

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 2:21 pm
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PART I - COST REPORT STATUS

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

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

6. Date Received:
7. Contractor No.
8. Initial Report for this Provider CCN
9. Final Report for this Provider CCN

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

Date: 5/30/2018 Time: 2:21 pm

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNION HOSPITAL, INC. (15-0023) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-127,178	103,669	0	-180,552	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	55,327	5		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	-71,851	103,674	0	-180,552	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 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 2:18 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1606 NORTH SEVENTH ST	PO Box:								1.00	
2.00	City: TERRE HAUTE	State: IN		Zip Code: 47804-		County: VIGO				2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	UNION HOSPITAL, INC.		150023	45460	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF	MEDICAL REHAB		15T023	45460	5	09/01/1989	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2017		12/31/2017		20.00	
21.00	Type of Control (see instructions)					2				21.00	
<u>Inpatient PPS Information</u>											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,032	8,181	0	1,556	3,791	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.			0	317	0	42	181		25.00	

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		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	0			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.	N			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.03	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	3.00	4.00		5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.91	20.14	0.043230		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	3.00	4.00		5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	2.09	18.99	0.099146		67.00
			1.00	2.00	3.00			
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0		71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y				75.00

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		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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		Physical	Occupational	Speech	Respiratory				
		1.00	2.00	3.00	4.00				
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N			109.00	
					1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. 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				
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
					1.00		2.00		
					3.00				
					1.00		2.00		
118.01	List amounts of malpractice premiums and paid losses:	928,586			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
DO NOT USE THIS LINE									
119.00	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		119.00
120.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y				120.00
121.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N				122.00
Transplant Center Information									
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 2:18 pm	
		1.00		2.00			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H043		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:				142.00	
143.00	City: TERRE HAUTE	State: IN		Zip Code: 47804		143.00	
		1.00		2.00			
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.	N				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		2.00			
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 V		Title XIX			
		3.00		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
		1.00		2.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
		1.00		2.00			
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)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2017		12/31/2017		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 2:18 pm
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, 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 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 2:18 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/04/2018	Y	04/04/2018		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 2:18 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LANDON		HACKETT	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7929		LHACKETT@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 2:18 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 2:18 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	66,430	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		182	66,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY	35.00	15	5,475	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		233	85,045	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		255				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 2:18 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,848	1,027	49,041			1.00
2.00 HMO and other (see instructions)	3,706	13,439				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	540				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	24,848	1,027	49,041			7.00
8.00 INTENSIVE CARE UNIT	4,297	0	7,320			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	0	3,441			12.00
13.00 NURSERY		0	3,497			13.00
14.00 Total (see instructions)	29,145	1,027	63,299	21.04	1,450.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,194	0	3,432	0.00	18.06	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	162			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				21.04	1,468.06	27.00
28.00 Observation Bed Days		0	9,706			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	94	157			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			249			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 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 2:18 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,653	187	16,055	1.00
2.00 HMO and other (see instructions)				721	3,060		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					37		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 INTENSIVE NURSERY							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		6,653	187	16,055	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		169	0	276	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 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2018 2:18 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	92,802,566	0	92,802,566	3,052,723.00	30.40
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		831,859	0	831,859	7,007.00	118.72
5.00	Physician and Non-Physician-Part B		3,343,522	0	3,343,522	19,332.00	172.95
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	1,312,958	1,312,958	43,680.00	30.06
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)		14,028,230	-1,989,259	12,038,971	216,237.00	55.67
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		7,963,398	0	7,963,398	146,080.00	54.51
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		802,101	0	802,101	6,878.00	116.62
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		19,615,413	0	19,615,413	418,743.00	46.84
14.02	Related organization salaries		0	0	0	0.00	0.00
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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,347,042	0	28,347,042		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,595,858	0	3,595,858		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		237,895	0	237,895		
23.00	Physician Part B		792,966	0	792,966		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		483,363	0	483,363		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2018 2:18 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	238,912	562,064	800,976	31,264.00	25.62 26.00
27.00	Administrative & General	5.00	7,323,630	-462,858	6,860,772	252,754.00	27.14 27.00
28.00	Administrative & General under contract (see inst.)		1,939,656	0	1,939,656	27,287.00	71.08 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00 29.00
30.00	Operation of Plant	7.00	1,766,493	0	1,766,493	67,540.00	26.15 30.00
31.00	Laundry & Linen Service	8.00	641,428	0	641,428	41,152.00	15.59 31.00
32.00	Housekeeping	9.00	1,915,963	0	1,915,963	141,898.00	13.50 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00 33.00
34.00	Dietary	10.00	1,850,315	-1,491,631	358,684	23,320.00	15.38 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00 35.00
36.00	Cafeteria	11.00	114,049	1,484,614	1,598,663	105,155.00	15.20 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	1,643,063	0	1,643,063	33,977.00	48.36 38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00 39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,884,409	0	1,884,409	84,041.00	22.42 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 01/01/2017
To 12/31/2017

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2018 2:18 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	90,566,841	-1,312,958	89,253,883	3,009,991.00	29.65	1.00
2.00	Excluded area salaries (see instructions)	14,028,230	-1,989,259	12,038,971	216,237.00	55.67	2.00
3.00	Subtotal salaries (line 1 minus line 2)	76,538,611	676,301	77,214,912	2,793,754.00	27.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,380,912	0	28,380,912	571,701.00	49.64	4.00
5.00	Subtotal wage-related costs (see inst.)	28,347,042	0	28,347,042	0.00	36.71	5.00
6.00	Total (sum of lines 3 thru 5)	133,266,565	676,301	133,942,866	3,365,455.00	39.80	6.00
7.00	Total overhead cost (see instructions)	19,317,918	92,189	19,410,107	808,388.00	24.01	7.00

Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 2:18 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,775,963	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)	13,931,178	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)	10,198,196	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)	0	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	-618,257	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	46,226	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)	101,673	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	244,118	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,506,071	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	63,386	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	208,571	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	33,457,125	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/30/2018 2:18 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	7,963,398	33,457,125	1.00
2.00	Hospital	7,963,398	33,457,125	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 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/30/2018 2:18 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.236147	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			49,763,336	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			15,798,150	5.00	
6.00	Medicaid charges			253,782,840	6.00	
7.00	Medicaid cost (line 1 times line 6)			59,930,056	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			58,723	9.00	
10.00	Stand-alone CHIP charges			211,400	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			49,921	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)	13,578,300	2,631,161	16,209,461	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,206,475	2,631,161	5,837,636	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	3,206,475	2,631,161	5,837,636	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			25,142,386	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			972,435	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,496,053	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			23,646,333	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			6,107,629	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			11,945,265	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,945,265	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017		Worksheet A			
Date/Time Prepared: 5/30/2018 2:18 pm									
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		13,120,970		13,120,970	6,244,175	19,365,145	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		6,520,805		6,520,805	2,608,512	9,129,317	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	238,912	21,864	260,776		3,069,556	3,330,332	4.00
5.01	00540	NONPATIENT TELEPHONES	556,346	400,334	956,680		0	956,680	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	1,388,011	823,679	2,211,690		0	2,211,690	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0		0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	5,379,273	28,142,707	33,521,980		-9,600,280	23,921,700	5.06
7.00	00700	OPERATION OF PLANT	1,766,493	8,403,050	10,169,543		0	10,169,543	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	641,428	401,468	1,042,896		0	1,042,896	8.00
9.00	00900	HOUSEKEEPING	1,915,963	1,190,508	3,106,471		0	3,106,471	9.00
10.00	01000	DIETARY	1,850,315	1,734,434	3,584,749		-2,903,250	681,499	10.00
11.00	01100	CAFETERIA	114,049	203,228	317,277		2,876,253	3,193,530	11.00
13.00	01300	NURSING ADMINISTRATION	1,643,063	275,633	1,918,696		0	1,918,696	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,884,409	1,231,501	3,115,910		0	3,115,910	16.00
17.00	01700	SOCIAL SERVICE	0	0	0		0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		1,419,840	1,419,840	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		2,287,974	2,287,974	22.00
23.00	02300	PARAMED PRGM	0	0	0		138,461	138,461	23.00
23.01	02341	OTHER MED ED	540,031	68,867	608,898		69,208	678,106	23.01
23.02	02301	PARAMED PRGM	0	0	0		138,461	138,461	23.02
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	21,105,865	7,550,852	28,656,717		-1,359,707	27,297,010	30.00
31.00	03100	INTENSIVE CARE UNIT	4,606,946	1,456,595	6,063,541		83,952	6,147,493	31.00
35.00	02040	INTENSIVE NURSERY	1,755,388	959,508	2,714,896		39,464	2,754,360	35.00
41.00	04100	SUBPROVIDER - IRF	1,117,719	268,202	1,385,921		39,361	1,425,282	41.00
43.00	04300	NURSERY	0	0	0		1,223,927	1,223,927	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,836,154	17,675,030	20,511,184		-7,875,738	12,635,446	50.00
50.01	05001	CARDIAC SURGERY	2,042,544	3,002,980	5,045,524		-487,511	4,558,013	50.01
50.02	05002	WVSC	0	12,535,280	12,535,280		-832,979	11,702,301	50.02
51.00	05100	RECOVERY ROOM	1,643,588	328,494	1,972,082		0	1,972,082	51.00
51.02	05101	O/P TREATMENT ROOM	1,902,474	663,050	2,565,524		0	2,565,524	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,807,421	2,781,374	5,588,795		0	5,588,795	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,693,568	3,503,753	7,197,321		-276,922	6,920,399	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	408,205	4,651,156	5,059,361		0	5,059,361	55.00
56.00	05600	RADIOISOTOPE	341,605	947,249	1,288,854		0	1,288,854	56.00
57.00	05700	CT SCAN	1,024,138	1,114,302	2,138,440		0	2,138,440	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	517,143	1,242,506	1,759,649		0	1,759,649	58.00
59.00	05900	CARDIAC CATHETERIZATION	833,448	19,431,336	20,264,784		-3,427,062	16,837,722	59.00
60.00	06000	LABORATORY	0	9,417,201	9,417,201		0	9,417,201	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,250,323	1,250,323		0	1,250,323	62.00
65.00	06500	RESPIRATORY THERAPY	2,556,184	1,059,060	3,615,244		0	3,615,244	65.00
66.00	06600	PHYSICAL THERAPY	0	4,535,724	4,535,724		0	4,535,724	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	3,330,896	3,330,896		0	3,330,896	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	679,010	679,010		0	679,010	68.00
69.00	06900	ELECTROCARDIOLOGY	1,219,276	2,605,330	3,824,606		0	3,824,606	69.00
69.01	06901	CARDIAC REHAB	263,312	45,765	309,077		0	309,077	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,081,271	708,990	2,790,261		0	2,790,261	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	895,819	895,819		0	895,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		12,623,290	12,623,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,239,686	45,950,331	50,190,017		-2,875,173	47,314,844	73.00
76.00	03020	RENAL ACUTE	0	1,630,606	1,630,606		0	1,630,606	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	174,635	39,313	213,948		0	213,948	90.00
90.05	09005	PATIENT NUTRITION	306,948	43,469	350,417		0	350,417	90.05
90.07	09007	WOUND CLINIC	285,543	943,337	1,228,880		0	1,228,880	90.07
91.00	09100	EMERGENCY	4,750,732	7,347,867	12,098,599		0	12,098,599	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)	80,432,086	221,133,756	301,565,842		3,223,812	304,789,654	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	0	190.00
194.00	07950	RURAL HEALTH	1,333,998	1,935,460	3,269,458		106,010	3,375,468	194.00
194.01	07951	RENTAL PROPERTY	0	133,368	133,368		0	133,368	194.01
194.02	07954	FAMILY PRACTICE	4,885,029	2,770,993	7,656,022		-3,707,814	3,948,208	194.02
194.03	07952	WELLNESS	0	0	0		469,895	469,895	194.03
194.04	07955	PHYSICIAN PRACTICES	5,744,032	8,430,848	14,174,880		0	14,174,880	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017		Worksheet A Date/Time Prepared: 5/30/2018 2:18 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.06	07953	SYCAMORE SPORTS MED	12,850	978,874	991,724	0	991,724	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	394,571	89,644	484,215	-91,903	392,312	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	92,802,566	235,472,943	328,275,509	0	328,275,509	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-3,669,525	15,695,620	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-593,508	8,535,809	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	31,218,755	34,549,087	4.00
5.01	00540 NONPATIENT TELEPHONES	-55,962	900,718	5.01
5.02	00550 DATA PROCESSING	14,247,395	14,247,395	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	1,641,061	1,641,061	5.03
5.04	00570 ADMINITTING	0	2,211,690	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	6,045,019	6,045,019	5.05
5.06	00590 OTHER ADMIN AND GENERAL	-3,863,256	20,058,444	5.06
7.00	00700 OPERATION OF PLANT	-696,518	9,473,025	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-5,033	1,037,863	8.00
9.00	00900 HOUSEKEEPING	-138,281	2,968,190	9.00
10.00	01000 DIETARY	-174,776	506,723	10.00
11.00	01100 CAFETERIA	-1,645,585	1,547,945	11.00
13.00	01300 NURSING ADMINISTRATION	1,583,904	3,502,600	13.00
16.00	01600 MEDICAL RECORDS & LIBRARY	202,306	3,318,216	16.00
17.00	01700 SOCIAL SERVICE	0	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,419,840	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-119,673	2,168,301	22.00
23.00	02300 PARAMED ED PRGM	0	138,461	23.00
23.01	02341 OTHER MED ED	-476,785	201,321	23.01
23.02	02301 PARAMED ED PRGM	0	138,461	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	0	27,297,010	30.00
31.00	03100 INTENSIVE CARE UNIT	0	6,147,493	31.00
35.00	02040 INTENSIVE NURSERY	-548,000	2,206,360	35.00
41.00	04100 SUBPROVIDER - IRF	0	1,425,282	41.00
43.00	04300 NURSERY	0	1,223,927	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-1,989,660	10,645,786	50.00
50.01	05001 CARDIAC SURGERY	-2,500,569	2,057,444	50.01
50.02	05002 WVSC	-1,128,079	10,574,222	50.02
51.00	05100 RECOVERY ROOM	4,365	1,976,447	51.00
51.02	05101 O/P TREATMENT ROOM	0	2,565,524	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	-2,073,078	3,515,717	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-448,123	6,472,276	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,059,361	55.00
56.00	05600 RADIOISOTOPE	-10,850	1,278,004	56.00
57.00	05700 CT SCAN	295,024	2,433,464	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	69,881	1,829,530	58.00
59.00	05900 CARDIAC CATHETERIZATION	-1,564,772	15,272,950	59.00
60.00	06000 LABORATORY	-183,070	9,234,131	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,250,323	62.00
65.00	06500 RESPIRATORY THERAPY	0	3,615,244	65.00
66.00	06600 PHYSICAL THERAPY	-1,908,183	2,627,541	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	-1,237,371	2,093,525	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,717,128	1,717,128	67.00
68.00	06800 SPEECH PATHOLOGY	79,076	758,086	68.00
69.00	06900 ELECTROCARDIOLOGY	2,919	3,827,525	69.00
69.01	06901 CARDIAC REHAB	3,566	312,643	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	-2,189,149	601,112	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-4,412	891,407	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,623,290	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-359,702	46,955,142	73.00
76.00	03020 RENAL ACUTE	0	1,630,606	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	213,948	90.00
90.05	09005 PATIENT NUTRITION	-2,818	347,599	90.05
90.07	09007 WOUND CLINIC	3,684	1,232,564	90.07
91.00	09100 EMERGENCY	-1,024,736	11,073,863	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	28,502,609	333,292,263	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 RURAL HEALTH	0	3,375,468	194.00
194.01	07951 RENTAL PROPERTY	0	133,368	194.01
194.02	07954 FAMILY PRACTICE	0	3,948,208	194.02
194.03	07952 WELLNESS	0	469,895	194.03
194.04	07955 PHYSICIAN PRACTICES	-600,215	13,574,665	194.04
194.06	07953 SYCAMORE SPORTS MED	-906,458	85,266	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/30/2018 2:18 pm
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
194.07	07956	0	392,312		194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	26,995,936	355,271,445	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
B - PARAMED						
1.00	PARAMED ED PRGM	23.00	109,596	28,865	1.00	
2.00	PARAMED ED PRGM	23.02	109,596	28,865	2.00	
	O		219,192	57,730		
C - FITNESS ACTIVITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	123,861	47,827	1.00	
2.00	WELLNESS	194.03	338,997	130,898	2.00	
	O		462,858	178,725		
D - CLAY CITY RURAL HEALTH						
1.00	RURAL HEALTH	194.00	0	46,001	1.00	
	O		0	46,001		
E - CORK MEDICAL RURAL HEALTH						
1.00	RURAL HEALTH	194.00	0	20,719	1.00	
	O		0	20,719		
F - HOUSE NURSE ASSISTANT						
1.00	INTENSIVE CARE UNIT	31.00	76,768	7,184	1.00	
2.00	INTENSIVE NURSERY	35.00	36,087	3,377	2.00	
3.00	SUBPROVIDER - IRF	41.00	35,993	3,368	3.00	
	O		148,848	13,929		
G - EMPLOYEE ACCESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	74,889	17,014	1.00	
	O		74,889	17,014		
H - TUBE FEEDING						
1.00	ADULTS & PEDIATRICS	30.00	7,017	19,980	1.00	
	O		7,017	19,980		
I - FAMILY MEDICINE						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,312,958	106,882	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,258,646	1,029,328	2.00	
	O		2,571,604	1,136,210		
J - LOBBY PHARMACY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	363,314	2,442,651	1.00	
	O		363,314	2,442,651		
K - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,623,290	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	O		0	12,623,290		
L - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,350,185	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,608,512	2.00	
	O		0	8,958,697		
N - NURSERY						
1.00	NURSERY	43.00	999,050	224,877	1.00	
	O		999,050	224,877		
O - PHARMACY PARAMED						
1.00	OTHER MED ED	23.01	63,052	6,156	1.00	
	O		63,052	6,156		
P - BRAZIL MEDICAL CENTER						
1.00	RURAL HEALTH	194.00	0	39,290	1.00	
	O		0	39,290		
Q - CAFE RECLASS						
1.00	CAFETERIA	11.00	1,484,614	1,391,639	1.00	
	TOTALS		1,484,614	1,391,639		
500.00	Grand Total: Increases		6,394,438	27,176,908	500.00	

