

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet S Parts I-III Date/Time Prepared: 1/27/2014 3:34 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/27/2014	Time: 3:34 pm
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 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. (150023) for the cost reporting period beginning 09/01/2012 and ending 08/31/2013 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.

(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	172,414	277,073	0	-4,544,479	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	102,896	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	275,310	277,073	0	-4,544,479	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part I Date/Time Prepared: 1/27/2014 3:32 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 1606 NORTH SEVENTH ST	PO Box:	3.00 State: IN	4.00 Zip Code: 47804-	County: VIGO	1.00	2.00
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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
					V	XVIII	XIX								
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	5.00	6.00	7.00	8.00	9.00
4.00 Subprovider - IPF									4.00	5.00	6.00	7.00	8.00	9.00	10.00
5.00 Subprovider - IRF	MEDICAL REHAB	15T023	45460	5	09/01/1989	N	P	O	5.00	6.00	7.00	8.00	9.00	10.00	11.00
6.00 Subprovider - (Other)									6.00	7.00	8.00	9.00	10.00	11.00	12.00
7.00 Swing Beds - SNF									7.00	8.00	9.00	10.00	11.00	12.00	13.00
8.00 Swing Beds - NF									8.00	9.00	10.00	11.00	12.00	13.00	14.00
9.00 Hospital-Based SNF									9.00	10.00	11.00	12.00	13.00	14.00	15.00
10.00 Hospital-Based NF									10.00	11.00	12.00	13.00	14.00	15.00	16.00
11.00 Hospital-Based OLTC									11.00	12.00	13.00	14.00	15.00	16.00	17.00
12.00 Hospital-Based HHA									12.00	13.00	14.00	15.00	16.00	17.00	18.00
13.00 Separately Certified ASC									13.00	14.00	15.00	16.00	17.00	18.00	19.00
14.00 Hospital-Based Hospice									14.00	15.00	16.00	17.00	18.00	19.00	
15.00 Hospital-Based Health Clinic - RHC									15.00	16.00	17.00	18.00	19.00		
16.00 Hospital-Based Health Clinic - FQHC									16.00	17.00	18.00	19.00			
17.00 Hospital-Based (CMHC) I									17.00	18.00	19.00				
18.00 Renal Dialysis									18.00	19.00					
19.00 Other									19.00						

										From:		To:			
										1.00		2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)											09/01/2012		08/31/2013		20.00
21.00 Type of Control (see instructions)											2				21.00

Inpatient PPS Information															
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.											Y		N		22.00
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	Medicaid HMO days	Other Medicaid days	1.00	2.00	3.00	4.00	5.00	6.00	1.00	2.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	497	84	36	5	29	0	25.00							

													Urban/Rural S		Date of Geogr			
													1.00		2.00			
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.														1				26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.														1				27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.														0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part I Date/Time Prepared: 1/27/2014 3:32 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 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)(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)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 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 Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 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 Worksheet D, Part III & IV and D-2, Part 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, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		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)		0.00	0.00		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).		0.00	0.00		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)		0.00	0.00		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)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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 and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
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 and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			Y	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider 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	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	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	0.00	19.00	0.000000	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider 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	

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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
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	6.36	12.94	0.329534	67.00	
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed 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, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a 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, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (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	
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	
					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/MR 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
Rural Providers								
105.00	Does this hospital qualify as a Critical Access Hospital (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	

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		V	XIX		
		1.00	2.00		
107.00	Column 1: 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 would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	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	
		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
		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 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 hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		
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		
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,705,175	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
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		
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H043	

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101			
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:					
143.00	City: TERRE HAUTE	State: IN		Zip Code: 47804			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00			
				2.00			
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, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N	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	168.00	
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)				0.00	169.00	
				Beginni ng		Endi ng	
				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)						170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part II Date/Time Prepared: 1/27/2014 3:32 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	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	12/24/2013	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 Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
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	12/16/2013	Y	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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part II Date/Time Prepared: 1/27/2014 3:32 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
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

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	12/16/2013		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)			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.			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.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR ACCOUNTANT		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: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2014 3:32 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	244	89,060	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)		244	89,060	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)		295	107,675	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						26.25
27.00 Total (sum of lines 14-26)		317				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)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2014 3:32 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	30,581	3,603	57,559			1.00
2.00 HMO and other (see instructions)	3,732	8,352				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	154				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)	30,581	3,603	57,559			7.00
8.00 INTENSIVE CARE UNIT	5,889	0	9,651			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	1,035	3,502			12.00
13.00 NURSERY		1,635	3,371			13.00
14.00 Total (see instructions)	36,470	6,273	74,083	19.30	1,670.18	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,721	497	4,574	0.00	33.64	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	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				19.30	1,703.82	27.00
28.00 Observation Bed Days		0	8,505			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)		85	93			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2014 3:32 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	6,918	1,184	15,016	1.00
2.00 HMO and other (see instructions)			646			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						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	6,918	1,184	15,016	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	202	0	332	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						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
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part II
Date/Time Prepared:
1/27/2014 3:32 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	110,615,608	0	110,615,608	3,471,020.00	31.87
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		25,000	0	25,000	167.00	149.70
4.01	Physicians - Part A - Teaching		1,105,144	0	1,105,144	10,554.00	104.71
5.00	Physician-Part B		15,451,257	0	15,451,257	54,392.00	284.07
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	1,101,751	1,101,751	40,144.00	27.44
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office 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)		13,617,822	-2,460,904	11,156,918	274,487.00	40.65
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		882,101	0	882,101	16,655.00	52.96
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		833,435	0	833,435	6,635.00	125.61
14.00	Home office salaries & wage-related costs		19,781,839	0	19,781,839	457,363.00	43.25
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)		17,500,916	0	17,500,916		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,960,944	0	1,960,944		
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		3,074	0	3,074		
22.01	Physician Part A - Teaching		194,573	0	194,573		
23.00	Physician Part B		1,756,853	0	1,756,853		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		232,024	0	232,024		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	232,149	630,736	862,885	35,977.00	23.98
27.00	Administrative & General	5.00	5,870,401	-497,889	5,372,512	210,323.00	25.54
28.00	Administrative & General under contract (see inst.)		342,557	0	342,557	5,723.00	59.86
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	62,602	0	62,602	3,137.00	19.96
31.00	Laundry & Linen Service	8.00	799,707	0	799,707	53,034.00	15.08
32.00	Housekeeping	9.00	3,211,561	0	3,211,561	193,646.00	16.58
33.00	Housekeeping under contract (see instructions)		1,820,370	0	1,820,370	99,480.00	18.30
34.00	Dietary	10.00	1,696,287	-7,067	1,689,220	109,271.00	15.46
35.00	Dietary under contract (see instructions)		202,317	0	202,317	16,834.00	12.02
36.00	Cafeteria	11.00	624,512	0	624,512	45,658.00	13.68
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,619,471	0	1,619,471	39,236.00	41.28
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	2,423,790	0	2,423,790	115,218.00	21.04

