions)		4,488,200	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