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
B - PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	219,192	57,730	0		1.00
2.00		0.00	0	0	0		2.00
	O		219,192	57,730			
C - FITNESS ACTIVITY							
1.00	OTHER ADMIN AND GENERAL	5.06	462,858	178,725	0		1.00
2.00		0.00	0	0	0		2.00
	O		462,858	178,725			
D - CLAY CITY RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	46,001	9		1.00
	O		0	46,001			
E - CORK MEDICAL RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	20,719	9		1.00
	O		0	20,719			
F - HOUSE NURSE ASSISTANT							
1.00	ADULTS & PEDIATRICS	30.00	148,848	13,929	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		148,848	13,929			
G - EMPLOYEE ACCESS							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	74,889	17,014	0		1.00
	O		74,889	17,014			
H - TUBE FEEDING							
1.00	DIETARY	10.00	7,017	19,980	0		1.00
	O		7,017	19,980			
I - FAMILY MEDICINE							
1.00	FAMILY PRACTICE	194.02	2,571,604	1,136,210	0		1.00
2.00		0.00	0	0	0		2.00
	O		2,571,604	1,136,210			
J - LOBBY PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	363,314	2,442,651	0		1.00
	O		363,314	2,442,651			
K - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	7,875,738	0		1.00
2.00	CARDIAC SURGERY	50.01	0	487,511	0		2.00
3.00	WVSC	50.02	0	832,979	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,427,062	0		4.00
	O		0	12,623,290			
L - INTEREST							
1.00	OTHER ADMIN AND GENERAL	5.06	0	8,958,697	11		1.00
2.00		0.00	0	0	11		2.00
	O		0	8,958,697			
N - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	999,050	224,877	0		1.00
	O		999,050	224,877			
O - PHARMACY PARAMED							
1.00	DRUGS CHARGED TO PATIENTS	73.00	63,052	6,156	0		1.00
	O		63,052	6,156			
P - BRAZIL MEDICAL CENTER							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	39,290	9		1.00
	O		0	39,290			
Q - CAFE RECLASS							
1.00	DIETARY	10.00	1,484,614	1,391,639	0		1.00
	TOTALS		1,484,614	1,391,639			
500.00	Grand Total: Decreases		6,394,438	27,176,908			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2018 2:18 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,863,364	132,346	0	132,346	646,573	1.00
2.00	Land Improvements	19,756,841	400,352	0	400,352	6,210	2.00
3.00	Buildings and Fixtures	361,642,985	4,262,500	0	4,262,500	443,445	3.00
4.00	Building Improvements	4,010,951	1,091,458	0	1,091,458	50,649	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	154,217,988	34,630,696	0	34,630,696	13,564,453	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	557,492,129	40,517,352	0	40,517,352	14,711,330	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	557,492,129	40,517,352	0	40,517,352	14,711,330	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,349,137	0				1.00
2.00	Land Improvements	20,150,983	0				2.00
3.00	Buildings and Fixtures	365,462,040	0				3.00
4.00	Building Improvements	5,051,760	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	175,284,231	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	583,298,151	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	583,298,151	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	11,314,940	0	1,806,030	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,520,805	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,835,745	0	1,806,030	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	13,120,970				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	6,520,805				2.00
3.00	Total (sum of lines 1-2)	0	19,641,775				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	408,013,920	0	408,013,920	0.699495	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	175,284,231	0	175,284,231	0.300505	0	2.00
3.00	Total (sum of lines 1-2)	583,298,151	0	583,298,151	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	7,686,680	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,987,794	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,674,474	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	8,008,940	0	0	0	15,695,620	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,548,015	0	0	0	8,535,809	2.00
3.00	Total (sum of lines 1-2)	10,556,955	0	0	0	24,231,429	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-147,275	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-60,497	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-9,778	PURCHASING RECEIVING AND STORES	5.03	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-167,692	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	-20,354	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-14,993,468			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	67,914,015			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,474,723	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	A	-4,412	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients	A	-7,290	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-5,748	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	-13,324	OPERATION OF PLANT	7.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/30/2018 2:18 pm

31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	0	31.00				
				Cost Center Description	Basis/Code (2)				Amount	Cost Center	Line #	Wkst. A-7 Ref.
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00				
32.00	CAH HIT Adjustment for Depreciation and Interest					0.00	0	32.00				
33.00	TELEPHONE DEPRECIATION	A	-643	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9	33.00				
34.00	VENDING HOUSEKEEPING	A	-20,982	HOUSEKEEPING		9.00	0	34.00				
35.00	MEALS SOLD	B	-37,052	DIETARY		10.00	0	35.00				
36.00	VISITORS MEALS	A	-367,378	CAFETERIA		11.00	0	36.00				
38.00	LAB - BLDG	B	-148,961	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	38.00				
39.00	LAB - ADMINISTRATION	B	-499	OTHER ADMIN AND GENERAL		5.06	0	39.00				
40.00	LAB - LAUNDRY	B	-5,033	LAUNDRY & LINEN SERVICE		8.00	0	40.00				
41.00	LAB - HOUSEKEEPING	B	-80,035	HOUSEKEEPING		9.00	0	41.00				
42.00	LAB - OPERATION OF PLANT	B	-218,930	OPERATION OF PLANT		7.00	0	42.00				
42.01	HAMILTON CENTER OPERATION OF PLANT	A	-84,416	OPERATION OF PLANT		7.00	0	42.01				
45.00	HAMILTON CENTER NUTRITION	A	-266,193	DIETARY		10.00	0	45.00				
45.01	FITNESS ACTIVITY	B	-94,984	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	45.01				
45.02	EQUIPMENT RENTAL	B	-7,533	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9	45.02				
45.03	UHF - HOUSEKEEPING	A	-1,107	HOUSEKEEPING		9.00	0	45.03				
45.04	MISCELLANEOUS	B	-786,668	OTHER ADMIN AND GENERAL		5.06	0	45.04				
45.05	CATERING	B	-17,167	CAFETERIA		11.00	0	45.05				
45.06	MANAGEMENT SERVICES	B	-24,000	OTHER ADMIN AND GENERAL		5.06	0	45.06				
45.08	OTHER RENTAL	B	-364,106	OPERATION OF PLANT		7.00	0	45.08				
45.09	PHYSICIAN EQUIPMENT REVENUE	B	-31,032	OPERATION OF PLANT		7.00	0	45.09				
45.24	UHF - ADMINISTRATION	B	-5,739	OTHER ADMIN AND GENERAL		5.06	0	45.24				
45.26	LOBBY PHARMACY	B	-237,064	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	45.26				
45.27	LOBBYING COSTS	A	-8,215	OTHER ADMIN AND GENERAL		5.06	0	45.27				
45.29	AP&S REVENUE	B	-164,893	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	45.29				
45.32	AP&S REVENUE	B	-645,367	DATA PROCESSING		5.02	0	45.32				
45.37	COH REVENUE	B	-20,767	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	45.37				
45.38	COH REVENUE	B	-4,650	NONPATIENT TELEPHONES		5.01	0	45.38				
45.39	PHYSICIAN RENTAL	A	-407,702	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	45.39				
45.40	PHYSICIAN RENTAL	A	-708,551	OPERATION OF PLANT		7.00	0	45.40				
45.42	ACCELERATED DEPRECIATION	A	-5,968	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	45.42				
45.43	CHILD BIRTH CLASS	B	-9,588	DELIVERY ROOM & LABOR ROOM		52.00	0	45.43				
45.44	CONTINUING EDUCATION	B	-1,652	OTHER ADMIN AND GENERAL		5.06	0	45.44				
45.45	EDUCATION SERVICES	B	-22,659	OTHER ADMIN AND GENERAL		5.06	0	45.45				
45.47	TRANSCRIPTION	B	-15,903	MEDICAL RECORDS & LIBRARY		16.00	0	45.47				
45.48	VHA	B	-406,039	DRUGS CHARGED TO PATIENTS		73.00	0	45.48				
45.49	EMPLOYEE BENEFITS	B	-7,255	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	45.49				
46.00	TIME SAVERS	B	-1,721	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	46.00				
46.02	HOUSEKEEPING	B	-6,000	HOUSEKEEPING		9.00	0	46.02				
46.03	LANDSBAUM	B	-98,492	OPERATION OF PLANT		7.00	0	46.03				
46.04	MAPLE CENTER	B	-213,561	OTHER ADMIN AND GENERAL		5.06	0	46.04				
46.07	PROF SUPPORT UHS	B	-221	OTHER ADMIN AND GENERAL		5.06	0	46.07				
46.08	AP&S A/P PD SPACE/EQUIP RENT R	B	-2,642,916	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	46.08				
46.10	WVHC ST ANN/ASH PHARMACY REVEN	B	-23,726	DRUGS CHARGED TO PATIENTS		73.00	0	46.10				
46.11	HAF	A	-15,798,150	OTHER ADMIN AND GENERAL		5.06	0	46.11				
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		26,995,936					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 01/01/2017 To 12/31/2017
 Worksheet A-8-1
 Date/Time Prepared: 5/30/2018 2:18 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	23.01	OTHER MED ED	PARAMED	0	476,785 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,539,311 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	4,262,540 3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	233,941 4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,420,547 4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	354,244 4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,408,268	0 4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	3,737,705	0 4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	31,559,779	0 4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	202,983	0 4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	14,892,762	0 4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	1,818,531	0 4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	6,045,019	0 4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	12,998,108	0 4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	2,885,601	0 4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	324,087	0 4.12
4.13	10.00	DIETARY	HOME OFFICE	128,469	0 4.13
4.14	11.00	CAFETERIA	HOME OFFICE	213,683	0 4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,583,904	0 4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	223,957	0 4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	91,887	0 4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	4,584	0 4.18
4.19	50.02	WVSC	HOME OFFICE	54,571	0 4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	4,365	0 4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	187,141	0 4.21
4.22	57.00	CT SCAN	HOME OFFICE	295,024	0 4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (HOME OFFICE	69,881	0 4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	282,194	0 4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	25,122	0 4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	14,364	0 4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	17,959	0 4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	6,780	0 4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	87,987	0 4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	3,566	0 4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	21,751	0 4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	570,636	0 4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	3,684	0 4.33
4.34	7.00	OPERATION OF PLANT	PLANT SALARIES	0	642,721 4.34
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,377,266	4,310,571 4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,359,022	2,610,757 4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	1,699,169	0 4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	641,500	569,204 4.39
4.40	194.04	PHYSICIAN PRACTICES	UNION THERAPIES	0	600,215 4.40
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	906,458 4.41
5.00	0			85,841,309	17,927,294 5.00

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

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

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

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

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

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

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:
5/30/2018 2:18 pm

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

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

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

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

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:
5/30/2018 2:18 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-476,785	0	1.00
2.00	-1,539,311	9	2.00
3.00	-4,262,540	9	3.00
4.00	-233,941	0	4.00
4.01	-1,420,547	0	4.01
4.02	-354,244	0	4.02
4.03	1,408,268	9	4.03
4.04	3,737,705	9	4.04
4.05	31,559,779	0	4.05
4.06	202,983	0	4.06
4.07	14,892,762	0	4.07
4.08	1,818,531	0	4.08
4.09	6,045,019	0	4.09
4.10	12,998,108	0	4.10
4.11	2,885,601	0	4.11
4.12	324,087	0	4.12
4.13	128,469	0	4.13
4.14	213,683	0	4.14
4.15	1,583,904	0	4.15
4.16	223,957	0	4.16
4.17	91,887	0	4.17
4.18	4,584	0	4.18
4.19	54,571	0	4.19
4.20	4,365	0	4.20
4.21	187,141	0	4.21
4.22	295,024	0	4.22
4.23	69,881	0	4.23
4.24	282,194	0	4.24
4.25	25,122	0	4.25
4.26	14,364	0	4.26
4.27	17,959	0	4.27
4.28	6,780	0	4.28
4.29	87,987	0	4.29
4.30	3,566	0	4.30
4.31	21,751	0	4.31
4.32	570,636	0	4.32
4.33	3,684	0	4.33
4.34	-642,721	0	4.34
4.36	-1,933,305	0	4.36
4.37	-1,251,735	0	4.37
4.38	1,699,169	0	4.38
4.39	72,296	0	4.39
4.40	-600,215	0	4.40
4.41	-906,458	0	4.41
5.00	67,914,015		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 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/30/2018 2:18 pm
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	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-2