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part II
Date/Time Prepared:
1/27/2014 3:32 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	162,980	0	162,980	4,881.00	33.39	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part III
Date/Time Prepared:
1/27/2014 3:32 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	96,424,451	-1,101,751	95,322,700	3,487,967.00	27.33	1.00
2.00	Excluded area salaries (see instructions)	13,617,822	-2,460,904	11,156,918	274,487.00	40.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	82,806,629	1,359,153	84,165,782	3,213,480.00	26.19	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,497,375	0	21,497,375	480,653.00	44.73	4.00
5.00	Subtotal wage-related costs (see inst.)	17,503,990	0	17,503,990	0.00	20.80	5.00
6.00	Total (sum of lines 3 thru 5)	121,807,994	1,359,153	123,167,147	3,694,133.00	33.34	6.00
7.00	Total overhead cost (see instructions)	19,068,704	125,780	19,194,484	932,418.00	20.59	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 1/27/2014 3:32 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,499,320 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			9,771,630 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			147,568 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			41,511 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)			89,632 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			127,534 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			7,200,910 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			130,112 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))			599,722 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			40,442 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			21,648,381 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: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part V
Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet S-10 Date/Time Prepared: 1/27/2014 3:32 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)		0.292936	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		34,091,601	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		131,125,398	6.00
7.00	Medicaid cost (line 1 times line 6)		38,411,350	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)		4,319,749	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (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
Uncompensated care (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, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,319,749	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	34,080,818	0	34,080,818
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,983,499	0	9,983,499
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	9,983,499	0	9,983,499
				1.00
24.00	Does the amount in 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?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			27,712,139
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,069,094
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)			26,643,045
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			7,804,707
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			17,788,206
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,107,955

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A
Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		14,649,952		14,649,952	12,230,383	26,880,335	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		9,933,569		9,933,569	4,158,411	14,091,980	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	232,149	20,341	252,490		2,417,028	2,669,518	4.00
5.01	00510	NONPATIENT TELEPHONES	663,140	390,889	1,054,029	0	0	1,054,029	5.01
5.02	00511	DATA PROCESSING	0	0	0	0	0	0	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	0	0	0	0	0	5.03
5.04	00513	ADMINISTRATIVE	1,420,123	572,447	1,992,570	0	0	1,992,570	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,787,138	33,976,915	37,764,053	-16,689,166	0	21,074,887	5.06
7.00	00700	OPERATION OF PLANT	62,602	6,863,869	6,926,471	-473,319	0	6,453,152	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	799,707	262,324	1,062,031	0	0	1,062,031	8.00
9.00	00900	HOUSEKEEPING	3,211,561	3,279,564	6,491,125	0	0	6,491,125	9.00
10.00	01000	DIETARY	1,696,287	975,282	2,671,569	-55,580	0	2,615,989	10.00
11.00	01100	CAFETERIA	624,512	1,301,871	1,926,383	0	0	1,926,383	11.00
13.00	01300	NURSING ADMINISTRATION	1,619,471	209,300	1,828,771	0	0	1,828,771	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,423,790	957,170	3,380,960	0	0	3,380,960	16.00
17.00	01700	SOCIAL SERVICE	162,980	17,426	180,406	0	0	180,406	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,188,782	0	1,188,782	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,941,271	0	2,941,271	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	185,253	0	185,253	23.00
23.01	02341	OTHER MEDICAL	0	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	21,888,903	4,172,805	26,061,708	-776,969	0	25,284,739	30.00
31.00	03100	INTENSIVE CARE UNIT	6,116,464	1,447,845	7,564,309	79,982	0	7,644,291	31.00
35.00	02040	INTENSIVE NURSERY	1,856,728	661,844	2,518,572	29,022	0	2,547,594	35.00
41.00	04100	SUBPROVIDER - I&R	1,810,725	506,661	2,317,386	37,907	0	2,355,293	41.00
43.00	04300	NURSERY	-18,597	315,821	297,224	1,000,616	0	1,297,840	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,244,673	17,316,266	24,560,939	-6,967,839	0	17,593,100	50.00
50.01	05001	CARDIAC SURGERY	2,455,237	2,552,115	5,007,352	-617,720	0	4,389,632	50.01
50.02	05002	WASC	30,097	11,749,514	11,779,611	-405,807	0	11,373,804	50.02
51.00	05100	RECOVERY ROOM	1,793,706	360,981	2,154,687	0	0	2,154,687	51.00
51.02	05101	O/P TREATMENT ROOM	3,341,847	542,371	3,884,218	0	0	3,884,218	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,649,099	919,459	3,568,558	0	0	3,568,558	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,220,401	4,315,009	15,535,410	-185,253	0	15,350,157	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	332,891	4,604,998	4,937,889	0	0	4,937,889	55.00
56.00	05600	RADIOLOGY-SOTOPE	0	1,994,205	1,994,205	0	0	1,994,205	56.00
57.00	05700	CT SCAN	995,182	1,367,965	2,363,147	0	0	2,363,147	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	524,727	1,495,621	2,020,348	0	0	2,020,348	58.00
59.00	05900	CARDIAC CATHETERIZATION	628,573	21,136,688	21,765,261	-3,695,190	0	18,070,071	59.00
60.00	06000	LABORATORY	0	9,806,622	9,806,622	0	0	9,806,622	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,213,855	2,213,855	0	0	2,213,855	62.00
65.00	06500	RESPIRATORY THERAPY	2,779,051	1,157,247	3,936,298	0	0	3,936,298	65.00
66.00	06600	PHYSICAL THERAPY	1,457,232	217,040	1,674,272	0	0	1,674,272	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	1,152,866	502,290	1,655,156	0	0	1,655,156	66.02
67.00	06700	OCCUPATIONAL THERAPY	862,378	350,769	1,213,147	0	0	1,213,147	67.00
68.00	06800	SPEECH PATHOLOGY	375,919	99,933	475,852	0	0	475,852	68.00
69.00	06900	ELECTROCARDIOLOGY	1,489,337	460,644	1,949,981	0	0	1,949,981	69.00
69.01	06901	CARDIAC REHAB	316,249	59,974	376,223	0	0	376,223	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,935,611	764,125	2,699,736	0	0	2,699,736	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,329,254	1,329,254	-314,978	0	1,014,276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,686,556	0	11,686,556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,681,654	36,873,175	40,554,829	-2,038,626	0	38,516,203	73.00
76.00	03020	RENAL ACUTE	0	1,993,742	1,993,742	0	0	1,993,742	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	201,931	33,608	235,539	0	0	235,539	90.05
90.07	09007	WOUND CLINIC	337,490	866,020	1,203,510	0	0	1,203,510	90.07
91.00	09100	EMERGENCY	4,644,677	1,592,066	6,236,743	0	0	6,236,743	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,808,511	207,191,451	305,999,962	3,734,764	0	309,734,726	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	1,663,404	1,290,637	2,954,041	80,545	0	3,034,586	194.00
194.01	07951	RENTAL PROPERTY	82,653	106,263	188,916	0	0	188,916	194.01
194.02	07954	FAMILY PRACTICE	4,754,835	1,638,118	6,392,953	-4,130,053	0	2,262,900	194.02
194.03	07952	WELLNESS	0	0	0	423,512	0	423,512	194.03
194.04	07955	PHYSICIAN PRACTICES	4,545,697	2,920,653	7,466,350	0	0	7,466,350	194.04
194.06	07953	SYCAMORE SPORTS MED	443,837	165,231	609,068	0	0	609,068	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150023		Period: From 09/01/2012 To 08/31/2013		Worksheet A Date/Time Prepared: 1/27/2014 3:32 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	316,671	80,325	396,996	-108,768	288,228	194.07
200.00	TOTAL (SUM OF LINES 118-199)	110,615,608	213,392,678	324,008,286	0	324,008,286	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A
Date/Time Prepared:
1/27/2014 3:32 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	-1,923,965	24,956,370	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-873,873	13,218,107	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,646,752	17,316,270	4.00
5.01	00510	NONPATIENT TELEPHONES	-134,527	919,502	5.01
5.02	00511	DATA PROCESSING	9,898,776	9,898,776	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	1,067,352	1,067,352	5.03
5.04	00513	ADMINISTRATIVE	0	1,992,570	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	7,498,386	7,498,386	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	461,362	21,536,249	5.06
7.00	00700	OPERATION OF PLANT	267,869	6,721,021	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,340	1,055,691	8.00
9.00	00900	HOUSEKEEPING	-187,842	6,303,283	9.00
10.00	01000	DIETARY	-137,511	2,478,478	10.00
11.00	01100	CAFETERIA	-1,335,816	590,567	11.00
13.00	01300	NURSING ADMINISTRATION	1,090,293	2,919,064	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	157,832	3,538,792	16.00
17.00	01700	SOCIAL SERVICE	0	180,406	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,188,782	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-235,454	2,705,817	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	185,253	23.00
23.01	02341	OTHER MED ED	264,613	264,613	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,103,407	23,181,332	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,644,291	31.00
35.00	02040	INTENSIVE NURSERY	-264,254	2,283,340	35.00
41.00	04100	SUBPROVIDER - IIRF	0	2,355,293	41.00
43.00	04300	NURSERY	0	1,297,840	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,109,335	12,483,765	50.00
50.01	05001	CARDIAC SURGERY	-2,218,227	2,171,405	50.01
50.02	05002	WVSC	179,347	11,553,151	50.02
51.00	05100	RECOVERY ROOM	6,749	2,161,436	51.00
51.02	05101	O/P TREATMENT ROOM	0	3,884,218	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-212,397	3,356,161	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,064,151	8,286,006	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,937,889	55.00
56.00	05600	RADIOISOTOPE	551,942	2,546,147	56.00
57.00	05700	CT SCAN	212,197	2,575,344	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	53,717	2,074,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	260,875	18,330,946	59.00