Date/Time Prepared:
5/30/2018 2:18 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	831,859	0	831,859	211,500	7,004	1.00
2.00	35.00	INTENSIVE NURSERY	548,000	548,000	0	237,100	0	2.00
3.00	41.00	SUBPROVIDER - IRF	88,125	0	88,125	211,500	1,175	3.00
4.00	50.00	OPERATING ROOM	2,098,250	2,044,250	54,000	246,400	141	4.00
5.00	50.01	CARDIAC SURGERY	2,505,153	2,505,153	0	246,400	0	5.00
6.00	50.02	WVSC	1,182,650	1,182,650	0	246,400	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	2,063,490	2,063,490	0	246,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	635,264	635,264	0	271,900	0	8.00
9.00	56.00	RADIOISOTOPE	10,850	10,850	0	271,900	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	1,846,966	1,846,966	0	260,300	0	10.00
11.00	60.00	LABORATORY	617,000	0	617,000	197,500	4,570	11.00
12.00	69.00	ELECTROCARDIOLOGY	95,710	84,510	11,200	197,500	112	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	2,210,900	2,210,900	0	179,000	0	13.00
14.00	73.00	DRUGS CHARGED TO PATIENTS	493,283	493,283	0	211,500	0	14.00
15.00	90.05	PATIENT NUTRITION	4,750	0	4,750	211,500	19	15.00
16.00	91.00	EMERGENCY	1,051,762	1,024,736	27,026	211,500	861	16.00
200.00			16,284,012	14,650,052	1,633,960		13,882	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	712,186	35,609	0	0	0	1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	0	32	2.00
3.00	41.00	SUBPROVIDER - IRF	119,477	5,974	0	0	0	3.00
4.00	50.00	OPERATING ROOM	16,703	835	0	0	0	4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	0	47,110	5.00
6.00	50.02	WVSC	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,820	8.00
9.00	56.00	RADIOISOTOPE	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	312	10.00
11.00	60.00	LABORATORY	433,930	21,697	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	10,635	532	0	0	63	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	88,381	13.00
14.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	14.00
15.00	90.05	PATIENT NUTRITION	1,932	97	0	0	0	15.00
16.00	91.00	EMERGENCY	87,549	4,377	0	0	150	16.00
200.00			1,382,412	69,121	0	0	141,868	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	712,186	119,673	119,673		1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	548,000		2.00
3.00	41.00	SUBPROVIDER - IRF	0	119,477	0	0		3.00
4.00	50.00	OPERATING ROOM	0	16,703	37,297	2,081,547		4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	2,505,153		5.00
6.00	50.02	WVSC	0	0	0	1,182,650		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	2,063,490		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	635,264		8.00
9.00	56.00	RADIOISOTOPE	0	0	0	10,850		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,846,966		10.00
11.00	60.00	LABORATORY	0	433,930	183,070	183,070		11.00
12.00	69.00	ELECTROCARDIOLOGY	7	10,642	558	85,068		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,210,900		13.00
14.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	493,283		14.00
15.00	90.05	PATIENT NUTRITION	0	1,932	2,818	2,818		15.00
16.00	91.00	EMERGENCY	4	87,553	0	1,024,736		16.00
200.00			11	1,382,423	343,416	14,993,468		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	15,695,620	15,695,620				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	8,535,809		8,535,809			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	34,549,087	83,418	0	34,632,505		4.00
5.01 00540 NONPATIENT TELEPHONES	900,718	10,671	77,446	210,270	1,199,105	5.01
5.02 00550 DATA PROCESSING	14,247,395	0	0	0	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	1,641,061	0	0	0	0	5.03
5.04 00570 ADMITTING	2,211,690	49,732	8,446	524,597	42,996	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	6,045,019	0	0	0	0	5.05
5.06 00590 OTHER ADMIN AND GENERAL	20,058,444	301,626	76,558	1,858,152	110,834	5.06
7.00 00700 OPERATION OF PLANT	9,473,025	5,438,971	226,463	667,643	67,838	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,037,863	97,256	171,618	242,427	17,198	8.00
9.00 00900 HOUSEKEEPING	2,968,190	86,292	92,861	724,135	7,644	9.00
10.00 01000 DIETARY	506,723	178,269	273,386	135,126	28,664	10.00
11.00 01100 CAFETERIA	1,547,945	127,205	15,412	604,650	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,502,600	38,590	5,018	620,993	8,599	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,318,216	85,805	17,164	712,209	28,664	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,419,840	0	0	496,230	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,168,301	0	0	475,703	0	22.00
23.00 02300 PARAMED ED PRGM	138,461	0	0	41,421	0	23.00
23.01 02341 OTHER MED ED	201,321	11,694	305	88,600	0	23.01
23.02 02301 PARAMED ED PRGM	138,461	0	0	41,421	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,297,010	3,054,196	844,382	7,545,716	163,385	30.00
31.00 03100 INTENSIVE CARE UNIT	6,147,493	373,398	450,222	1,770,203	27,708	31.00
35.00 02040 INTENSIVE NURSERY	2,206,360	46,776	119,129	677,085	17,198	35.00
41.00 04100 SUBPROVIDER - IRF	1,425,282	240,719	34,990	436,044	29,619	41.00
43.00 04300 NURSERY	1,223,927	63,781	7,112	377,589	3,822	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	10,645,786	661,608	1,498,972	1,071,920	78,348	50.00
50.01 05001 CARDIAC SURGERY	2,057,444	29,235	120,985	771,977	5,733	50.01
50.02 05002 WVSC	10,574,222	487,707	422,134	0	0	50.02
51.00 05100 RECOVERY ROOM	1,976,447	23,258	24,765	621,192	17,198	51.00
51.02 05101 O/P TREATMENT ROOM	2,565,524	346,664	139,608	719,037	25,797	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,515,717	337,910	269,656	1,061,061	21,976	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,472,276	530,049	985,311	1,313,135	103,190	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5,059,361	428,668	366,879	154,280	39,174	55.00
56.00 05600 RADIOISOTOPE	1,278,004	47,328	159,649	129,109	0	56.00
57.00 05700 CT SCAN	2,433,464	35,277	499	387,071	6,688	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,829,530	42,115	195,187	195,454	3,822	58.00
59.00 05900 CARDIAC CATHETERIZATION	15,272,950	271,140	155,870	315,000	32,486	59.00
60.00 06000 LABORATORY	9,234,131	0	0	0	7,644	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,250,323	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	3,615,244	34,660	321,659	966,106	13,376	65.00
66.00 06600 PHYSICAL THERAPY	2,627,541	164,854	26,823	0	21,976	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	2,093,525	0	51,842	0	955	66.02
67.00 06700 OCCUPATIONAL THERAPY	1,717,128	26,929	4,680	0	4,777	67.00
68.00 06800 SPEECH PATHOLOGY	758,086	53,403	1,106	0	955	68.00
69.00 06900 ELECTROCARDIOLOGY	3,827,525	21,195	277,795	460,823	3,822	69.00
69.01 06901 CARDIAC REHAB	312,643	116,941	20,497	99,518	5,733	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	601,112	24,444	75,011	786,613	16,243	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	891,407	92,773	268,383	0	13,376	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	12,623,290	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	46,955,142	208,577	104,945	1,441,239	47,773	73.00
76.00 03020 RENAL ACUTE	1,630,606	57,252	988	0	3,822	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	213,948	3,541	0	66,003	0	90.00
90.05 09005 PATIENT NUTRITION	347,599	31,347	1,592	116,011	0	90.05
90.07 09007 WOUND CLINIC	1,232,564	63,327	17,138	107,921	12,421	90.07
91.00 09100 EMERGENCY	11,073,863	390,955	230,520	1,795,532	60,194	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)	333,292,263	14,819,556	8,163,006	30,829,216	1,101,648	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	955	190.00
194.00 07950 RURAL HEALTH	3,375,468	0	51,309	504,183	0	194.00
194.01 07951 RENTAL PROPERTY	133,368	0	6,582	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07954 FAMILY PRACTICE	3,948,208	602,098	186,262	874,355	67,838	194.02
194.03 07952 WELLNESS	469,895	227,417	0	128,123	0	194.03
194.04 07955 PHYSICIAN PRACTICES	13,574,665	0	123,512	2,170,948	21,020	194.04
194.06 07953 SYCAMORE SPORTS MED	85,266	0	594	4,857	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	392,312	46,549	4,544	120,823	7,644	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)	355,271,445	15,695,620	8,535,809	34,632,505	1,199,105	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/30/2018 2:18 pm	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	14,247,395					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,641,061				5.03
5.04	00570	ADMINING	0	1,176	2,838,637			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	6,045,019		5.05
5.06	00590	OTHER ADMIN AND GENERAL	25,351	65	0	0	22,431,030	5.06
7.00	00700	OPERATION OF PLANT	0	648	0	0	15,874,588	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,275	0	0	1,568,637	8.00
9.00	00900	HOUSEKEEPING	0	4,631	0	0	3,883,753	9.00
10.00	01000	DIETARY	240,837	97	0	0	1,363,102	10.00
11.00	01100	CAFETERIA	0	2	0	0	2,295,214	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,175,800	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	583,078	30	0	0	4,745,166	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,916,070	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,644,004	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	179,882	23.00
23.01	02341	OTHER MED ED	0	0	0	0	301,920	23.01
23.02	02301	PARAMED PRGM	0	0	0	0	179,882	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,972,964	369,967	500,007	462,968	48,210,595	30.00
31.00	03100	INTENSIVE CARE UNIT	937,996	197,370	130,958	105,865	10,141,213	31.00
35.00	02040	INTENSIVE NURSERY	202,810	25,520	82,231	66,475	3,443,584	35.00
41.00	04100	SUBPROVIDER - IRF	0	15,173	19,036	15,389	2,216,252	41.00
43.00	04300	NURSERY	0	0	27,145	21,944	1,725,320	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	405,620	66,652	506,431	756,365	15,691,702	50.00
50.01	05001	CARDIAC SURGERY	0	372,146	36,597	31,278	3,425,395	50.01
50.02	05002	WVSC	0	9,583	0	449,431	11,943,077	50.02
51.00	05100	RECOVERY ROOM	38,027	40,970	14,160	35,951	2,791,968	51.00
51.02	05101	O/P TREATMENT ROOM	0	34,825	1,982	12,500	3,845,937	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	380,269	92,031	93,459	99,677	5,871,756	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	798,564	21,235	64,986	235,361	10,524,107	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	810	11,648	173,901	6,234,721	55.00
56.00	05600	RADIOISOTOPE	25,351	1,768	4,764	36,095	1,682,068	56.00
57.00	05700	CT SCAN	0	61,268	101,961	298,775	3,325,003	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,322	17,348	70,800	2,355,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	430,971	11,116	166,812	454,368	17,110,713	59.00
60.00	06000	LABORATORY	0	0	255,441	431,252	9,928,468	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	13,482	14,078	1,277,883	62.00
65.00	06500	RESPIRATORY THERAPY	177,459	36,351	90,959	82,261	5,338,075	65.00
66.00	06600	PHYSICAL THERAPY	291,539	837	61,711	53,481	3,248,762	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	834	0	30,574	2,177,730	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	28,627	38,226	1,820,367	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,867	14,432	834,849	68.00
69.00	06900	ELECTROCARDIOLOGY	240,837	5,863	63,789	140,620	5,042,269	69.00
69.01	06901	CARDIAC REHAB	38,027	259	511	5,740	599,869	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,162	18,646	20,984	1,544,215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,021	4,086	3,587	1,277,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	44,097	69,019	12,736,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	266,188	26,497	287,755	1,169,608	50,507,724	73.00
76.00	03020	RENAL ACUTE	0	15,358	18,163	16,919	1,743,108	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	8	3,096	286,596	90.00
90.05	09005	PATIENT NUTRITION	0	54	0	885	497,488	90.05
90.07	09007	WOUND CLINIC	0	19,040	111	30,337	1,482,859	90.07
91.00	09100	EMERGENCY	1,115,454	190,500	164,859	592,777	15,614,654	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)	14,171,342	1,631,456	2,838,637	6,045,019	328,056,992	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	955	190.00
194.00	07950	RURAL HEALTH	0	3,431	0	0	3,934,391	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	139,950	194.01
194.02	07954	FAMILY PRACTICE	0	16	0	0	5,678,777	194.02
194.03	07952	WELLNESS	0	0	0	0	825,435	194.03
194.04	07955	PHYSICIAN PRACTICES	25,351	6,110	0	0	15,921,606	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	90,717	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	50,702	48	0	0	622,622	194.07
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)	14,247,395	1,641,061	2,838,637	6,045,019	355,271,445	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/30/2018 2:18 pm		
Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.06	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	22,431,030				5.06
7.00	00700	OPERATION OF PLANT	1,069,836	16,944,424			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	105,715	167,965	1,842,317		8.00
9.00	00900	HOUSEKEEPING	261,738	149,031	123,569	4,418,091	9.00
10.00	01000	DIETARY	91,864	307,880	10,065	81,807	1,854,718
11.00	01100	CAFETERIA	154,681	219,690	0	58,374	0
13.00	01300	NURSING ADMINISTRATION	281,420	66,647	0	17,709	0
16.00	01600	MEDICAL RECORDS & LIBRARY	319,791	148,190	0	39,376	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	129,130	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	178,187	0	0	0	0
23.00	02300	PARAMED PRGM	12,123	0	0	0	0
23.01	02341	OTHER MED ED	20,347	20,196	0	5,366	0
23.02	02301	PARAMED PRGM	12,123	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,249,057	5,274,749	650,758	1,401,556	1,414,928
31.00	03100	INTENSIVE CARE UNIT	683,447	644,876	97,152	171,351	209,831
35.00	02040	INTENSIVE NURSERY	232,073	80,785	7,770	21,465	0
41.00	04100	SUBPROVIDER - IRF	149,360	415,733	11,059	110,465	98,384
43.00	04300	NURSERY	116,274	110,153	0	29,269	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,057,511	1,142,629	116,090	303,609	0
50.01	05001	CARDIAC SURGERY	230,848	50,491	47	13,416	0
50.02	05002	WVSC	804,880	842,294	117,721	223,807	0
51.00	05100	RECOVERY ROOM	188,159	40,168	75,174	10,673	0
51.02	05101	O/P TREATMENT ROOM	259,189	598,705	65,765	159,083	122,965
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,715	583,586	80,674	155,065	41
54.00	05400	RADIOLOGY-DIAGNOSTIC	709,251	915,421	50,474	243,238	0
55.00	05500	RADIOLOGY-THERAPEUTIC	420,177	740,331	24,040	196,714	0
56.00	05600	RADIOISOTOPE	113,360	81,739	7,189	21,719	0
57.00	05700	CT SCAN	224,082	60,925	0	16,189	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	158,749	72,734	51,222	19,326	0
59.00	05900	CARDIAC CATHETERIZATION	1,153,142	468,272	15,849	124,425	8,569
60.00	06000	LABORATORY	669,109	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	86,120	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	359,749	59,859	0	15,905	0
66.00	06600	PHYSICAL THERAPY	218,944	284,710	13,658	75,651	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	146,764	0	29,793	0	0
67.00	06700	OCCUPATIONAL THERAPY	122,680	46,507	0	12,358	0
68.00	06800	SPEECH PATHOLOGY	56,263	92,229	0	24,506	0
69.00	06900	ELECTROCARDIOLOGY	339,814	36,606	14,368	9,727	0
69.01	06901	CARDIAC REHAB	40,427	201,962	539	53,664	0
70.00	07000	ELECTROENCEPHALOGRAPHY	104,069	42,216	3,191	11,217	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,104	160,223	147	42,573	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	858,345	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,403,782	360,222	0	95,715	0
76.00	03020	RENAL ACUTE	117,473	98,877	7,577	26,273	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	19,315	6,115	0	1,625	0
90.05	09005	PATIENT NUTRITION	33,527	54,137	0	14,385	0
90.07	09007	WOUND CLINIC	99,934	109,368	19,434	29,060	0
91.00	09100	EMERGENCY	1,052,318	675,199	239,623	179,408	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,596,966	15,431,420	1,832,948	4,016,069	1,854,718
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64	0	0	0	0
194.00	07950	RURAL HEALTH	265,150	0	1,003	0	0
194.01	07951	RENTAL PROPERTY	9,432	0	0	0	0
194.02	07954	FAMILY PRACTICE	382,710	1,039,852	1,522	276,300	0
194.03	07952	WELLNESS	55,629	392,760	0	104,361	0
194.04	07955	PHYSICIAN PRACTICES	1,073,005	0	6,844	0	0
194.06	07953	SYCAMORE SPORTS MED	6,114	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	41,960	80,392	0	21,361	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/30/2018 2:18 pm	
Cost Center Description		OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	22,431,030	16,944,424	1,842,317	4,418,091	1,854,718		202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/30/2018 2:18 pm		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
		11.00	13.00	16.00	17.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100	2,727,959				11.00
13.00	01300		4,580,736			13.00
16.00	01600			5,349,581		16.00
17.00	01700				0	17.00
21.00	02100	50,451				2,095,651
22.00	02200	10,571				22.00
23.00	02300	4,805				23.00
23.01	02341	12,973	15,118			23.01
23.02	02301	4,805				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	885,294	1,940,698	385,632	0	766,444
31.00	03100	173,696	424,422	93,447	0	0
35.00	02040	59,100	144,460	58,611	0	18,899
41.00	04100	43,484	123,183	13,568	0	0
43.00	04300	38,199	89,028	19,348	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	128,290	302,919	699,435	0	90,294
50.01	05001	19,219	27,436	33,942	0	0
50.02	05002	0	0	404,649	0	0
51.00	05100	62,223	125,983	31,698	0	0
51.02	05101	75,677	204,932	33,488	0	0
52.00	05200	105,226	240,767	87,886	0	205,785
54.00	05400	142,464	0	209,560	0	31,498
55.00	05500	14,415	0	153,532	0	14,699
56.00	05600	12,252	0	31,825	0	0
57.00	05700	34,595	0	263,432	0	0
58.00	05800	16,817	0	62,425	0	0
59.00	05900	26,186	0	418,765	0	10,499
60.00	06000	0	0	380,239	0	0
62.00	06200	0	0	12,413	0	0
65.00	06500	92,974	217,250	72,530	0	31,498
66.00	06600	0	0	47,154	0	2,100
66.01	06601	0	0	0	0	0
66.02	06602	0	0	26,957	0	67,195
67.00	06700	0	0	33,704	0	0
68.00	06800	0	0	12,724	0	0
69.00	06900	56,217	0	124,885	0	2,100
69.01	06901	9,850	0	5,061	0	0
70.00	07000	19,219	0	30,873	0	6,300
71.00	07100	0	0	3,162	0	0
72.00	07200	0	0	0	0	0
73.00	07300	109,070	197,653	1,030,804	0	29,398
76.00	03020	0	0	14,917	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	4,805	11,198	2,730	0	327,577
90.05	09005	11,532	25,756	780	0	4,200
90.07	09007	10,571	29,116	26,748	0	35,697
91.00	09100	205,408	460,817	522,657	0	220,484
92.00	09200					
SPECIAL PURPOSE COST CENTERS						
118.00		2,576,606	4,580,736	5,349,581	0	1,864,667
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	0
194.00	07950	0	0	0	0	0
194.01	07951	0	0	0	0	0
194.02	07954	41,802	0	0	0	230,984
194.03	07952	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
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To 12/31/2017