60.00	06000	LABORATORY	-2,953,850	6,852,772	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,213,855	62.00
65.00	06500	RESPIRATORY THERAPY	-6,336	3,929,962	65.00
66.00	06600	PHYSICAL THERAPY	153,380	1,827,652	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	105,046	1,760,202	66.02
67.00	06700	OCCUPATIONAL THERAPY	98,897	1,312,044	67.00
68.00	06800	SPEECH PATHOLOGY	45,118	520,970	68.00
69.00	06900	ELECTROCARDIOLOGY	-41,947	1,908,034	69.00
69.01	06901	CARDIAC REHAB	-2,780	373,443	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,901,485	798,251	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-65,644	948,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,686,556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	170,635	38,686,838	73.00
76.00	03020	RENAL ACUTE	0	1,993,742	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.05	09005	PATIENT NUTRITION	-2,011	233,528	90.05
90.07	09007	WOUND CLINIC	7,501	1,211,011	90.07
91.00	09100	EMERGENCY	0	6,236,743	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,417,487	320,152,213	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	3,034,586	194.00
194.01	07951	RENTAL PROPERTY	0	188,916	194.01
194.02	07954	FAMILY PRACTICE	0	2,262,900	194.02
194.03	07952	WELLNESS	0	423,512	194.03
194.04	07955	PHYSICIAN PRACTICES	0	7,466,350	194.04
194.06	07953	SYCAMORE SPORTS MED	0	609,068	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	288,228	194.07
200.00		TOTAL (SUM OF LINES 118-199)	10,417,487	334,425,773	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	353,809	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	119,510	2.00
	TOTALS		0	473,319	
C - PARAMED					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	155,124	30,129	1.00
	TOTALS		155,124	30,129	
D - FITNESS ACTIVITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	193,679	75,955	1.00
2.00	WELLNESS	194.03	304,210	119,302	2.00
	TOTALS		497,889	195,257	
E - CLAY CITY RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	49,396	1.00
	TOTALS		0	49,396	
F - CORK MEDICAL RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	31,149	1.00
	TOTALS		0	31,149	
G - HOUSE NURSE ASSISTANT					
1.00	INTENSIVE CARE UNIT	31.00	73,521	6,461	1.00
2.00	INTENSIVE NURSERY	35.00	26,678	2,344	2.00
3.00	SUBPROVIDER - IRF	41.00	34,845	3,062	3.00
	TOTALS		135,044	11,867	
H - EMPLOYEE ACCESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	86,761	22,007	1.00
	TOTALS		86,761	22,007	
I - TUBE FEEDING					
1.00	ADULTS & PEDIATRICS	30.00	7,067	48,513	1.00
	TOTALS		7,067	48,513	
J - FAMILY MEDICINE					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,101,751	87,031	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,766,571	1,174,700	2.00
	TOTALS		2,868,322	1,261,731	
K - LOBBY PHARMACY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	350,296	1,688,330	1.00
	TOTALS		350,296	1,688,330	
L - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,686,556	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
	TOTALS		0	11,686,556	
M - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	11,957,119	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,038,901	2.00
	TOTALS		0	15,996,020	
N - PLUM PUMPS AND OTHER					
1.00	ADULTS & PEDIATRICS	30.00	0	314,978	1.00
	TOTALS		0	314,978	
O - NURSERY					
1.00	NURSERY	43.00	1,000,616	0	1.00
	TOTALS		1,000,616	0	
500.00	Grand Total: Increases		5,101,119	31,809,252	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - PROPERTY INSURANCE							
1.00	OPERATION OF PLANT	7.00	0	473,319	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	473,319			
C - PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	155,124	30,129	0		1.00
	TOTALS		155,124	30,129			
D - FITNESS ACTIVITY							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	497,889	195,257	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		497,889	195,257			
E - CLAY CITY RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	49,396	9		1.00
	TOTALS		0	49,396			
F - CORK MEDICAL RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	31,149	9		1.00
	TOTALS		0	31,149			
G - HOUSE NURSE ASSISTANT							
1.00	ADULTS & PEDIATRICS	30.00	135,044	11,867	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		135,044	11,867			
H - EMPLOYEE ACCESS							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	86,761	22,007	0		1.00
	TOTALS		86,761	22,007			
I - TUBE FEEDING							
1.00	DIETARY	10.00	7,067	48,513	0		1.00
	TOTALS		7,067	48,513			
J - FAMILY MEDICINE							
1.00	FAMILY PRACTICE	194.02	2,868,322	1,261,731	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,868,322	1,261,731			
K - LOBBY PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	350,296	1,688,330	0		1.00
	TOTALS		350,296	1,688,330			
L - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	6,967,839	0		1.00
2.00	CARDIAC SURGERY	50.01	0	617,720	0		2.00
3.00	WVSC	50.02	0	405,807	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,695,190	0		4.00
	TOTALS		0	11,686,556			
M - INTEREST							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,996,020	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	15,996,020			
N - PLUM PUMPS AND OTHER							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	314,978	0		1.00
	TOTALS		0	314,978			
O - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,000,616	0	0		1.00
	TOTALS		1,000,616	0			
500.00	Grand Total: Decreases		5,101,119	31,809,252			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-7
Part I
Date/Time Prepared:
1/27/2014 3:32 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,990,583	270,133	0	270,133	60,076	1.00
2.00	Land Improvements	18,848,210	428,536	0	428,536	16,121	2.00
3.00	Buildings and Fixtures	252,582,417	0	0	0	0	3.00
4.00	Building Improvements	50,206,626	20,063,673	0	20,063,673	42,334	4.00
5.00	Fixed Equipment	1,362,020	221,824	0	221,824	96,243	5.00
6.00	Movable Equipment	114,021,672	6,651,928	0	6,651,928	707,358	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	454,011,528	27,636,094	0	27,636,094	922,132	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	454,011,528	27,636,094	0	27,636,094	922,132	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,200,640	0				1.00
2.00	Land Improvements	19,260,625	0				2.00
3.00	Buildings and Fixtures	252,582,417	0				3.00
4.00	Building Improvements	70,227,965	0				4.00
5.00	Fixed Equipment	1,487,601	0				5.00
6.00	Movable Equipment	119,966,242	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	480,725,490	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	480,725,490	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-7
Part II
Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,649,952	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	9,933,569	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,583,521	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	14,649,952				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	9,933,569				2.00
3.00	Total (sum of lines 1-2)	0	24,583,521				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-7
Part III
Date/Time Prepared:
1/27/2014 3:32 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	360,759,248	0	360,759,248	0.750448	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	119,966,242	0	119,966,242	0.249552	0	2.00
3.00	Total (sum of lines 1-2)	480,725,490	0	480,725,490	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	12,773,484	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,102,946	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,876,430	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	11,829,077	353,809	0	0	24,956,370	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,995,651	119,510	0	0	13,218,107	2.00
3.00	Total (sum of lines 1-2)	15,824,728	473,319	0	0	38,174,477	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8

Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	Ref.
			Cost Center				
			3.00	4.00			
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-128,042	NEW CAP REL COSTS-BLDG & FIXT		1.00		11 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-43,250	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	-3,407	PURCHASING RECEIVING AND STORES		5.03		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-52,320	PURCHASING RECEIVING AND STORES		5.03		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-21,934	NONPATIENT TELEPHONES		5.01		0 7.00
8.00 Television and radio service (chapter 21)		0			0.00		0 8.00
9.00 Parking lot (chapter 21)		0			0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-19,636,446					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	53,332,431					0 12.00
13.00 Laundry and linen service		0			0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-1,109,480	CAFETERIA		11.00		0 14.00
15.00 Rental of quarters to employee and others		0			0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients	A	-16,415	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00		0 16.00
17.00 Sale of drugs to other than patients	A	-33,624	DRUGS CHARGED TO PATIENTS		73.00		0 17.00
18.00 Sale of medical records and abstracts	B	-45,203	MEDICAL RECORDS & LIBRARY		16.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00		0 19.00
20.00 Vending machines	A	-19,776	OPERATION OF PLANT		7.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00		0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8

Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 TELEPHONE DEPRECIATION	A	-545	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
34.00 VENDING HOUSEKEEPING	A	-14,744	HOUSEKEEPING	9.00	0	34.00
35.00 MEALS SOLD	B	-51,055	DIETARY	10.00	0	35.00
36.00 VISITORS MEALS	A	-402,392	CAFETERIA	11.00	0	36.00
38.00 LAB - BLDG	B	-187,628	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	38.00
39.00 LAB - ADMINISTRATION	B	-628	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
40.00 LAB - LAUNDRY	B	-6,340	LAUNDRY & LINEN SERVICE	8.00	0	40.00
41.00 LAB - HOUSEKEEPING	B	-100,811	HOUSEKEEPING	9.00	0	41.00
42.00 LAB - OPERATION OF PLANT	B	-275,758	OPERATION OF PLANT	7.00	0	42.00
44.00 CRNA	A	-186,000	DELIVERY ROOM & LABOR ROOM	52.00	0	44.00
45.00 HAMILTON CENTER OPERATION OF PLANT	A	-69,600	OPERATION OF PLANT	7.00	0	45.00
45.02 HAMILTON CENTER NUTRITION	A	-201,006	DIETARY	10.00	0	45.02
45.03 FITNESS ACTIVITY	B	-206,426	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.03
45.04 EQUIPMENT RENTAL	B	-46,592	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.04
45.08 UHF - HOUSEKEEPING	A	-1,293	HOUSEKEEPING	9.00	0	45.08
45.09 MISCELLANEOUS	B	-382,104	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.09
45.24 CATERING	B	-7,320	CAFETERIA	11.00	0	45.24
45.26 MANAGEMENT SERVICES	B	-24,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.26
45.27 PHYSICIAN MEALS	B	347	CAFETERIA	11.00	0	45.27
45.29 OTHER RENTAL	B	-35,084	OPERATION OF PLANT	7.00	0	45.29
45.32 UHF - ADMINISTRATION	A	-4,695	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.32
45.37 LOBBY PHARMACY	B	-393,629	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.37
45.38 LOBBYING COSTS	A	-7,480	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.38
45.39 AP&S REVENUE	B	-72,300	NONPATIENT TELEPHONES	5.01	0	45.39
45.40 AP&S REVENUE	B	-318,429	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.40
45.42 AP&S REVENUE	B	-514,395	DATA PROCESSING	5.02	0	45.42
45.43 AP&S REVENUE	B	-3,420	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.43
45.44 COH REVENUE	B	-38,045	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.44
45.45 COH REVENUE	B	-4,650	NONPATIENT TELEPHONES	5.01	0	45.45
45.47 PHYSICIAN RENTAL	A	-855,495	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.47
45.48 PHYSICIAN RENTAL	A	-570,609	OPERATION OF PLANT	7.00	0	45.48
45.49 ACCELERATED DEPRECIATION	A	-189,478	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.49
46.00 CHILD BIRTH CLASS	B	-26,397	DELIVERY ROOM & LABOR ROOM	52.00	0	46.00
46.01 CONTINUING EDUCATION	B	-16,577	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.01
46.02 EDUCATION SERVICES	B	-13,437	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.02
46.03 TRANSCRIPTION	B	-46,863	MEDICAL RECORDS & LIBRARY	16.00	0	46.03
46.04 VHA	B	-201,605	DRUGS CHARGED TO PATIENTS	73.00	0	46.04
46.05 PSUPP OFFSET	B	-49,229	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	46.05
46.06 EMPLOYEE BENEFITS	B	-1,714	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.06
46.07 TIME SAVERS	B	-95,857	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.07
46.08 HOUSEKEEPING	B	-6,000	HOUSEKEEPING	9.00	0	46.08
46.09 LANDSBAUM	B	-76,433	OPERATION OF PLANT	7.00	0	46.09
46.10 MAPLE CENTER	B	-157,659	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.10
46.11 PROF SUPPORT UHS	B	-14,151	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.11
46.12 HAF EXPENSE	A	-15,927,521	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.12
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		10,417,487				50.00