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES		
		11.00	13.00	16.00	17.00	21.00		
194.04	07955	PHYSICIAN PRACTICES	97,779	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	11,772	0	0	0	0	194.07
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)	2,727,959	4,580,736	5,349,581	0	2,095,651	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	OTHER MED ED	PARAMED PRGM	Subtotal		
	SERVICES-OTHER PRGM COSTS						
	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					11.00		
13.00 01300 NURSING ADMINISTRATION					13.00		
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00		
17.00 01700 SOCIAL SERVICE					17.00		
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD					21.00		
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,832,762				22.00		
23.00 02300 PARAMED PRGM		196,810			23.00		
23.01 02341 OTHER MED ED			375,920		23.01		
23.02 02301 PARAMED ED PRGM				196,810	23.02		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,036,032	0	0	0	30.00		
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00		
35.00 02040 INTENSIVE NURSERY	25,546	0	0	0	35.00		
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00		
43.00 04300 NURSERY	0	0	0	0	43.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	122,053	0	0	0	50.00		
50.01 05001 CARDIAC SURGERY	0	0	0	0	50.01		
50.02 05002 WVSC	0	0	0	0	50.02		
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00		
51.02 05101 O/P TREATMENT ROOM	0	0	0	0	51.02		
52.00 05200 DELIVERY ROOM & LABOR ROOM	278,167	0	0	0	52.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	42,577	196,810	0	196,810	54.00		
55.00 05500 RADIOLOGY-THERAPEUTIC	19,869	0	0	0	55.00		
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00		
57.00 05700 CT SCAN	0	0	0	0	57.00		
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00		
59.00 05900 CARDIAC CATHETERIZATION	14,192	0	0	0	59.00		
60.00 06000 LABORATORY	0	0	0	0	60.00		
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00		
65.00 06500 RESPIRATORY THERAPY	42,577	0	0	0	65.00		
66.00 06600 PHYSICAL THERAPY	2,838	0	0	0	66.00		
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01		
66.02 06602 O/P PHYSICAL THERAPY	90,830	0	0	0	66.02		
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00		
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00		
69.00 06900 ELECTROCARDIOLOGY	2,838	0	0	0	69.00		
69.01 06901 CARDIAC REHAB	0	0	0	0	69.01		
70.00 07000 ELECTROENCEPHALOGRAPHY	8,515	0	0	0	70.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	39,738	0	375,920	0	73.00		
76.00 03020 RENAL ACUTE	0	0	0	0	76.00		
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	442,796	0	0	0	90.00		
90.05 09005 PATIENT NUTRITION	5,677	0	0	0	90.05		
90.07 09007 WOUND CLINIC	48,253	0	0	0	90.07		
91.00 09100 EMERGENCY	298,036	0	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)	2,520,534	196,810	375,920	196,810	323,603,968	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,019	190.00	
194.00 07950 RURAL HEALTH	0	0	0	0	4,200,544	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	0	149,382	194.01	
194.02 07954 FAMILY PRACTICE	312,228	0	0	0	7,964,175	194.02	
194.03 07952 WELLNESS	0	0	0	0	1,378,185	194.03	
194.04 07955 PHYSICIAN PRACTICES	0	0	0	0	17,099,234	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	
	SERVICES-OTHER PRGM COSTS					
	22.00					
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	96,831	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	778,107	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)	2,832,762	196,810	375,920	196,810	355,271,445	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02341	OTHER MED ED		23.01
23.02	02301	PARAMED ED PRGM		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,802,476	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02040	INTENSIVE NURSERY	-44,445	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-212,347	50.00
50.01	05001	CARDIAC SURGERY	0	50.01
50.02	05002	WVSC	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-483,952	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-74,075	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-34,568	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-24,691	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	-74,075	65.00
66.00	06600	PHYSICAL THERAPY	-4,938	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	-158,025	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-4,938	69.00
69.01	06901	CARDIAC REHAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-14,815	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-69,136	73.00
76.00	03020	RENAL ACUTE	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-770,373	90.00
90.05	09005	PATIENT NUTRITION	-9,877	90.05
90.07	09007	WOUND CLINIC	-83,950	90.07
91.00	09100	EMERGENCY	-518,520	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)	-4,385,201	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	RURAL HEALTH	0	194.00
194.01	07951	RENTAL PROPERTY	0	194.01
194.02	07954	FAMILY PRACTICE	-543,212	194.02
194.03	07952	WELLNESS	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
194.04	07955 PHYSICIAN PRACTICES	0	17,099,234	194.04
194.06	07953 SYCAMORE SPORTS MED	0	96,831	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	778,107	194.07
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	-4,928,413	350,343,032	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	83,418	0	83,418	4.00
5.01 00540	NONPATIENT TELEPHONES	0	10,671	77,446	88,117	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	64,308	49,732	8,446	122,486	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	25,890	301,626	76,558	404,074	5.06
7.00 00700	OPERATION OF PLANT	15,378	5,438,971	226,463	5,680,812	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,720	97,256	171,618	274,594	8.00
9.00 00900	HOUSEKEEPING	1,552	86,292	92,861	180,705	9.00
10.00 01000	DIETARY	3,626	178,269	273,386	455,281	10.00
11.00 01100	CAFETERIA	0	127,205	15,412	142,617	11.00
13.00 01300	NURSING ADMINISTRATION	820	38,590	5,018	44,428	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,041	85,805	17,164	112,010	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01 02341	OTHER MED ED	0	11,694	305	11,999	23.01
23.02 02301	PARAMED ED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	127,733	3,054,196	844,382	4,026,311	30.00
31.00 03100	INTENSIVE CARE UNIT	180,640	373,398	450,222	1,004,260	31.00
35.00 02040	INTENSIVE NURSERY	1,994	46,776	119,129	167,899	35.00
41.00 04100	SUBPROVIDER - I&R	6,784	240,719	34,990	282,493	41.00
43.00 04300	NURSERY	0	63,781	7,112	70,893	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	835,925	661,608	1,498,972	2,996,505	50.00
50.01 05001	CARDIAC SURGERY	32,444	29,235	120,985	182,664	50.01
50.02 05002	WVSC	430,105	487,707	422,134	1,339,946	50.02
51.00 05100	RECOVERY ROOM	1,601	23,258	24,765	49,624	51.00
51.02 05101	O/P TREATMENT ROOM	2,793	346,664	139,608	489,065	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	11,165	337,910	269,656	618,731	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	486,706	530,049	985,311	2,002,066	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	877,564	428,668	366,879	1,673,111	55.00
56.00 05600	RADIOLOGY-SOTOPE	63,263	47,328	159,649	270,240	56.00
57.00 05700	CT SCAN	322,656	35,277	499	358,432	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	521,967	42,115	195,187	759,269	58.00
59.00 05900	CARDIAC CATHETERIZATION	144,211	271,140	155,870	571,221	59.00
60.00 06000	LABORATORY	3,591	0	0	3,591	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	34,660	321,659	356,319	65.00
66.00 06600	PHYSICAL THERAPY	289,108	164,854	26,823	480,785	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	3,903	0	51,842	55,745	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	26,929	4,680	31,609	67.00
68.00 06800	SPEECH PATHOLOGY	360,118	53,403	1,106	414,627	68.00
69.00 06900	ELECTROCARDIOLOGY	40,661	21,195	277,795	339,651	69.00
69.01 06901	CARDIAC REHAB	112,887	116,941	20,497	250,325	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	445	24,444	75,011	99,900	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,560	92,773	268,383	379,716	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	15,409	208,577	104,945	328,931	73.00
76.00 03020	RENAL ACUTE	800,097	57,252	988	858,337	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	3,541	0	3,541	90.00
90.05 09005	PATIENT NUTRITION	1,387	31,347	1,592	34,326	90.05
90.07 09007	WOUND CLINIC	0	63,327	17,138	80,465	90.07
91.00 09100	EMERGENCY	2,607	390,955	230,520	624,082	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,822,659	14,819,556	8,163,006	28,805,221	74,253
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	42,693	0	51,309	94,002	1,215
194.01 07951	RENTAL PROPERTY	219,229	0	6,582	225,811	0
194.02 07954	FAMILY PRACTICE	534	602,098	186,262	788,894	2,107

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.03 07952 WELLNESS	0	227,417	0	227,417	309	194.03
194.04 07955 PHYSICIAN PRACTICES	167,220	0	123,512	290,732	5,231	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	594	594	12	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	503,111	46,549	4,544	554,204	291	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6,755,446	15,695,620	8,535,809	30,986,875	83,418	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm		
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE
			5.01	5.02	5.03	5.04	5.05
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES	88,624				5.01
5.02	00550	DATA PROCESSING	0	0			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0		5.03
5.04	00570	ADMINISTRATIVE	3,178	0	0	126,928	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	8,192	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	5,014	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,271	0	0	0	8.00
9.00	00900	HOUSEKEEPING	565	0	0	0	9.00
10.00	01000	DIETARY	2,119	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	636	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,119	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	0	0	0	23.01
23.02	02301	PARAMED PRGM	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,072	0	0	22,325	30.00
31.00	03100	INTENSIVE CARE UNIT	2,048	0	0	5,847	31.00
35.00	02040	INTENSIVE NURSERY	1,271	0	0	3,672	35.00
41.00	04100	SUBPROVIDER - IRF	2,189	0	0	850	41.00
43.00	04300	NURSERY	282	0	0	1,212	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,791	0	0	22,796	50.00
50.01	05001	CARDIAC SURGERY	424	0	0	1,634	50.01
50.02	05002	WVSC	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,271	0	0	632	51.00
51.02	05101	O/P TREATMENT ROOM	1,907	0	0	89	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,624	0	0	4,173	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,627	0	0	2,902	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,895	0	0	520	55.00
56.00	05600	RADIOISOTOPE	0	0	0	213	56.00
57.00	05700	CT SCAN	494	0	0	4,552	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	282	0	0	775	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,401	0	0	7,448	59.00
60.00	06000	LABORATORY	565	0	0	11,405	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	602	62.00
65.00	06500	RESPIRATORY THERAPY	989	0	0	4,061	65.00
66.00	06600	PHYSICAL THERAPY	1,624	0	0	2,755	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	71	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	353	0	0	1,278	67.00
68.00	06800	SPEECH PATHOLOGY	71	0	0	307	68.00
69.00	06900	ELECTROCARDIOLOGY	282	0	0	2,848	69.00
69.01	06901	CARDIAC REHAB	424	0	0	23	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,200	0	0	833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	989	0	0	182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,531	0	0	12,848	73.00
76.00	03020	RENAL ACUTE	282	0	0	811	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	918	0	0	5	90.07
91.00	09100	EMERGENCY	4,449	0	0	7,361	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)	81,420	0	0	126,928	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	5,014	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	1,554	0	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm			
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	565	0	0	0	0	194.07
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)	88,624	0	0	126,928	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm		
Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.06	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	416,743				5.06
7.00	00700	OPERATION OF PLANT	19,875	5,707,310			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,964	56,575	334,988		8.00
9.00	00900	HOUSEKEEPING	4,862	50,197	22,469	260,543	9.00
10.00	01000	DIETARY	1,707	103,702	1,830	4,824	569,789
11.00	01100	CAFETERIA	2,874	73,997	0	3,442	0
13.00	01300	NURSING ADMINISTRATION	5,228	22,449	0	1,044	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,941	49,914	0	2,322	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,399	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,310	0	0	0	0
23.00	02300	PARAMED PRGM	225	0	0	0	0
23.01	02341	OTHER MED ED	378	6,803	0	316	0
23.02	02301	PARAMED PRGM	225	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,360	1,776,665	118,325	82,655	434,681
31.00	03100	INTENSIVE CARE UNIT	12,697	217,211	17,665	10,105	64,462
35.00	02040	INTENSIVE NURSERY	4,311	27,210	1,413	1,266	0
41.00	04100	SUBPROVIDER - IIRF	2,775	140,030	2,011	6,514	30,225
43.00	04300	NURSERY	2,160	37,102	0	1,726	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,646	384,866	21,109	17,904	0
50.01	05001	CARDIAC SURGERY	4,289	17,006	9	791	0
50.02	05002	WVSC	14,953	283,706	21,405	13,198	0
51.00	05100	RECOVERY ROOM	3,496	13,530	13,669	629	0
51.02	05101	O/P TREATMENT ROOM	4,815	201,659	11,958	9,381	37,776
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,351	196,567	14,669	9,144	13
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,176	308,337	9,178	14,344	0
55.00	05500	RADIOLOGY-THERAPEUTIC	7,806	249,362	4,371	11,601	0
56.00	05600	RADIOISOTOPE	2,106	27,532	1,307	1,281	0
57.00	05700	CT SCAN	4,163	20,521	0	955	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,949	24,499	9,314	1,140	0
59.00	05900	CARDIAC CATHETERIZATION	21,423	157,726	2,882	7,338	2,632
60.00	06000	LABORATORY	12,430	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,600	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	6,683	20,162	0	938	0
66.00	06600	PHYSICAL THERAPY	4,067	95,898	2,483	4,461	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	2,727	0	5,417	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,279	15,665	0	729	0
68.00	06800	SPEECH PATHOLOGY	1,045	31,065	0	1,445	0
69.00	06900	ELECTROCARDIOLOGY	6,313	12,330	2,613	574	0
69.01	06901	CARDIAC REHAB	751	68,026	98	3,165	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,933	14,219	580	661	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,600	53,967	27	2,511	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,946	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	63,261	121,332	0	5,644	0
76.00	03020	RENAL ACUTE	2,182	33,304	1,378	1,549	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	359	2,060	0	96	0
90.05	09005	PATIENT NUTRITION	623	18,235	0	848	0
90.07	09007	WOUND CLINIC	1,857	36,838	3,534	1,714	0
91.00	09100	EMERGENCY	19,550	227,424	43,571	10,580	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	382,670	5,197,691	333,285	236,835	569,789
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	0
194.00	07950	RURAL HEALTH	4,926	0	182	0	0
194.01	07951	RENTAL PROPERTY	175	0	0	0	0
194.02	07954	FAMILY PRACTICE	7,110	350,249	277	16,294	0
194.03	07952	WELLNESS	1,033	132,292	0	6,154	0
194.04	07955	PHYSICIAN PRACTICES	19,934	0	1,244	0	0
194.06	07953	SYCAMORE SPORTS MED	114	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	780	27,078	0	1,260	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm	
Cost Center Description		OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	416,743	5,707,310	334,988	260,543	569,789		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
		11.00	13.00	16.00	17.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100	224,387				11.00
13.00	01300	3,221	78,502			13.00
16.00	01600	7,983	0	182,005		16.00
17.00	01700	0	0	0	0	17.00
21.00	02100	4,150	0	0	0	21.00
22.00	02200	869	0	0	0	22.00
23.00	02300	395	0	0	0	23.00
23.01	02341	1,067	259	0	0	23.01
23.02	02301	395	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	72,821	33,259	13,105	0	30.00
31.00	03100	14,287	7,274	3,176	0	31.00
35.00	02040	4,861	2,476	1,992	0	35.00
41.00	04100	3,577	2,111	461	0	41.00
43.00	04300	3,142	1,526	658	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	10,552	5,191	23,770	0	50.00
50.01	05001	1,581	470	1,154	0	50.01
50.02	05002	0	0	13,752	0	50.02
51.00	05100	5,118	2,159	1,077	0	51.00
51.02	05101	6,225	3,512	1,138	0	51.02
52.00	05200	8,655	4,126	2,987	0	52.00
54.00	05400	11,718	0	7,122	0	54.00
55.00	05500	1,186	0	5,218	0	55.00
56.00	05600	1,008	0	1,082	0	56.00
57.00	05700	2,846	0	8,953	0	57.00
58.00	05800	1,383	0	2,121	0	58.00
59.00	05900	2,154	0	14,231	0	59.00
60.00	06000	0	0	12,922	0	60.00
62.00	06200	0	0	422	0	62.00
65.00	06500	7,648	3,723	2,465	0	65.00
66.00	06600	0	0	1,603	0	66.00
66.01	06601	0	0	0	0	66.01
66.02	06602	0	0	916	0	66.02
67.00	06700	0	0	1,145	0	67.00
68.00	06800	0	0	432	0	68.00
69.00	06900	4,624	0	4,244	0	69.00
69.01	06901	810	0	172	0	69.01
70.00	07000	1,581	0	1,049	0	70.00
71.00	07100	0	0	107	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	8,972	3,387	35,233	0	73.00
76.00	03020	0	0	507	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	395	192	93	0	90.00
90.05	09005	949	441	27	0	90.05
90.07	09007	869	499	909	0	90.07
91.00	09100	16,896	7,897	17,762	0	91.00
92.00	09200					92.00
SPECIAL PURPOSE COST CENTERS						
118.00		211,938	78,502	182,005	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07954	3,438	0	0	0	194.02
194.03	07952	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
					SERVICES-SALARY & FRINGES	
	11.00	13.00	16.00	17.00	21.00	
194.04 07955 PHYSICIAN PRACTICES	8,043	0	0	0		194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0		194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	968	0	0	0		194.07
200.00 Cross Foot Adjustments					7,745	200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	224,387	78,502	182,005	0	7,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	OTHER MED ED	PARAMED PRGM	Subtotal
	SERVICES-OTHER PRGM COSTS				
	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					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	5,325				22.00
23.00 02300 PARAMED PRGM		720			23.00
23.01 02341 OTHER MED ED			21,035		23.01
23.02 02301 PARAMED PRGM				720	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS					6,670,729 30.00
31.00 03100 INTENSIVE CARE UNIT					1,363,297 31.00
35.00 02040 INTENSIVE NURSERY					218,002 35.00
41.00 04100 SUBPROVIDER - IRF					474,287 41.00
43.00 04300 NURSERY					119,611 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM					3,510,713 50.00
50.01 05001 CARDIAC SURGERY					211,882 50.01
50.02 05002 WVSC					1,686,960 50.02
51.00 05100 RECOVERY ROOM					92,702 51.00
51.02 05101 O/P TREATMENT ROOM					769,257 51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM					870,597 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					2,379,634 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					1,956,442 55.00
56.00 05600 RADIOISOTOPE					305,080 56.00
57.00 05700 CT SCAN					401,849 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					802,203 58.00
59.00 05900 CARDIAC CATHETERIZATION					790,215 59.00
60.00 06000 LABORATORY					40,913 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS					2,624 62.00
65.00 06500 RESPIRATORY THERAPY					405,316 65.00
66.00 06600 PHYSICAL THERAPY					593,676 66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					0 66.01
66.02 06602 O/P PHYSICAL THERAPY					64,876 66.02
67.00 06700 OCCUPATIONAL THERAPY					53,058 67.00
68.00 06800 SPEECH PATHOLOGY					448,992 68.00
69.00 06900 ELECTROCARDIOLOGY					374,589 69.00
69.01 06901 CARDIAC REHAB					324,034 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY					123,851 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					439,099 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS					17,915 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					586,612 73.00
76.00 03020 RENAL ACUTE					898,350 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC					6,895 90.00
90.05 09005 PATIENT NUTRITION					55,729 90.05
90.07 09007 WOUND CLINIC					127,868 90.07
91.00 09100 EMERGENCY					983,898 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	28,171,755 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					72 190.00
194.00 07950 RURAL HEALTH					100,325 194.00
194.01 07951 RENTAL PROPERTY					225,986 194.01
194.02 07954 FAMILY PRACTICE					1,173,383 194.02
194.03 07952 WELLNESS					367,205 194.03
194.04 07955 PHYSICIAN PRACTICES					326,738 194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	
	SERVICES-OTHER PRGM COSTS					
	22.00					
194.06 07953 SYCAMORE SPORTS MED					720	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					585,146	194.07
200.00 Cross Foot Adjustments	5,325	720	21,035	720	35,545	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	5,325	720	21,035	720	30,986,875	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02341	OTHER MED ED		23.01
23.02	02301	PARAMED ED PRGM		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	6,670,729
31.00	03100	INTENSIVE CARE UNIT	0	1,363,297
35.00	02040	INTENSIVE NURSERY	0	218,002
41.00	04100	SUBPROVIDER - IRF	0	474,287
43.00	04300	NURSERY	0	119,611
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	3,510,713
50.01	05001	CARDIAC SURGERY	0	211,882
50.02	05002	WVSC	0	1,686,960
51.00	05100	RECOVERY ROOM	0	92,702
51.02	05101	O/P TREATMENT ROOM	0	769,257
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	870,597
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,379,634
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,956,442
56.00	05600	RADIOISOTOPE	0	305,080
57.00	05700	CT SCAN	0	401,849
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	802,203
59.00	05900	CARDIAC CATHETERIZATION	0	790,215
60.00	06000	LABORATORY	0	40,913
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,624
65.00	06500	RESPIRATORY THERAPY	0	405,316
66.00	06600	PHYSICAL THERAPY	0	593,676
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	64,876
67.00	06700	OCCUPATIONAL THERAPY	0	53,058
68.00	06800	SPEECH PATHOLOGY	0	448,992
69.00	06900	ELECTROCARDIOLOGY	0	374,589
69.01	06901	CARDIAC REHAB	0	324,034
70.00	07000	ELECTROENCEPHALOGRAPHY	0	123,851
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	439,099
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,915
73.00	07300	DRUGS CHARGED TO PATIENTS	0	586,612
76.00	03020	RENAL ACUTE	0	898,350
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	6,895
90.05	09005	PATIENT NUTRITION	0	55,729
90.07	09007	WOUND CLINIC	0	127,868
91.00	09100	EMERGENCY	0	983,898
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	28,171,755
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	72
194.00	07950	RURAL HEALTH	0	100,325
194.01	07951	RENTAL PROPERTY	0	225,986
194.02	07954	FAMILY PRACTICE	0	1,173,383
194.03	07952	WELLNESS	0	367,205

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.04	07955	PHYSICIAN PRACTICES	0	326,738	194.04
194.06	07953	SYCAMORE SPORTS MED	0	720	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	585,146	194.07
200.00		Cross Foot Adjustments	0	35,545	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	30,986,875	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period: From 01/01/2017 To 12/31/2017

Worksheet B-1

Date/Time Prepared: 5/30/2018 2:18 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
		NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	966,375				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		3,334,039			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,136	0	92,001,585		4.00
5.01	00540	NONPATIENT TELEPHONES	657	30,250	558,584	1,255	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	3,062	3,299	1,393,595	45	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	18,571	29,903	4,936,195	116	5.06
7.00	00700	OPERATION OF PLANT	334,876	88,455	1,773,600	71	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	67,033	644,009	18	8.00
9.00	00900	HOUSEKEEPING	5,313	36,271	1,923,671	8	9.00
10.00	01000	DIETARY	10,976	106,783	358,964	30	10.00
11.00	01100	CAFETERIA	7,832	6,020	1,606,257	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	1,960	1,649,673	9	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	6,704	1,891,990	30	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,318,240	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,263,710	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	110,036	0	23.00
23.01	02341	OTHER MED ED	720	119	235,367	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	110,036	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,046	329,811	20,045,307	171	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	175,854	4,702,558	29	31.00
35.00	02040	INTENSIVE NURSERY	2,880	46,531	1,798,682	18	35.00
41.00	04100	SUBPROVIDER - IRF	14,821	13,667	1,158,354	31	41.00
43.00	04300	NURSERY	3,927	2,778	1,003,069	4	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,735	585,490	2,847,564	82	50.00
50.01	05001	CARDIAC SURGERY	1,800	47,256	2,050,762	6	50.01
50.02	05002	WVSC	30,028	164,883	0	0	50.02
51.00	05100	RECOVERY ROOM	1,432	9,673	1,650,201	18	51.00
51.02	05101	O/P TREATMENT ROOM	21,344	54,530	1,910,128	27	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	105,326	2,818,716	23	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,635	384,857	3,488,355	108	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	143,301	409,847	41	55.00
56.00	05600	RADIOISOTOPE	2,914	62,358	342,979	0	56.00
57.00	05700	CT SCAN	2,172	195	1,028,258	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	76,239	519,224	4	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,694	60,882	836,801	34	59.00
60.00	06000	LABORATORY	0	0	0	8	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,134	125,638	2,566,468	14	65.00
66.00	06600	PHYSICAL THERAPY	10,150	10,477	0	23	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	20,249	0	1	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,658	1,828	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	3,288	432	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	1,305	108,505	1,224,181	4	69.00
69.01	06901	CARDIAC REHAB	7,200	8,006	264,371	6	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	29,299	2,089,644	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	104,829	0	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,842	40,991	3,828,662	50	73.00
76.00	03020	RENAL ACUTE	3,525	386	0	4	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	218	0	175,338	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	622	308,183	0	90.05
90.07	09007	WOUND CLINIC	3,899	6,694	286,692	13	90.07
91.00	09100	EMERGENCY	24,071	90,040	4,769,845	63	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	912,436	3,188,424	81,898,116	1,153	1,118
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	190.00
194.00	07950	RURAL HEALTH	0	20,041	1,339,365	0	194.00
194.01	07951	RENTAL PROPERTY	0	2,571	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	1.00	2.00	4.00	5.01	5.02	
194.0207954 FAMILY PRACTICE	37,071	72,753	2,322,732	71	0	194.02
194.0307952 WELLNESS	14,002	0	340,361	0	0	194.03
194.0407955 PHYSICIAN PRACTICES	0	48,243	5,767,141	22	2	194.04
194.0607953 SYCAMORE SPORTS MED	0	232	12,902	0	0	194.06
194.0707956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	1,775	320,968	8	4	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	15,695,620	8,535,809	34,632,505	1,199,105	14,247,395	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	16.241749	2.560201	0.376434	955.462151	12,675.618327	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			83,418	88,624	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000907	70.616733	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 01/01/2017 To 12/31/2017

Worksheet B-1

Date/Time Prepared: 5/30/2018 2:18 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,147,315				5.03
5.04	00570	ADMITTING	3,690	513,171,904			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,351,779,671		5.05
5.06	00590	OTHER ADMIN AND GENERAL	205	0	0	-22,431,030	5.06
7.00	00700	OPERATION OF PLANT	2,032	0	0	0	15,874,588
8.00	00800	LAUNDRY & LINEN SERVICE	7,135	0	0	0	1,568,637
9.00	00900	HOUSEKEEPING	14,526	0	0	0	3,883,753
10.00	01000	DIETARY	305	0	0	0	1,363,102
11.00	01100	CAFETERIA	5	0	0	0	2,295,214
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,175,800
16.00	01600	MEDICAL RECORDS & LIBRARY	93	0	0	0	4,745,166
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,916,070
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,644,004
23.00	02300	PARAMED ED PRGM	0	0	0	0	179,882
23.01	02341	OTHER MED ED	0	0	0	0	301,920
23.02	02301	PARAMED ED PRGM	0	0	0	0	179,882
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,160,430	90,384,493	103,526,014	0	48,210,595
31.00	03100	INTENSIVE CARE UNIT	619,067	23,672,902	23,672,902	0	10,141,213
35.00	02040	INTENSIVE NURSERY	80,044	14,864,635	14,864,635	0	3,443,584
41.00	04100	SUBPROVIDER - IRF	47,591	3,441,108	3,441,108	0	2,216,252
43.00	04300	NURSERY	0	4,906,956	4,906,956	0	1,725,320
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	209,058	91,587,356	169,133,599	0	15,691,702
50.01	05001	CARDIAC SURGERY	1,167,270	6,615,455	6,994,247	0	3,425,395
50.02	05002	WASC	30,059	0	100,498,844	0	11,943,077
51.00	05100	RECOVERY ROOM	128,507	2,559,572	8,039,090	0	2,791,968
51.02	05101	O/P TREATMENT ROOM	109,230	358,322	2,795,186	0	3,845,937
52.00	05200	DELIVERY ROOM & LABOR ROOM	288,661	16,894,310	22,289,184	0	5,871,756
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,605	11,747,204	52,629,930	0	10,524,107
55.00	05500	RADIOLOGY-THERAPEUTIC	2,542	2,105,483	38,886,606	0	6,234,721
56.00	05600	RADIOISOTOPE	5,547	861,175	8,071,387	0	1,682,068
57.00	05700	CT SCAN	192,171	18,431,055	66,810,076	0	3,325,003
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,147	3,135,891	15,831,773	0	2,355,578
59.00	05900	CARDIAC CATHETERIZATION	34,866	30,154,036	101,602,797	0	17,110,713
60.00	06000	LABORATORY	0	46,175,249	96,433,889	0	9,928,468
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,437,041	3,148,106	0	1,277,883
65.00	06500	RESPIRATORY THERAPY	114,019	16,442,324	18,394,656	0	5,338,075
66.00	06600	PHYSICAL THERAPY	2,626	11,155,366	11,958,997	0	3,248,762
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	2,616	0	6,836,654	0	2,177,730
67.00	06700	OCCUPATIONAL THERAPY	0	5,174,738	8,547,786	0	1,820,367
68.00	06800	SPEECH PATHOLOGY	0	1,241,398	3,227,110	0	834,849
69.00	06900	ELECTROCARDIOLOGY	18,391	11,530,985	31,444,614	0	5,042,269
69.01	06901	CARDIAC REHAB	811	92,441	1,283,545	0	599,869
70.00	07000	ELECTROENCEPHALOGRAPHY	3,644	3,370,500	4,692,335	0	1,544,215
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,613	738,545	802,001	0	1,277,633
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,971,187	15,433,507	0	12,736,406
73.00	07300	DRUGS CHARGED TO PATIENTS	83,109	52,016,527	261,571,943	0	50,507,724
76.00	03020	RENAL ACUTE	48,171	3,283,182	3,783,243	0	1,743,108
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,408	692,316	0	286,596
90.05	09005	PATIENT NUTRITION	170	0	197,862	0	497,488
90.07	09007	WOUND CLINIC	59,719	20,000	6,783,717	0	1,482,859
91.00	09100	EMERGENCY	597,517	29,801,060	132,553,056	0	15,614,654
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,117,192	513,171,904	1,351,779,671	-22,431,030	305,625,962
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	955
194.00	07950	RURAL HEALTH	10,761	0	0	0	3,934,391
194.01	07951	RENTAL PROPERTY	0	0	0	0	139,950
194.02	07954	FAMILY PRACTICE	49	0	0	0	5,678,777
194.03	07952	WELLNESS	0	0	0	0	825,435

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
194.04	07955 PHYSICIAN PRACTICES	19,163	0	0	0	15,921,606	194.04
194.06	07953 SYCAMORE SPORTS MED	0	0	0	0	90,717	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	150	0	0	0	622,622	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,641,061	2,838,637	6,045,019		22,431,030	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.318819	0.005532	0.004472		0.067393	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	126,928	0		416,743	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000247	0.000000		0.001252	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 01/01/2017 To 12/31/2017		Worksheet B-1	
Date/Time Prepared: 5/30/2018 2:18 pm							
Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	604,073				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,167,999			8.00
9.00	00900	HOUSEKEEPING	5,313	78,341	592,772		9.00
10.00	01000	DIETARY	10,976	6,381	10,976	181,166	10.00
11.00	01100	CAFETERIA	7,832	0	7,832	0	11,355
13.00	01300	NURSING ADMINISTRATION	2,376	0	2,376	0	163
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	0	404
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	210
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	44
23.00	02300	PARAMED PRGM	0	0	0	0	20
23.01	02341	OTHER MED ED	720	0	720	0	54
23.02	02301	PARAMED PRGM	0	0	0	0	20
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,046	412,569	188,046	138,208	3,685
31.00	03100	INTENSIVE CARE UNIT	22,990	61,593	22,990	20,496	723
35.00	02040	INTENSIVE NURSERY	2,880	4,926	2,880	0	246
41.00	04100	SUBPROVIDER - IRF	14,821	7,011	14,821	9,610	181
43.00	04300	NURSERY	3,927	0	3,927	0	159
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,735	73,599	40,735	0	534
50.01	05001	CARDIAC SURGERY	1,800	30	1,800	0	80
50.02	05002	WVSC	30,028	74,633	30,028	0	0
51.00	05100	RECOVERY ROOM	1,432	47,659	1,432	0	259
51.02	05101	O/P TREATMENT ROOM	21,344	41,694	21,344	12,011	315
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	51,146	20,805	4	438
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,635	32,000	32,635	0	593
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	15,241	26,393	0	60
56.00	05600	RADIOISOTOPE	2,914	4,558	2,914	0	51
57.00	05700	CT SCAN	2,172	0	2,172	0	144
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	32,474	2,593	0	70
59.00	05900	CARDIAC CATHETERIZATION	16,694	10,048	16,694	837	109
60.00	06000	LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,134	0	2,134	0	387
66.00	06600	PHYSICAL THERAPY	10,150	8,659	10,150	0	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	18,888	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,658	0	1,658	0	0
68.00	06800	SPEECH PATHOLOGY	3,288	0	3,288	0	0
69.00	06900	ELECTROCARDIOLOGY	1,305	9,109	1,305	0	234
69.01	06901	CARDIAC REHAB	7,200	342	7,200	0	41
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	2,023	1,505	0	80
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	93	5,712	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,842	0	12,842	0	454
76.00	03020	RENAL ACUTE	3,525	4,804	3,525	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	218	0	218	0	20
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	48
90.07	09007	WOUND CLINIC	3,899	12,321	3,899	0	44
91.00	09100	EMERGENCY	24,071	151,917	24,071	0	855
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	550,134	1,162,059	538,833	181,166	10,725
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	636	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	37,071	965	37,071	0	174
194.03	07952	WELLNESS	14,002	0	14,002	0	0
194.04	07955	PHYSICIAN PRACTICES	0	4,339	0	0	407