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

Provider CCN: 150023

Period: From 09/01/2012 To 08/31/2013

Worksheet A-8-1

Date/Time Prepared: 1/27/2014 3:32 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	56.00	RADIOISOTOPE	LAB	2,546,147	1,994,205 1.00
2.00	60.00	LABORATORY	LAB	6,346,234	9,156,622 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	2,231,948 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	7,288,273 4.00
4.01	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	267,193 4.01
4.02	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,239,481 4.02
4.03	9.00	HOUSEKEEPING	HOME OFFICE	0	701,302 4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	2,025,100	0 4.04
4.07	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	6,504,787	0 4.07
4.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	15,344,378	0 4.08
4.09	5.01	NONPATIENT TELEPHONES	HOME OFFICE	231,550	0 4.09
4.10	5.02	DATA PROCESSING	HOME OFFICE	10,413,171	0 4.10
4.11	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	1,123,079	0 4.11
4.12	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	7,498,386	0 4.12
4.13	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	17,013,034	0 4.13
4.14	7.00	OPERATION OF PLANT	HOME OFFICE	2,554,610	0 4.14
4.15	9.00	HOUSEKEEPING	HOME OFFICE	636,308	0 4.15
4.16	10.00	DIETARY	HOME OFFICE	114,550	0 4.16
4.17	11.00	CAFETERIA	HOME OFFICE	183,029	0 4.17
4.18	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,090,293	0 4.18
4.19	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	249,898	0 4.19
4.20	23.01	OTHER MED ED	HOME OFFICE	264,613	0 4.20
4.21	50.00	OPERATING ROOM	HOME OFFICE	293,486	0 4.21
4.22	50.01	CARDIAC SURGERY	HOME OFFICE	24,887	0 4.22
4.23	50.02	WVSC	HOME OFFICE	179,347	0 4.23
4.24	51.00	RECOVERY ROOM	HOME OFFICE	6,749	0 4.24
4.25	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	149,779	0 4.25
4.26	57.00	CT SCAN	HOME OFFICE	212,197	0 4.26
4.27	58.00	MAGNETIC RESONANCE IMAGING (HOME OFFICE	53,717	0 4.27
4.28	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	260,875	0 4.28
4.29	66.00	PHYSICAL THERAPY	HOME OFFICE	153,380	0 4.29
4.30	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	105,046	0 4.30
4.31	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	98,897	0 4.31
4.32	68.00	SPEECH PATHOLOGY	HOME OFFICE	45,118	0 4.32
4.33	69.00	ELECTROCARDIOLOGY	HOME OFFICE	50,778	0 4.33
4.34	69.01	CARDIAC REHAB	HOME OFFICE	4,470	0 4.34
4.35	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	20,197	0 4.35
4.36	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	405,864	0 4.36
4.37	90.07	WOUND CLINIC	HOME OFFICE	7,501	0 4.37
5.00	0		0	76,211,455	22,879,024 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	TH MEDICAL LAB	100.00	6.00
7.00	G		0.00	UNION HOSPITAL	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	OTHER				100.00

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

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/27/2014 3:32 pm

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

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

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

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

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/27/2014 3:32 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	551,942	0		1.00
2.00	-2,810,388	0		2.00
3.00	-2,231,948	9		3.00
4.00	-7,288,273	9		4.00
4.01	-267,193	0		4.01
4.02	-1,239,481	0		4.02
4.03	-701,302	0		4.03
4.04	2,025,100	9		4.04
4.07	6,504,787	9		4.07
4.08	15,344,378	0		4.08
4.09	231,550	0		4.09
4.10	10,413,171	0		4.10
4.11	1,123,079	0		4.11
4.12	7,498,386	0		4.12
4.13	17,013,034	0		4.13
4.14	2,554,610	0		4.14
4.15	636,308	0		4.15
4.16	114,550	0		4.16
4.17	183,029	0		4.17
4.18	1,090,293	0		4.18
4.19	249,898	0		4.19
4.20	264,613	0		4.20
4.21	293,486	0		4.21
4.22	24,887	0		4.22
4.23	179,347	0		4.23
4.24	6,749	0		4.24
4.25	149,779	0		4.25
4.26	212,197	0		4.26
4.27	53,717	0		4.27
4.28	260,875	0		4.28
4.29	153,380	0		4.29
4.30	105,046	0		4.30
4.31	98,897	0		4.31
4.32	45,118	0		4.32
4.33	50,778	0		4.33
4.34	4,470	0		4.34
4.35	20,197	0		4.35
4.36	405,864	0		4.36
4.37	7,501	0		4.37
5.00	53,332,431			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	LAB		6.00
7.00	HOME OFFICE		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: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/27/2014 3:32 pm