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
194.06	07953 SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	0	2,866	0	49	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)	16,944,424	1,842,317	4,418,091	1,854,718	2,727,959	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.050292	1.577328	7.453272	10.237672	240.242977	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,707,310	334,988	260,543	569,789	224,387	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.448047	0.286805	0.439533	3.145121	19.761074	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 01/01/2017 To 12/31/2017	Worksheet B-1 Date/Time Prepared: 5/30/2018 2:18 pm			
Cost Center Description			NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (# REFERRALS)	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES (INTERNS)	SERVICES-OTHE R PRGM COSTS (INTERNS)	
			13.00	16.00	17.00	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						11.00
13.00	01300	NURSING ADMINISTRATION	8,181					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,356,875,160				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	998		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		998	22.00
23.00	02300	PARAMED ED PRGM	0	0	0			23.00
23.01	02341	OTHER MED ED	27	0	0			23.01
23.02	02301	PARAMED ED PRGM	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,466	97,801,669	0	365	365	30.00
31.00	03100	INTENSIVE CARE UNIT	758	23,699,457	0	0	0	31.00
35.00	02040	INTENSIVE NURSERY	258	14,864,635	0	9	9	35.00
41.00	04100	SUBPROVIDER - IRF	220	3,441,108	0	0	0	41.00
43.00	04300	NURSERY	159	4,906,956	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	541	177,386,588	0	43	43	50.00
50.01	05001	CARDIAC SURGERY	49	8,608,252	0	0	0	50.01
50.02	05002	WVSC	0	102,624,729	0	0	0	50.02
51.00	05100	RECOVERY ROOM	225	8,039,090	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	366	8,492,976	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	430	22,289,184	0	98	98	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,147,284	0	15	15	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	38,937,919	0	7	7	55.00
56.00	05600	RADIOISOTOPE	0	8,071,387	0	0	0	56.00
57.00	05700	CT SCAN	0	66,810,076	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,831,773	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	106,204,714	0	5	5	59.00
60.00	06000	LABORATORY	0	96,433,889	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,148,106	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	388	18,394,656	0	15	15	65.00
66.00	06600	PHYSICAL THERAPY	0	11,958,994	0	1	1	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,836,654	0	32	32	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	8,547,786	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,227,110	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,672,590	0	1	1	69.00
69.01	06901	CARDIAC REHAB	0	1,283,545	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,829,895	0	3	3	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	802,001	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	353	261,571,943	0	14	14	73.00
76.00	03020	RENAL ACUTE	0	3,783,243	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20	692,316	0	156	156	90.00
90.05	09005	PATIENT NUTRITION	46	197,862	0	2	2	90.05
90.07	09007	WOUND CLINIC	52	6,783,717	0	17	17	90.07
91.00	09100	EMERGENCY	823	132,553,056	0	105	105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,181	1,356,875,160	0	888	888	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (# REFERRALS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)	
				13.00	16.00	
194.0207954 FAMILY PRACTICE	0	0	0	110	110	194.02
194.0307952 WELLNESS	0	0	0	0	0	194.03
194.0407955 PHYSICIAN PRACTICES	0	0	0	0	0	194.04
194.0607953 SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.0707956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,580,736	5,349,581	0	2,095,651	2,832,762	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	559.923726	0.003943	0.000000	2,099.850701	2,838.438878	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	78,502	182,005	0	7,745	5,325	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	9.595648	0.000134	0.000000	7.760521	5.335671	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 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description		PARAMED ED PRGM (PARAMED RADIOLOGY)	OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.00	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
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM	100		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	100	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	100	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
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description		PARAMED ED PRGM (PARAMED RADIOLOGY) 23.00	OTHER MED ED (ASSIGNED TIME) 23.01	PARAMED ED PRGM (PARAMED RADIOLOGY) 23.02	
194.06	07953 SYCAMORE SPORTS MED	0	0	0	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	194.07
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	196,810	375,920	196,810	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,968.100000	3,759.200000	1,968.100000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	720	21,035	720	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.200000	210.350000	7.200000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,413,267		63,413,267	0	63,413,267	30.00
31.00	03100	INTENSIVE CARE UNIT	12,639,435		12,639,435	0	12,639,435	31.00
35.00	02040	INTENSIVE NURSERY	4,047,848		4,047,848	0	4,047,848	35.00
41.00	04100	SUBPROVIDER - IRF	3,181,488		3,181,488	0	3,181,488	41.00
43.00	04300	NURSERY	2,127,591		2,127,591	0	2,127,591	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,442,185		19,442,185	37,297	19,479,482	50.00
50.01	05001	CARDIAC SURGERY	3,800,794		3,800,794	0	3,800,794	50.01
50.02	05002	WVSC	14,336,428		14,336,428	0	14,336,428	50.02
51.00	05100	RECOVERY ROOM	3,326,046		3,326,046	0	3,326,046	51.00
51.02	05101	O/P TREATMENT ROOM	5,365,741		5,365,741	0	5,365,741	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,520,716		7,520,716	0	7,520,716	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,188,135		13,188,135	0	13,188,135	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,783,930		7,783,930	0	7,783,930	55.00
56.00	05600	RADIOISOTOPE	1,950,152		1,950,152	0	1,950,152	56.00
57.00	05700	CT SCAN	3,924,226		3,924,226	0	3,924,226	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,736,851		2,736,851	0	2,736,851	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,325,921		19,325,921	0	19,325,921	59.00
60.00	06000	LABORATORY	10,977,816		10,977,816	183,070	11,160,886	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,376,416		1,376,416	0	1,376,416	62.00
65.00	06500	RESPIRATORY THERAPY	6,156,342	0	6,156,342	0	6,156,342	65.00
66.00	06600	PHYSICAL THERAPY	3,888,879	0	3,888,879	0	3,888,879	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,381,244	0	2,381,244	0	2,381,244	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,035,616	0	2,035,616	0	2,035,616	67.00
68.00	06800	SPEECH PATHOLOGY	1,020,571	0	1,020,571	0	1,020,571	68.00
69.00	06900	ELECTROCARDIOLOGY	5,623,886		5,623,886	558	5,624,444	69.00
69.01	06901	CARDIAC REHAB	911,372		911,372	0	911,372	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,755,000		1,755,000	0	1,755,000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,569,842		1,569,842	0	1,569,842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,594,751		13,594,751	0	13,594,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,080,890		56,080,890	0	56,080,890	73.00
76.00	03020	RENAL ACUTE	2,008,225		2,008,225	0	2,008,225	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	332,384		332,384	0	332,384	90.00
90.05	09005	PATIENT NUTRITION	637,605		637,605	2,818	640,423	90.05
90.07	09007	WOUND CLINIC	1,807,090		1,807,090	0	1,807,090	90.07
91.00	09100	EMERGENCY	18,950,084		18,950,084	0	18,950,084	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,476,948		10,476,948	0	10,476,948	92.00
200.00		Subtotal (see instructions)	329,695,715	0	329,695,715	223,743	329,919,458	200.00
201.00		Less Observation Beds	10,476,948		10,476,948	0	10,476,948	201.00
202.00		Total (see instructions)	319,218,767	0	319,218,767	223,743	319,442,510	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	89,814,823		89,814,823	30.00
31.00	03100	INTENSIVE CARE UNIT	23,672,902		23,672,902	31.00
35.00	02040	INTENSIVE NURSERY	14,864,635		14,864,635	35.00
41.00	04100	SUBPROVIDER - IRF	3,441,108		3,441,108	41.00
43.00	04300	NURSERY	4,906,956		4,906,956	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	91,587,356	77,546,243	169,133,599	50.00
50.01	05001	CARDIAC SURGERY	6,615,455	378,792	6,994,247	50.01
50.02	05002	WVSC	0	100,498,844	100,498,844	50.02
51.00	05100	RECOVERY ROOM	2,559,572	5,479,518	8,039,090	51.00
51.02	05101	O/P TREATMENT ROOM	358,322	2,436,864	2,795,186	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,894,310	5,394,874	22,289,184	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,747,204	40,882,726	52,629,930	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,105,483	36,781,123	38,886,606	55.00
56.00	05600	RADIOISOTOPE	861,175	7,210,212	8,071,387	56.00
57.00	05700	CT SCAN	18,431,055	48,379,021	66,810,076	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,135,891	12,695,882	15,831,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,154,036	71,448,761	101,602,797	59.00
60.00	06000	LABORATORY	46,175,249	50,258,640	96,433,889	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,437,041	711,065	3,148,106	62.00
65.00	06500	RESPIRATORY THERAPY	16,442,324	1,952,332	18,394,656	65.00
66.00	06600	PHYSICAL THERAPY	11,155,366	803,631	11,958,997	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,836,654	6,836,654	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,174,738	3,373,048	8,547,786	67.00
68.00	06800	SPEECH PATHOLOGY	1,241,398	1,985,712	3,227,110	68.00
69.00	06900	ELECTROCARDIOLOGY	11,530,985	19,913,629	31,444,614	69.00
69.01	06901	CARDIAC REHAB	92,441	1,191,104	1,283,545	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,370,500	1,321,835	4,692,335	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	738,545	63,456	802,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,971,187	7,462,320	15,433,507	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,016,527	209,555,416	261,571,943	73.00
76.00	03020	RENAL ACUTE	3,283,182	500,061	3,783,243	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,408	690,908	692,316	90.00
90.05	09005	PATIENT NUTRITION	0	197,862	197,862	90.05
90.07	09007	WOUND CLINIC	20,000	6,763,717	6,783,717	90.07
91.00	09100	EMERGENCY	29,801,060	102,751,996	132,553,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	569,670	13,141,521	13,711,191	92.00
200.00		Subtotal (see instructions)	513,171,904	838,607,767	1,351,779,671	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	513,171,904	838,607,767	1,351,779,671	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 2:18 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
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	0.115172		50.00
50.01	05001 CARDIAC SURGERY	0.543417		50.01
50.02	05002 WVSC	0.142653		50.02
51.00	05100 RECOVERY ROOM	0.413734		51.00
51.02	05101 O/P TREATMENT ROOM	1.919636		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.337415		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250582		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.200170		55.00
56.00	05600 RADIOISOTOPE	0.241613		56.00
57.00	05700 CT SCAN	0.058737		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.172871		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.190211		59.00
60.00	06000 LABORATORY	0.115736		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437220		62.00
65.00	06500 RESPIRATORY THERAPY	0.334681		65.00
66.00	06600 PHYSICAL THERAPY	0.325184		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.348305		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.238145		67.00
68.00	06800 SPEECH PATHOLOGY	0.316249		68.00
69.00	06900 ELECTROCARDIOLOGY	0.178868		69.00
69.01	06901 CARDIAC REHAB	0.710043		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.374014		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.957407		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.880859		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214399		73.00
76.00	03020 RENAL ACUTE	0.530821		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.480104		90.00
90.05	09005 PATIENT NUTRITION	3.236715		90.05
90.07	09007 WOUND CLINIC	0.266386		90.07
91.00	09100 EMERGENCY	0.142962		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.764117		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 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 2:18 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	63,413,267	63,413,267	0	63,413,267	30.00
31.00	03100 INTENSIVE CARE UNIT	12,639,435	12,639,435	0	12,639,435	31.00
35.00	02040 INTENSIVE NURSERY	4,047,848	4,047,848	0	4,047,848	35.00
41.00	04100 SUBPROVIDER - IRF	3,181,488	3,181,488	0	3,181,488	41.00
43.00	04300 NURSERY	2,127,591	2,127,591	0	2,127,591	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	19,442,185	19,442,185	37,297	19,479,482	50.00
50.01	05001 CARDIAC SURGERY	3,800,794	3,800,794	0	3,800,794	50.01
50.02	05002 WVSC	14,336,428	14,336,428	0	14,336,428	50.02
51.00	05100 RECOVERY ROOM	3,326,046	3,326,046	0	3,326,046	51.00
51.02	05101 O/P TREATMENT ROOM	5,365,741	5,365,741	0	5,365,741	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,520,716	7,520,716	0	7,520,716	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,188,135	13,188,135	0	13,188,135	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,783,930	7,783,930	0	7,783,930	55.00
56.00	05600 RADIOISOTOPE	1,950,152	1,950,152	0	1,950,152	56.00
57.00	05700 CT SCAN	3,924,226	3,924,226	0	3,924,226	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,736,851	2,736,851	0	2,736,851	58.00
59.00	05900 CARDIAC CATHETERIZATION	19,325,921	19,325,921	0	19,325,921	59.00
60.00	06000 LABORATORY	10,977,816	10,977,816	183,070	11,160,886	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,376,416	1,376,416	0	1,376,416	62.00
65.00	06500 RESPIRATORY THERAPY	6,156,342	6,156,342	0	6,156,342	65.00
66.00	06600 PHYSICAL THERAPY	3,888,879	3,888,879	0	3,888,879	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,381,244	2,381,244	0	2,381,244	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,035,616	2,035,616	0	2,035,616	67.00
68.00	06800 SPEECH PATHOLOGY	1,020,571	1,020,571	0	1,020,571	68.00
69.00	06900 ELECTROCARDIOLOGY	5,623,886	5,623,886	558	5,624,444	69.00
69.01	06901 CARDIAC REHAB	911,372	911,372	0	911,372	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,755,000	1,755,000	0	1,755,000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,569,842	1,569,842	0	1,569,842	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,594,751	13,594,751	0	13,594,751	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	56,080,890	56,080,890	0	56,080,890	73.00
76.00	03020 RENAL ACUTE	2,008,225	2,008,225	0	2,008,225	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	332,384	332,384	0	332,384	90.00
90.05	09005 PATIENT NUTRITION	637,605	637,605	2,818	640,423	90.05
90.07	09007 WOUND CLINIC	1,807,090	1,807,090	0	1,807,090	90.07
91.00	09100 EMERGENCY	18,950,084	18,950,084	0	18,950,084	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,476,948	10,476,948	0	10,476,948	92.00
200.00	Subtotal (see instructions)	329,695,715	329,695,715	223,743	329,919,458	200.00
201.00	Less Observation Beds	10,476,948	10,476,948	0	10,476,948	201.00
202.00	Total (see instructions)	319,218,767	319,218,767	223,743	319,442,510	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 2:18 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00	9.00	10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,814,823		89,814,823		30.00	
31.00	03100	INTENSIVE CARE UNIT	23,672,902		23,672,902		31.00	
35.00	02040	INTENSIVE NURSERY	14,864,635		14,864,635		35.00	
41.00	04100	SUBPROVIDER - IRF	3,441,108		3,441,108		41.00	
43.00	04300	NURSERY	4,906,956		4,906,956		43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	91,587,356	77,546,243	169,133,599	0.114952	50.00	
50.01	05001	CARDIAC SURGERY	6,615,455	378,792	6,994,247	0.543417	50.01	
50.02	05002	WVSC	0	100,498,844	100,498,844	0.142653	50.02	
51.00	05100	RECOVERY ROOM	2,559,572	5,479,518	8,039,090	0.413734	51.00	
51.02	05101	O/P TREATMENT ROOM	358,322	2,436,864	2,795,186	1.919636	51.02	
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,894,310	5,394,874	22,289,184	0.337415	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,747,204	40,882,726	52,629,930	0.250582	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,105,483	36,781,123	38,886,606	0.200170	55.00	
56.00	05600	RADIOISOTOPE	861,175	7,210,212	8,071,387	0.241613	56.00	
57.00	05700	CT SCAN	18,431,055	48,379,021	66,810,076	0.058737	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,135,891	12,695,882	15,831,773	0.172871	58.00	
59.00	05900	CARDIAC CATHETERIZATION	30,154,036	71,448,761	101,602,797	0.190211	59.00	
60.00	06000	LABORATORY	46,175,249	50,258,640	96,433,889	0.113838	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,437,041	711,065	3,148,106	0.437220	62.00	
65.00	06500	RESPIRATORY THERAPY	16,442,324	1,952,332	18,394,656	0.334681	65.00	
66.00	06600	PHYSICAL THERAPY	11,155,366	803,631	11,958,997	0.325184	66.00	
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01	
66.02	06602	O/P PHYSICAL THERAPY	0	6,836,654	6,836,654	0.348305	66.02	
67.00	06700	OCCUPATIONAL THERAPY	5,174,738	3,373,048	8,547,786	0.238145	67.00	
68.00	06800	SPEECH PATHOLOGY	1,241,398	1,985,712	3,227,110	0.316249	68.00	
69.00	06900	ELECTROCARDIOLOGY	11,530,985	19,913,629	31,444,614	0.178851	69.00	
69.01	06901	CARDIAC REHAB	92,441	1,191,104	1,283,545	0.710043	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,370,500	1,321,835	4,692,335	0.374014	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	738,545	63,456	802,001	1.957407	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,971,187	7,462,320	15,433,507	0.880859	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	52,016,527	209,555,416	261,571,943	0.214399	73.00	
76.00	03020	RENAL ACUTE	3,283,182	500,061	3,783,243	0.530821	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,408	690,908	692,316	0.480104	90.00	
90.05	09005	PATIENT NUTRITION	0	197,862	197,862	3.222473	90.05	
90.07	09007	WOUND CLINIC	20,000	6,763,717	6,783,717	0.266386	90.07	
91.00	09100	EMERGENCY	29,801,060	102,751,996	132,553,056	0.142962	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	569,670	13,141,521	13,711,191	0.764117	92.00	
200.00		Subtotal (see instructions)	513,171,904	838,607,767	1,351,779,671		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	513,171,904	838,607,767	1,351,779,671		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 2:18 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
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 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,670,729	0	6,670,729	58,747	113.55	30.00
31.00	INTENSIVE CARE UNIT	1,363,297		1,363,297	7,320	186.24	31.00
35.00	INTENSIVE NURSERY	218,002		218,002	3,441	63.35	35.00
41.00	SUBPROVIDER - IRF	474,287	0	474,287	3,432	138.20	41.00
43.00	NURSERY	119,611		119,611	3,497	34.20	43.00
200.00	Total (lines 30 through 199)	8,845,926		8,845,926	76,437		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	24,848	2,821,490				
31.00	INTENSIVE CARE UNIT	4,297	800,273				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	2,194	303,211				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	31,339	3,924,974				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,510,713	169,133,599	0.020757	57,286,252	1,189,091	50.00
50.01	05001 CARDIAC SURGERY	211,882	6,994,247	0.030294	259,254	7,854	50.01
50.02	05002 WVSC	1,686,960	100,498,844	0.016786	0	0	50.02
51.00	05100 RECOVERY ROOM	92,702	8,039,090	0.011531	1,505,390	17,359	51.00
51.02	05101 O/P TREATMENT ROOM	769,257	2,795,186	0.275208	160,064	44,051	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	870,597	22,289,184	0.039059	150,755	5,888	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,379,634	52,629,930	0.045214	6,167,876	278,874	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,956,442	38,886,606	0.050311	1,010,660	50,847	55.00
56.00	05600 RADIOISOTOPE	305,080	8,071,387	0.037798	485,957	18,368	56.00
57.00	05700 CT SCAN	401,849	66,810,076	0.006015	10,204,439	61,380	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	802,203	15,831,773	0.050670	1,614,810	81,822	58.00
59.00	05900 CARDIAC CATHETERIZATION	790,215	101,602,797	0.007777	12,653,986	98,410	59.00
60.00	06000 LABORATORY	40,913	96,433,889	0.000424	24,049,523	10,197	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,624	3,148,106	0.000834	1,353,365	1,129	62.00
65.00	06500 RESPIRATORY THERAPY	405,316	18,394,656	0.022034	8,468,998	186,606	65.00
66.00	06600 PHYSICAL THERAPY	593,676	11,958,997	0.049643	3,258,255	161,750	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	64,876	6,836,654	0.009489	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	53,058	8,547,786	0.006207	1,947,792	12,090	67.00
68.00	06800 SPEECH PATHOLOGY	448,992	3,227,110	0.139131	457,228	63,615	68.00
69.00	06900 ELECTROCARDIOLOGY	374,589	31,444,614	0.011913	6,938,460	82,658	69.00
69.01	06901 CARDIAC REHAB	324,034	1,283,545	0.252452	47,346	11,953	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	123,851	4,692,335	0.026394	890,184	23,496	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	439,099	802,001	0.547504	346,682	189,810	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,915	15,433,507	0.001161	3,643,593	4,230	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	586,612	261,571,943	0.002243	27,298,373	61,230	73.00
76.00	03020 RENAL ACUTE	898,350	3,783,243	0.237455	2,270,175	539,064	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,895	692,316	0.009959	0	0	90.00
90.05	09005 PATIENT NUTRITION	55,729	197,862	0.281656	0	0	90.05
90.07	09007 WOUND CLINIC	127,868	6,783,717	0.018849	16,416	309	90.07
91.00	09100 EMERGENCY	983,898	132,553,056	0.007423	13,467,280	99,968	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,102,123	13,711,191	0.080381	0	0	92.00
200.00	Total (lines 50 through 199)	20,427,952	1,215,079,247		185,953,113	3,302,049	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	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	58,747	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,320	0.00	31.00
35.00	02040	INTENSIVE NURSERY	0	0	3,441	0.00	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,432	0.00	41.00
43.00	04300	NURSERY	0	0	3,497	0.00	43.00
200.00		Total (lines 30 through 199)	0	0	76,437		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 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description	Title XVIII						Allied Health Post-Stepdown Adjustments	Allied Health Adjustments	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Hospital		PPS			
	1.00	2A	2.00	3A		3.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	393,620	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	375,920	0	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	769,540	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	169,133,599	0.000000	50.00
50.01 05001 CARDIAC SURGERY	0	0	0	6,994,247	0.000000	50.01
50.02 05002 WVSC	0	0	0	100,498,844	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	8,039,090	0.000000	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	0	2,795,186	0.000000	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	22,289,184	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	393,620	393,620	52,629,930	0.007479	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	38,886,606	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	8,071,387	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	66,810,076	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,831,773	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	101,602,797	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	96,433,889	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,148,106	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	18,394,656	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	11,958,997	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	6,836,654	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	8,547,786	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,227,110	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	31,444,614	0.000000	69.00
69.01 06901 CARDIAC REHAB	0	0	0	1,283,545	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,692,335	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	802,001	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,433,507	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	375,920	375,920	261,571,943	0.001437	73.00
76.00 03020 RENAL ACUTE	0	0	0	3,783,243	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	692,316	0.000000	90.00
90.05 09005 PATIENT NUTRITION	0	0	0	197,862	0.000000	90.05
90.07 09007 WOUND CLINIC	0	0	0	6,783,717	0.000000	90.07
91.00 09100 EMERGENCY	0	0	0	132,553,056	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,711,191	0.000000	92.00
200.00 Total (lines 50 through 199)	0	769,540	769,540	1,215,079,247		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	57,286,252	0	24,715,072	0	50.00
50.01	05001 CARDIAC SURGERY	0.000000	259,254	0	374,225	0	50.01
50.02	05002 WVSC	0.000000	0	0	31,945,030	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	1,505,390	0	1,663,809	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.000000	160,064	0	1,012,765	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	150,755	0	146,985	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.007479	6,167,876	46,130	8,619,556	64,466	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,010,660	0	20,429,947	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	485,957	0	4,418,840	0	56.00
57.00	05700 CT SCAN	0.000000	10,204,439	0	16,873,806	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,614,810	0	3,887,724	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	12,653,986	0	27,384,149	0	59.00
60.00	06000 LABORATORY	0.000000	24,049,523	0	12,267,187	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,353,365	0	320,466	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	8,468,998	0	748,337	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,258,255	0	67,500	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	1,947,792	0	46,562	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	457,228	0	14,989	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,938,460	0	7,359,442	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	47,346	0	673,005	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	890,184	0	802,521	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	346,682	0	24,821	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,643,593	0	5,359,492	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001437	27,298,373	39,228	109,752,124	157,714	73.00
76.00	03020 RENAL ACUTE	0.000000	2,270,175	0	290,542	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	633,013	0	90.00
90.05	09005 PATIENT NUTRITION	0.000000	0	0	0	0	90.05
90.07	09007 WOUND CLINIC	0.000000	16,416	0	2,739,408	0	90.07
91.00	09100 EMERGENCY	0.000000	13,467,280	0	23,602,442	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	4,327,825	0	92.00
200.00	Total (lines 50 through 199)		185,953,113	85,358	310,501,584	222,180	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.114952	24,715,072	0	0	2,841,047 50.00
50.01 05001 CARDIAC SURGERY	0.543417	374,225	0	0	203,360 50.01
50.02 05002 WVSC	0.142653	31,945,030	0	0	4,557,054 50.02
51.00 05100 RECOVERY ROOM	0.413734	1,663,809	0	0	688,374 51.00
51.02 05101 O/P TREATMENT ROOM	1.919636	1,012,765	0	0	1,944,140 51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.337415	146,985	0	0	49,595 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.250582	8,619,556	0	0	2,159,906 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.200170	20,429,947	0	0	4,089,462 55.00
56.00 05600 RADIO SOTOPE	0.241613	4,418,840	0	0	1,067,649 56.00
57.00 05700 CT SCAN	0.058737	16,873,806	0	0	991,117 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.172871	3,887,724	0	0	672,075 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.190211	27,384,149	0	0	5,208,766 59.00
60.00 06000 LABORATORY	0.113838	12,267,187	0	0	1,396,472 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437220	320,466	0	0	140,114 62.00
65.00 06500 RESPIRATORY THERAPY	0.334681	748,337	0	0	250,454 65.00
66.00 06600 PHYSICAL THERAPY	0.325184	67,500	0	0	21,950 66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0 66.01
66.02 06602 O/P PHYSICAL THERAPY	0.348305	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0.238145	46,562	0	0	11,089 67.00
68.00 06800 SPEECH PATHOLOGY	0.316249	14,989	0	0	4,740 68.00
69.00 06900 ELECTROCARDIOLOGY	0.178851	7,359,442	0	0	1,316,244 69.00
69.01 06901 CARDIAC REHAB	0.710043	673,005	0	0	477,862 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.374014	802,521	0	0	300,154 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.957407	24,821	0	0	48,585 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.880859	5,359,492	0	0	4,720,957 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.214399	109,752,124	0	54,834	23,530,746 73.00
76.00 03020 RENAL ACUTE	0.530821	290,542	0	0	154,226 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.480104	633,013	0	0	303,912 90.00
90.05 09005 PATIENT NUTRITION	3.222473	0	0	0	0 90.05
90.07 09007 WOUND CLINIC	0.266386	2,739,408	0	0	729,740 90.07
91.00 09100 EMERGENCY	0.142962	23,602,442	0	82	3,374,252 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.764117	4,327,825	0	0	3,306,965 92.00
200.00		Subtotal (see instructions)	310,501,584	0	54,916 64,561,007 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0 201.00
202.00		Net Charges (line 200 - line 201)	310,501,584	0	54,916 64,561,007 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	50.01
50.02	05002	WVSC	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,756	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	12	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	11,768	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	11,768	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 2:18 pm		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,510,713	169,133,599	0.020757	114,460	2,376	50.00	
50.01	05001	CARDIAC SURGERY	211,882	6,994,247	0.030294	373	11	50.01	
50.02	05002	WVSC	1,686,960	100,498,844	0.016786	0	0	50.02	
51.00	05100	RECOVERY ROOM	92,702	8,039,090	0.011531	8,151	94	51.00	
51.02	05101	O/P TREATMENT ROOM	769,257	2,795,186	0.275208	1,254	345	51.02	
52.00	05200	DELIVERY ROOM & LABOR ROOM	870,597	22,289,184	0.039059	235	9	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,379,634	52,629,930	0.045214	66,480	3,006	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,956,442	38,886,606	0.050311	36,300	1,826	55.00	
56.00	05600	RADIOISOTOPE	305,080	8,071,387	0.037798	1,205	46	56.00	
57.00	05700	CT SCAN	401,849	66,810,076	0.006015	63,455	382	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	802,203	15,831,773	0.050670	16,293	826	58.00	
59.00	05900	CARDIAC CATHETERIZATION	790,215	101,602,797	0.007777	4,833	38	59.00	
60.00	06000	LABORATORY	40,913	96,433,889	0.000424	311,330	132	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,624	3,148,106	0.000834	9,300	8	62.00	
65.00	06500	RESPIRATORY THERAPY	405,316	18,394,656	0.022034	183,956	4,053	65.00	
66.00	06600	PHYSICAL THERAPY	593,676	11,958,997	0.049643	1,095,248	54,371	66.00	
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01	
66.02	06602	O/P PHYSICAL THERAPY	64,876	6,836,654	0.009489	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	53,058	8,547,786	0.006207	1,098,145	6,816	67.00	
68.00	06800	SPEECH PATHOLOGY	448,992	3,227,110	0.139131	375,690	52,270	68.00	
69.00	06900	ELECTROCARDIOLOGY	374,589	31,444,614	0.011913	33,083	394	69.00	
69.01	06901	CARDIAC REHAB	324,034	1,283,545	0.252452	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	123,851	4,692,335	0.026394	23,437	619	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	439,099	802,001	0.547504	1,256	688	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,915	15,433,507	0.001161	10,082	12	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	586,612	261,571,943	0.002243	436,163	978	73.00	
76.00	03020	RENAL ACUTE	898,350	3,783,243	0.237455	80,165	19,036	76.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	6,895	692,316	0.009959	0	0	90.00	
90.05	09005	PATIENT NUTRITION	55,729	197,862	0.281656	0	0	90.05	
90.07	09007	WOUND CLINIC	127,868	6,783,717	0.018849	0	0	90.07	
91.00	09100	EMERGENCY	983,898	132,553,056	0.007423	10,286	76	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,711,191	0.000000	0	0	92.00	
200.00		Total (lines 50 through 199)	19,325,829	1,215,079,247		3,981,180	148,412	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CARDIAC SURGERY	0	0	0	0	0	50.01
50.02	05002 WVSC	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	0	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	393,620	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	375,920	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	769,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col 8)	Ratio of Cost to Charges (col 5 ÷ col 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	169,133,599	0.000000	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	6,994,247	0.000000	50.01
50.02	05002	WVSC	0	0	0	100,498,844	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	8,039,090	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,795,186	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	22,289,184	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	393,620	393,620	52,629,930	0.007479	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	38,886,606	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	8,071,387	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	66,810,076	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,831,773	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	101,602,797	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	96,433,889	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,148,106	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,394,656	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,958,997	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	6,836,654	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,547,786	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,227,110	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,444,614	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,283,545	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,692,335	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	802,001	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,433,507	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	375,920	375,920	261,571,943	0.001437	73.00
76.00	03020	RENAL ACUTE	0	0	0	3,783,243	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	692,316	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	197,862	0.000000	90.05
90.07	09007	WOUND CLINIC	0	0	0	6,783,717	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	132,553,056	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,711,191	0.000000	92.00
200.00		Total (lines 50 through 199)	0	769,540	769,540	1,215,079,247		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 2:18 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	114,460	0	19	0
50.01	05001 CARDIAC SURGERY	0.000000	373	0	0	0
50.02	05002 WVSC	0.000000	0	0	73	0
51.00	05100 RECOVERY ROOM	0.000000	8,151	0	0	0
51.02	05101 O/P TREATMENT ROOM	0.000000	1,254	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	235	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.007479	66,480	497	552	4
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	36,300	0	0	0
56.00	05600 RADIOISOTOPE	0.000000	1,205	0	0	0
57.00	05700 CT SCAN	0.000000	63,455	0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	16,293	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,833	0	139	0
60.00	06000 LABORATORY	0.000000	311,330	0	3,674	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	9,300	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.000000	183,956	0	6,013	0
66.00	06600 PHYSICAL THERAPY	0.000000	1,095,248	0	0	0
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0
66.02	06602 O/P PHYSICAL THERAPY	0.000000	0	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,098,145	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.000000	375,690	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.000000	33,083	0	116	0
69.01	06901 CARDIAC REHAB	0.000000	0	0	4,420	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	23,437	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,256	0	1	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,082	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001437	436,163	627	1,489	2
76.00	03020 RENAL ACUTE	0.000000	80,165	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0
90.05	09005 PATIENT NUTRITION	0.000000	0	0	0	0
90.07	09007 WOUND CLINIC	0.000000	0	0	0	0
91.00	09100 EMERGENCY	0.000000	10,286	0	1,100	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
200.00	Total (lines 50 through 199)		3,981,180	1,124	17,596	6