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-2

Date/Time Prepared:
1/27/2014 3:32 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	30.00	ADULTS & PEDIATRICS	2,110,241	2,085,241	25,000	136,700	100	1.00
2.00	35.00	INTENSIVE NURSERY	264,254	264,254	0	152,100	0	2.00
3.00	41.00	SUBPROVIDER - IRF	97,500	0	97,500	171,400	1,300	3.00
4.00	50.00	OPERATING ROOM	5,413,696	5,397,196	16,500	204,100	110	4.00
5.00	50.01	CARDIAC SURGERY	2,243,114	2,243,114	0	204,100	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	7,244,838	7,203,638	41,200	231,100	275	6.00
7.00	60.00	LABORATORY	650,000	0	650,000	219,500	4,800	7.00
8.00	65.00	RESPIRATORY THERAPY	14,000	0	14,000	171,400	93	8.00
9.00	69.00	ELECTROCARDIOLOGY	103,960	92,725	11,235	231,100	112	9.00
10.00	69.01	CARDIAC REHAB	7,250	7,250	0	231,100	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	1,921,682	1,921,682	0	231,100	0	11.00
12.00	90.05	PATIENT NUTRITION	3,000	0	3,000	171,400	12	12.00
13.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,105,144	0	1,105,144	171,400	10,554	13.00
200.00			21,178,679	19,215,100	1,963,579		17,356	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	6,572	329	0	0	22,146	1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	107,125	5,356	0	0	0	3.00
4.00	50.00	OPERATING ROOM	10,794	540	0	0	26,740	4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	0	61,399	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	30,554	1,528	0	0	62,311	6.00
7.00	60.00	LABORATORY	506,538	25,327	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	7,664	383	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	12,444	622	0	0	0	9.00
10.00	69.01	CARDIAC REHAB	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	92,404	11.00
12.00	90.05	PATIENT NUTRITION	989	49	0	0	0	12.00
13.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	869,690	43,485	0	0	0	13.00
200.00			1,552,370	77,619	0	0	265,000	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	262	6,834	18,166	2,103,407		1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	264,254		2.00
3.00	41.00	SUBPROVIDER - IRF	0	107,125	0	0		3.00
4.00	50.00	OPERATING ROOM	81	10,875	5,625	5,402,821		4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	2,243,114		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	354	30,908	10,292	7,213,930		6.00
7.00	60.00	LABORATORY	0	506,538	143,462	143,462		7.00
8.00	65.00	RESPIRATORY THERAPY	0	7,664	6,336	6,336		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	12,444	0	92,725		9.00
10.00	69.01	CARDIAC REHAB	0	0	0	7,250		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,921,682		11.00
12.00	90.05	PATIENT NUTRITION	0	989	2,011	2,011		12.00
13.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	869,690	235,454	235,454		13.00
200.00			697	1,553,067	421,346	19,636,446		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,956,370	24,956,370			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	13,218,107		13,218,107		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,316,270	193,920	0	17,510,190	4.00
5.01 00510	NONPATIENT TELEPHONES	919,502	17,065	183,250	105,799	1,225,616
5.02 00511	DATA PROCESSING	9,898,776	0	0	0	0
5.03 00512	PURCHASING RECEIVING AND STORES	1,067,352	0	0	0	0
5.04 00513	ADMINISTRATIVE	1,992,570	79,532	13,687	226,569	22,583
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	7,498,386	0	0	0	0
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	21,536,249	403,711	121,799	524,773	80,065
7.00 00700	OPERATION OF PLANT	6,721,021	9,146,021	359,417	9,988	52,350
8.00 00800	LAUNDRY & LINEN SERVICE	1,055,691	155,531	196,792	127,587	6,159
9.00 00900	HOUSEKEEPING	6,303,283	137,999	366,509	512,379	6,159
10.00 01000	DIETARY	2,478,478	285,088	405,725	269,502	32,847
11.00 01100	CAFETERIA	590,567	203,427	32,283	99,636	0
13.00 01300	NURSING ADMINISTRATION	2,919,064	6,441	1,193	258,374	4,106
16.00 01600	MEDICAL RECORDS & LIBRARY	3,538,792	137,220	109,001	386,696	40,033
17.00 01700	SOCIAL SERVICE	180,406	5,091	6,735	26,002	2,053
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,188,782	0	0	175,776	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,705,817	0	0	281,842	0
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	185,253	0	0	24,749	0
23.01 02341	OTHER MEDICAL	264,613	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,181,332	4,676,347	1,685,565	3,312,160	214,536
31.00 03100	INTENSIVE CARE UNIT	7,644,291	597,137	870,579	987,563	41,059
35.00 02040	INTENSIVE NURSERY	2,283,340	74,805	242,419	300,482	17,450
41.00 04100	SUBPROVIDER - IRF	2,355,293	512,229	85,136	294,446	37,980
43.00 04300	NURSERY	1,297,840	56,051	12,277	156,673	3,079
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,483,765	1,058,042	2,195,072	1,155,830	87,251
50.01 05001	CARDIAC SURGERY	2,171,405	46,753	297,902	391,713	7,185
50.02 05002	WVSC	11,553,151	779,941	448,861	4,802	0
51.00 05100	RECOVERY ROOM	2,161,436	37,194	178,825	286,171	20,530
51.02 05101	O/P TREATMENT ROOM	3,884,218	546,151	218,587	533,165	16,424
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,356,161	549,372	500,158	422,643	24,635
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,286,006	900,252	1,007,375	1,765,376	66,721
55.00 05500	RADIOLOGY-THERAPEUTIC	4,937,889	685,448	806,838	53,110	43,112
56.00 05600	RADIOISOTOPE	2,546,147	0	0	0	0
57.00 05700	CT SCAN	2,575,344	56,415	16,404	158,773	4,106
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,074,065	67,350	59,292	83,716	5,132
59.00 05900	CARDIAC CATHETERIZATION	18,330,946	433,606	177,764	100,284	39,006
60.00 06000	LABORATORY	6,852,772	0	0	0	14,371
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,213,855	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,929,962	55,428	161,154	443,375	16,424
66.00 06600	PHYSICAL THERAPY	1,827,652	245,348	65,700	232,490	22,583
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02 06602	O/P PHYSICAL THERAPY	1,760,202	0	121,924	183,931	3,079
67.00 06700	OCCUPATIONAL THERAPY	1,312,044	79,636	13,171	137,586	7,185
68.00 06800	SPEECH PATHOLOGY	520,970	67,116	8,050	59,975	2,053
69.00 06900	ELECTROCARDIOLOGY	1,908,034	33,896	238,240	237,612	9,238
69.01 06901	CARDIAC REHAB	373,443	187,011	76,406	50,455	7,185
70.00 07000	ELECTROENCEPHALOGRAPHY	798,251	39,091	53,800	308,811	19,503
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	948,632	148,362	82,932	0	12,318
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,686,556	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	38,686,838	333,555	165,637	531,492	51,324
76.00 03020	RENAL ACUTE	1,993,742	91,558	1,064	0	6,159
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.05 09005	PATIENT NUTRITION	233,528	50,129	2,302	32,216	0
90.07 09007	WOUND CLINIC	1,211,011	101,272	34,301	53,844	11,291
91.00 09100	EMERGENCY	6,236,743	625,215	737,117	741,021	70,827
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	320,152,213	23,905,756	12,361,243	16,049,387	1,128,101
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00 07950	RURAL HEALTH	3,034,586	0	58,974	265,383	1,026
194.01 07951	RENTAL PROPERTY	188,916	0	10,120	13,187	0
194.02 07954	FAMILY PRACTICE	2,262,900	671,578	449,502	300,978	59,536