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 2:18 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.114952	19	0	0	2	50.00
50.01 05001 CARDIAC SURGERY	0.543417	0	0	0	0	50.01
50.02 05002 WVSC	0.142653	73	0	0	10	50.02
51.00 05100 RECOVERY ROOM	0.413734	0	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	1.919636	0	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.337415	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.250582	552	0	0	138	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.200170	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.241613	0	0	0	0	56.00
57.00 05700 CT SCAN	0.058737	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.172871	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.190211	139	0	0	26	59.00
60.00 06000 LABORATORY	0.113838	3,674	0	0	418	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437220	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.334681	6,013	0	0	2,012	65.00
66.00 06600 PHYSICAL THERAPY	0.325184	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	0.348305	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.238145	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.316249	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.178851	116	0	0	21	69.00
69.01 06901 CARDIAC REHAB	0.710043	4,420	0	0	3,138	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.374014	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.957407	1	0	0	2	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.880859	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.214399	1,489	0	79	319	73.00
76.00 03020 RENAL ACUTE	0.530821	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.480104	0	0	0	0	90.00
90.05 09005 PATIENT NUTRITION	3.222473	0	0	0	0	90.05
90.07 09007 WOUND CLINIC	0.266386	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.142962	1,100	0	0	157	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.764117	0	0	0	0	92.00
200.00	Subtotal (see instructions)	17,596	0	79	6,243	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)	17,596	0	79	6,243	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 2:18 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 CARDIAC SURGERY	0	0	50.01
50.02 05002 WVSC	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	17	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	17	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	17	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2018 2:18 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,747	1.00
2.00	Total swing-bed SNF type inpatient days (including private room days, excluding swing-bed and newborn days)		58,747	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)		49,041	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		24,848	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)		63,413,267	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)		63,413,267	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)		63,413,267	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)		1,079.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,821,677	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		26,821,677	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 2:18 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	12,639,435	7,320	1,726.70	4,297	7,419,630	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	4,047,848	3,441	1,176.36	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,231,068	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					69,472,375	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)					3,621,763	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,387,407	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,009,170	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					62,463,205	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					9,706	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,079.43	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					10,476,948	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 2:18 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,670,729	63,413,267	0.105195	10,476,948	1,102,123	90.00
91.00	Nursing School cost	0	63,413,267	0.000000	10,476,948	0	91.00
92.00	Allied health cost	0	63,413,267	0.000000	10,476,948	0	92.00
93.00	All other Medical Education	0	63,413,267	0.000000	10,476,948	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,432	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,432	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,432	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,194	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)		3,181,488	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)		3,181,488	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)		3,181,488	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)		927.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,033,860	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,033,860	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 2:18 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	INTENSIVE NURSERY	0	0	0.00	0	0	47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,052,635						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,086,495						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)	303,211						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	149,536						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	452,747						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)	2,633,748						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 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 2:18 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	474,287	3,181,488	0.149077	0	0	90.00
91.00	Nursing School cost	0	3,181,488	0.000000	0	0	91.00
92.00	Allied health cost	0	3,181,488	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,181,488	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2018 2:18 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,747	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,747	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)		49,041	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)		1,027	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,497	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)		63,413,267	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)		63,413,267	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)		63,413,267	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)		1,079.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,108,575	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)		1,108,575	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 2:18 pm	
Title XIX			Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	2,127,591	3,497	608.40	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	12,639,435	7,320	1,726.70	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 INTENSIVE NURSERY	4,047,848	3,441	1,176.36	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,106,602	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,215,177	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					9,706	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,079.43	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					10,476,948	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 2:18 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,670,729	63,413,267	0.105195	10,476,948	1,102,123	90.00
91.00	Nursing School cost	0	63,413,267	0.000000	10,476,948	0	91.00
92.00	Allied health cost	0	63,413,267	0.000000	10,476,948	0	92.00
93.00	All other Medical Education	0	63,413,267	0.000000	10,476,948	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 2:18 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,432 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,432 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,432 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)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			3,497 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)			3,181,488 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)			3,181,488 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)			3,181,488 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)			927.01 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Component CCN: 15-T023				Date/Time Prepared: 5/30/2018 2:18 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	0	0	0.00	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				0	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				0	0	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 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 2:18 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	474,287	3,181,488	0.149077	0	0	90.00
91.00	Nursing School cost	0	3,181,488	0.000000	0	0	91.00
92.00	Allied health cost	0	3,181,488	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,181,488	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		46,910,892	30.00
31.00	03100	INTENSIVE CARE UNIT		13,767,501	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	0.115172	57,286,252	50.00
50.01	05001	CARDIAC SURGERY	0.543417	259,254	50.01
50.02	05002	WVSC	0.142653	0	50.02
51.00	05100	RECOVERY ROOM	0.413734	1,505,390	51.00
51.02	05101	O/P TREATMENT ROOM	1.919636	160,064	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.337415	150,755	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250582	6,167,876	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.200170	1,010,660	55.00
56.00	05600	RADIOISOTOPE	0.241613	485,957	56.00
57.00	05700	CT SCAN	0.058737	10,204,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.172871	1,614,810	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.190211	12,653,986	59.00
60.00	06000	LABORATORY	0.115736	24,049,523	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437220	1,353,365	62.00
65.00	06500	RESPIRATORY THERAPY	0.334681	8,468,998	65.00
66.00	06600	PHYSICAL THERAPY	0.325184	3,258,255	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.348305	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.238145	1,947,792	67.00
68.00	06800	SPEECH PATHOLOGY	0.316249	457,228	68.00
69.00	06900	ELECTROCARDIOLOGY	0.178868	6,938,460	69.00
69.01	06901	CARDIAC REHAB	0.710043	47,346	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.374014	890,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.957407	346,682	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.880859	3,643,593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214399	27,298,373	73.00
76.00	03020	RENAL ACUTE	0.530821	2,270,175	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.480104	0	90.00
90.05	09005	PATIENT NUTRITION	3.236715	0	90.05
90.07	09007	WOUND CLINIC	0.266386	16,416	90.07
91.00	09100	EMERGENCY	0.142962	13,467,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.764117	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		185,953,113	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)		185,953,113	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 2:18 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02040 INTENSIVE NURSERY		0		35.00
41.00	04100 SUBPROVIDER - IRF		2,223,614		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.115172	114,460	13,183	50.00
50.01	05001 CARDIAC SURGERY	0.543417	373	203	50.01
50.02	05002 WVSC	0.142653	0	0	50.02
51.00	05100 RECOVERY ROOM	0.413734	8,151	3,372	51.00
51.02	05101 O/P TREATMENT ROOM	1.919636	1,254	2,407	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.337415	235	79	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250582	66,480	16,659	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.200170	36,300	7,266	55.00
56.00	05600 RADIOISOTOPE	0.241613	1,205	291	56.00
57.00	05700 CT SCAN	0.058737	63,455	3,727	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.172871	16,293	2,817	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.190211	4,833	919	59.00
60.00	06000 LABORATORY	0.115736	311,330	36,032	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437220	9,300	4,066	62.00
65.00	06500 RESPIRATORY THERAPY	0.334681	183,956	61,567	65.00
66.00	06600 PHYSICAL THERAPY	0.325184	1,095,248	356,157	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.348305	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.238145	1,098,145	261,518	67.00
68.00	06800 SPEECH PATHOLOGY	0.316249	375,690	118,812	68.00
69.00	06900 ELECTROCARDIOLOGY	0.178868	33,083	5,917	69.00
69.01	06901 CARDIAC REHAB	0.710043	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.374014	23,437	8,766	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.957407	1,256	2,459	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.880859	10,082	8,881	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214399	436,163	93,513	73.00
76.00	03020 RENAL ACUTE	0.530821	80,165	42,553	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.480104	0	0	90.00
90.05	09005 PATIENT NUTRITION	3.236715	0	0	90.05
90.07	09007 WOUND CLINIC	0.266386	0	0	90.07
91.00	09100 EMERGENCY	0.142962	10,286	1,471	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.764117	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,981,180	1,052,635	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)		3,981,180		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 2:18 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,074,009	30.00
31.00	03100	INTENSIVE CARE UNIT		300,114	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		68,118	41.00
43.00	04300	NURSERY		922,789	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114952	621,138	50.00
50.01	05001	CARDIAC SURGERY	0.543417	0	50.01
50.02	05002	WVSC	0.142653	0	50.02
51.00	05100	RECOVERY ROOM	0.413734	23,715	51.00
51.02	05101	O/P TREATMENT ROOM	1.919636	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.337415	176,674	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250582	114,378	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.200170	8,993	55.00
56.00	05600	RADIOISOTOPE	0.241613	12,654	56.00
57.00	05700	CT SCAN	0.058737	139,003	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.172871	27,730	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.190211	77,451	59.00
60.00	06000	LABORATORY	0.113838	569,648	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437220	28,438	62.00
65.00	06500	RESPIRATORY THERAPY	0.334681	139,429	65.00
66.00	06600	PHYSICAL THERAPY	0.325184	66,873	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.348305	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.238145	59,966	67.00
68.00	06800	SPEECH PATHOLOGY	0.316249	13,891	68.00
69.00	06900	ELECTROCARDIOLOGY	0.178851	128,229	69.00
69.01	06901	CARDIAC REHAB	0.710043	2,044	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.374014	32,119	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.957407	199,090	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.880859	48,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214399	971,790	73.00
76.00	03020	RENAL ACUTE	0.530821	34,755	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.480104	0	90.00
90.05	09005	PATIENT NUTRITION	3.222473	0	90.05
90.07	09007	WOUND CLINIC	0.266386	118	90.07
91.00	09100	EMERGENCY	0.142962	314,605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.764117	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,810,748	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		3,810,748	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 2:18 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
35.00	02040 INTENSIVE NURSERY		0	35.00
41.00	04100 SUBPROVIDER - IRF		1	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.114952	0	50.00
50.01	05001 CARDIAC SURGERY	0.543417	0	50.01
50.02	05002 WVSC	0.142653	0	50.02
51.00	05100 RECOVERY ROOM	0.413734	0	51.00
51.02	05101 O/P TREATMENT ROOM	1.919636	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.337415	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250582	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.200170	0	55.00
56.00	05600 RADIOISOTOPE	0.241613	0	56.00
57.00	05700 CT SCAN	0.058737	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.172871	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.190211	0	59.00
60.00	06000 LABORATORY	0.113838	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.437220	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.334681	0	65.00
66.00	06600 PHYSICAL THERAPY	0.325184	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.348305	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.238145	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.316249	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.178851	0	69.00
69.01	06901 CARDIAC REHAB	0.710043	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.374014	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.957407	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.880859	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214399	0	73.00
76.00	03020 RENAL ACUTE	0.530821	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.480104	0	90.00
90.05	09005 PATIENT NUTRITION	3.222473	0	90.05
90.07	09007 WOUND CLINIC	0.266386	0	90.07
91.00	09100 EMERGENCY	0.142962	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.764117	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		44,979,297	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,660,960	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)		410,601	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		6,571,215	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		205.28	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.22	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.22	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.04	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).		0.059528	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.056679	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.056679	21.00
22.00	IME payment adjustment (see instructions)		1,787,472	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		200,304	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)		8.82	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		8.45	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.041163	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010871	27.00
28.00	IME add-on adjustment amount (see instructions)		637,478	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		71,436	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,424,950	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		271,740	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.95	31.00
32.00	Sum of lines 30 and 31		28.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.80	33.00
34.00	Disproportionate share adjustment (see instructions)		1,876,489	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000431893	0.000489116	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,581,633	3,309,699	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,930,919	834,226	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,765,145		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	66,117,442		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		66,389,182	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,314,361	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).		694,039	52.00
53.00	Nursing and Allied Health Managed Care payment		4,513	53.00
54.00	Special add-on payments for new technologies		781	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)		85,358	58.00
59.00	Total (sum of amounts on lines 49 through 58)		72,488,234	59.00
60.00	Primary payer payments		15,005	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		72,473,229	61.00
62.00	Deductibles billed to program beneficiaries		5,984,328	62.00
63.00	Coinurance billed to program beneficiaries		163,100	63.00
64.00	Allowable bad debts (see instructions)		241,624	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		157,056	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		683,990	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		66,482,857	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		10,636	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)		54,565	70.93
70.94	HRR adjustment amount (see instructions)		-179,056	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 2:18 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			66,347,730	71.00
71.01	Sequestration adjustment (see instructions)			1,326,955	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			65,147,953	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-127,178	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,187,122	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2018 2:18 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	44,979,297	0	44,979,297		44,979,297	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,660,960	0		13,660,960	13,660,960	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	410,601	0	391,306	19,294	410,600	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,571,215	0	4,630,836	1,940,379	6,571,215	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.056679	0.056679	0.056679	0.056679		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,787,472	0	1,371,059	416,413	1,787,472	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	200,304	0	200,304	0	200,304	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	0.010871	0.010871	0.010871	0.010871		7.00
8.00	IME adjustment (see instructions)	28.00	637,478	0	488,970	148,508	637,478	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	71,436	0	50,342	21,094	71,436	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,424,950	0	1,860,029	564,921	2,424,950	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	271,740	0	250,646	21,094	271,740	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1280	0.1280	0.1280	0.1280		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,876,489	0	1,439,338	437,151	1,876,489	11.00
11.01	Uncompensated care payments	36.00	2,765,145	0	1,930,919	834,226	2,765,145	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	66,117,442	0	50,600,890	15,516,552	66,117,442	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	66,389,182	0	50,851,536	15,537,646	66,389,182	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,314,361	0	4,091,184	1,223,177	5,314,361	16.00
17.00	Special add-on payments for new technologies	54.00	781	0	781	0	781	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	10,636	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2018 2:18 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	54,943,501	16,760,823	71,704,324	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	4,754,420	0	3,641,979	1,112,441	4,754,420	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	104,943	0	100,667	4,276	104,943	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	0.0361	0.0361	0.0361	0.0361		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	171,635	0	131,476	40,159	171,635	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0596	0.0596	0.0596	0.0596		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	283,363	0	217,062	66,301	283,363	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,314,361	0	4,091,184	1,223,177	5,314,361	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 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 2:18 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	44,979,297	44,979,297		44,979,297	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,660,960		13,660,960	13,660,960	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	410,601	391,306	19,294	410,600	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,571,215	4,630,836	1,940,379	6,571,215	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.056679	0.056679	0.056679		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,787,472	1,371,059	416,413	1,787,472	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	200,304	141,157	59,147	200,304	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	0.010871	0.010871	0.010871		7.00
8.00	IME adjustment (see instructions)	28.00	637,478	488,970	148,508	637,478	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	71,436	50,342	21,094	71,436	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,424,950	1,860,029	564,921	2,424,950	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	271,740	191,499	80,241	271,740	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1280	0.1280	0.1280		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,876,489	1,439,338	437,151	1,876,489	11.00
11.01	Uncompensated care payments	36.00	2,765,145	1,930,919	834,226	2,765,145	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	66,117,442	50,600,890	15,516,552	66,117,442	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	66,389,182	50,792,389	15,596,793	66,389,182	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,314,361	4,091,184	1,223,177	5,314,361	16.00
17.00	Special add-on payments for new technologies	54.00	781	781	0	781	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	10,636	7,955	2,681	10,636	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			54,892,309	16,822,651	71,714,960	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 2:18 pm
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		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,754,420	3,641,979	1,112,441	4,754,420	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	104,943	100,667	4,276	104,943	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	0.0361	0.0361	0.0361		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	171,635	131,476	40,159	171,635	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0596	0.0596	0.0596		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	283,363	217,062	66,301	283,363	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,314,361	4,091,184	1,223,177	5,314,361	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	54,565	26,044	28,521	54,565	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	-179,056	-139,440	-39,616	-179,056	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 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,768	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		64,338,827	2.00
3.00	OPPTS payments		63,632,723	3.00
4.00	Outlier payment (see instructions)		54,439	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		222,180	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,768	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		54,916	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)		54,916	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)		54,916	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		43,148	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)		11,768	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)		63,909,342	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		11,627,299	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)		52,293,811	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		617,782	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)		52,911,593	30.00
31.00	Primary payer payments		5,870	31.00
32.00	Subtotal (line 30 minus line 31)		52,905,723	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,254,429	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		815,379	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		807,349	36.00
37.00	Subtotal (see instructions)		53,721,102	37.00
38.00	MSP-LCC reconciliation amount from PS&R		271	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)		56,668	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		53,720,831	40.00
40.01	Sequestration adjustment (see instructions)		1,074,417	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		52,542,745	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		103,669	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 2:18 pm
		Component CCN: 15-T023	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,237	2.00
3.00	OPPS payments		2,577	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		6	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		79	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)		79	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)		79	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		62	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)		17	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)		2,583	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		509	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)		2,091	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)		2,091	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,091	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,091	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)		2,091	40.00
40.01	Sequestration adjustment (see instructions)		42	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,044	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		5	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0023		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/30/2018 2:18 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		63,851,794		51,015,744	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	12/31/2017	1,296,159	12/31/2017	1,527,001	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)		1,296,159		1,527,001	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		65,147,953		52,542,745	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		103,669	6.01	
6.02	SETTLEMENT TO PROGRAM		127,178		0	6.02	
7.00	Total Medicare program liability (see instructions)		65,020,775		52,646,414	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 5/30/2018 2:18 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				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		3,268,133		2,044
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
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,268,133		2,044
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
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		55,327		5
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		3,323,460		2,049
				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 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,159,485 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0428 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			188,621 3.00
4.00	Outlier Payments			77,917 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			21.04 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.402740 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)			3,426,023 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)			3,426,023 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,426,023 19.00
20.00	Deductibles			27,636 20.00
21.00	Subtotal (line 19 minus line 20)			3,398,387 21.00
22.00	Coinurance			8,225 22.00
23.00	Subtotal (line 21 minus line 22)			3,390,162 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)			3,390,162 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,124 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,391,286 32.00
32.01	Sequestration adjustment (see instructions)			67,826 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,268,133 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)			55,327 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			41,320 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			77,917 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2018 2:18 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,215,177		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)		2,215,177	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)		2,215,177	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,365,030		8.00
9.00	Ancillary service charges		3,810,748	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)		6,175,778	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)		6,175,778	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		3,960,601	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)		2,215,177	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,215,177	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)		2,215,177	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)		2,215,177	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,215,177	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)		2,215,177	0	40.00
41.00	Interim payments		2,395,729	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-180,552	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4	
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2018 2:18 pm	
				PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.04	6.00
7.00	Enter the lesser of line 5 or line 6			14.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.04	0.00	21.04	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	123,596.65	0.00		18.00
19.00	Approved amount for resident costs	1,844,062	0	1,844,062	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.12	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.75	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			98,228.27	23.00
24.00	Multiply line 22 time line 23			564,813	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,408,875	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	31,339	3,706		26.00
27.00	Total Inpatient Days (see instructions)	63,391	63,391		27.00
28.00	Ratio of inpatient days to total inpatient days	0.494376	0.058463		28.00
29.00	Program direct GME amount	1,190,890	140,830		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		19,899		30.00
31.00	Net Program direct GME amount			1,311,821	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		72,558,870	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		15,005	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		72,543,865	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		64,579,035	42.00
43.00	Primary payer payments (see instructions)		5,870	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		64,573,165	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		137,117,030	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.529065	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.470935	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,311,821	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		694,039	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		617,782	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 01/01/2017
To 12/31/2017

Worksheet G
Date/Time Prepared:
5/30/2018 2:18 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	48,680,738	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	57,624,407	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,009,748	0	0	0	7.00
8.00	Prepaid expenses	-16,071,520	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)	95,243,373	0	0	0	11.00
FIXED ASSETS						
12.00	Land	37,075,766	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	336,377,630	0	0	0	15.00
16.00	Accumulated depreciation	-281,474,032	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	161,253,292	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)	253,232,656	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	76,629,440	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	76,629,440	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	425,105,469	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	30,414,894	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,789,721	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	2,006,236	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	54,210,851	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	261,327,272	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	261,327,272	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	315,538,123	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	109,567,346				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)	109,567,346	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	425,105,469	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-1

Date/Time Prepared:
5/30/2018 2:18 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		95,272,824		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		14,294,522				2.00
3.00	Total (sum of line 1 and line 2)		109,567,346		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)		109,567,346		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)		109,567,346		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 01/01/2017
To 12/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2018 2:18 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	94,721,779		94,721,779	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,441,108		3,441,108	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	98,162,887		98,162,887	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,672,902		23,672,902	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	14,864,635		14,864,635	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	38,537,537		38,537,537	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	136,700,424		136,700,424	17.00
18.00	Ancillary services	346,079,342	715,061,763	1,061,141,105	18.00
19.00	Outpatient services	30,392,138	123,546,004	153,938,142	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	2,482,377	20,600,369	23,082,746	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	515,654,281	859,208,136	1,374,862,417	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		328,275,509		29.00
30.00	HOME OFFICE	113,502,508			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)		113,502,508		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)		441,778,017		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-3

Date/Time Prepared:
5/30/2018 2:18 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,374,862,417	1.00
2.00	Less contractual allowances and discounts on patients' accounts	951,629,944	2.00
3.00	Net patient revenues (line 1 minus line 2)	423,232,473	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	441,778,017	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-18,545,544	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	13,913,394	24.00
24.01	NON EXPENSES		
25.00	Total other income (sum of lines 6-24)	10,498,411	24.01
26.00	Total (line 5 plus line 25)	24,411,805	25.00
27.00	OTHER EXPENSES	5,866,261	26.00
28.00	Total other expenses (sum of line 27 and subscripts)	-8,428,261	27.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-8,428,261	28.00
		14,294,522	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 2:18 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,754,420	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		104,943	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)		164.27	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.61	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)		171,635	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.95	8.00
9.00	Sum of lines 7 and 8		28.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.96	10.00
11.00	Disproportionate share adjustment (see instructions)		283,363	11.00
12.00	Total prospective capital payments (see instructions)		5,314,361	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