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.03 07952 WELLNESS	423,512	304,595	0	48,534	0	194.03
194.04 07955 PHYSICIAN PRACTICES	7,466,350	0	316,883	725,230	25,662	194.04
194.06 07953 SYCAMORE SPORTS MED	609,068	0	3,909	70,811	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	288,228	74,441	17,476	36,680	11,291	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 118-201)	334,425,773	24,956,370	13,218,107	17,510,190	1,225,616	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING	9,898,776				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	1,067,352			5.03
5.04	00513	ADMINITTING	108,678	871	2,444,490		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	7,498,386	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	525,278	20	0	0	23,191,895
7.00	00700	OPERATION OF PLANT	144,904	4	0	0	16,433,705
8.00	00800	LAUNDRY & LINEN SERVICE	36,226	1,611	0	0	1,579,597
9.00	00900	HOUSEKEEPING	9,057	17,176	0	0	7,352,562
10.00	01000	DIETARY	126,791	88	0	0	3,598,519
11.00	01100	CAFETERIA	45,283	1	0	0	971,197
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,189,178
16.00	01600	MEDICAL RECORDS & LIBRARY	525,278	109	0	0	4,737,129
17.00	01700	SOCIAL SERVICE	27,170	0	0	0	247,457
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,364,558
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,987,659
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	210,002
23.01	02341	OTHER MED ED	0	0	0	0	264,613
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,684,512	247,817	195,103	598,540	35,795,912
31.00	03100	INTENSIVE CARE UNIT	298,865	137,795	65,961	202,356	10,845,606
35.00	02040	INTENSIVE NURSERY	45,283	15,888	27,053	82,993	3,089,713
41.00	04100	SUBPROVIDER - I&R	389,430	13,816	9,962	30,562	3,728,854
43.00	04300	NURSERY	36,226	3,936	11,008	33,769	1,610,859
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	380,374	44,396	322,591	989,653	18,716,974
50.01	05001	CARDIAC SURGERY	36,226	247,971	23,412	71,825	3,294,392
50.02	05002	WVSC	0	5,500	213,353	654,530	13,660,138
51.00	05100	RECOVERY ROOM	63,396	29,062	8,029	24,632	2,809,275
51.02	05101	O/P TREATMENT ROOM	0	26,683	17,713	54,340	5,297,281
52.00	05200	DELIVERY ROOM & LABOR ROOM	253,583	55,818	35,040	107,495	5,304,905
54.00	05400	RADIOLOGY-DIAGNOSTIC	706,409	12,623	103,318	316,962	13,165,042
55.00	05500	RADIOLOGY-THERAPEUTIC	36,226	479	73,447	225,324	6,861,873
56.00	05600	RADIOISOTOPE	0	0	22,915	70,299	2,639,361
57.00	05700	CT SCAN	0	38,348	171,550	526,285	3,547,225
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,226	614	43,426	133,225	2,503,046
59.00	05900	CARDIAC CATHETERIZATION	172,074	7,337	175,664	538,907	19,975,588
60.00	06000	LABORATORY	18,113	0	166,492	510,768	7,562,516
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	9,375	28,759	2,251,989
65.00	06500	RESPIRATORY THERAPY	63,396	25,080	33,291	102,131	4,830,241
66.00	06600	PHYSICAL THERAPY	199,243	600	17,762	54,492	2,665,870
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	72,452	986	12,164	37,317	2,192,055
67.00	06700	OCCUPATIONAL THERAPY	0	63	11,452	35,132	1,596,269
68.00	06800	SPEECH PATHOLOGY	9,057	8	5,224	16,028	688,481
69.00	06900	ELECTROCARDIOLOGY	108,678	3,262	33,428	102,552	2,674,940
69.01	06901	CARDIAC REHAB	18,113	213	3,009	9,231	725,066
70.00	07000	ELECTROENCEPHALOGRAPHY	36,226	312	5,744	17,620	1,279,358
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,086	6,054	18,572	1,217,956
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	34,582	106,092	11,827,230
73.00	07300	DRUGS CHARGED TO PATIENTS	144,904	11,580	364,967	1,118,775	41,409,072
76.00	03020	RENAL ACUTE	0	5,119	9,057	27,786	2,134,485
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	0	34	459	1,408	320,076
90.07	09007	WOUND CLINIC	36,226	5,676	8,920	27,366	1,489,907
91.00	09100	EMERGENCY	1,530,552	96,149	202,965	622,660	10,863,249
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,924,455	1,058,131	2,444,490	7,498,386	314,702,875
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,170	0	0	0	27,170
194.00	07950	RURAL HEALTH	561,504	2,401	0	0	3,923,874
194.01	07951	RENTAL PROPERTY	0	0	0	0	212,223
194.02	07954	FAMILY PRACTICE	1,014,330	1,703	0	0	4,760,527
194.03	07952	WELLNESS	0	0	0	0	776,641
194.04	07955	PHYSICIAN PRACTICES	298,865	5,099	0	0	8,838,089
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	683,788
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	72,452	18	0	0	500,586

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
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To 08/31/2013

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,898,776	1,067,352	2,444,490	7,498,386	334,425,773	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
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Cost Center Description		OTHER ADMINISTRATIVE 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	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	23,191,895				5.06
7.00	00700	OPERATION OF PLANT	1,224,574	17,658,279			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	117,705	181,688	1,878,990		8.00
9.00	00900	HOUSEKEEPING	547,884	161,207	5,216	8,066,869	9.00
10.00	01000	DIETARY	268,147	333,033	0	155,153	4,354,852
11.00	01100	CAFETERIA	72,370	237,638	0	110,711	0
13.00	01300	NURSING ADMINISTRATION	237,645	7,525	0	3,506	0
16.00	01600	MEDICAL RECORDS & LIBRARY	352,992	160,296	0	74,679	0
17.00	01700	SOCIAL SERVICE	18,440	5,947	0	2,771	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	101,681	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	222,628	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	15,649	0	0	0	0
23.01	02341	OTHER MED ED	19,718	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,667,368	5,462,791	634,667	2,544,995	3,175,566
31.00	03100	INTENSIVE CARE UNIT	808,171	697,561	124,345	324,979	525,833
35.00	02040	INTENSIVE NURSERY	230,233	87,385	12,241	40,711	0
41.00	04100	SUBPROVIDER - I&R	277,859	598,373	38,973	278,769	249,189
43.00	04300	NURSERY	120,035	65,478	7,354	30,505	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,394,714	1,235,979	126,267	575,816	0
50.01	05001	CARDIAC SURGERY	245,485	54,615	107	25,444	0
50.02	05002	WVSC	1,017,899	911,108	138,132	424,466	0
51.00	05100	RECOVERY ROOM	209,336	43,450	73,778	20,242	0
51.02	05101	O/P TREATMENT ROOM	394,732	638,000	91,440	297,231	386,811
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,300	641,762	98,920	298,983	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	981,006	1,051,652	61,484	489,942	0
55.00	05500	RADIOLOGY-THERAPEUTIC	511,319	800,724	31,636	373,040	0
56.00	05600	RADIOISOTOPE	196,675	0	0	0	0
57.00	05700	CT SCAN	264,325	65,903	117	30,703	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	186,517	78,677	56,702	36,654	0
59.00	05900	CARDIAC CATHETERIZATION	1,488,501	506,528	17,009	235,981	17,453
60.00	06000	LABORATORY	563,528	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	167,809	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	359,930	64,750	2	30,166	0
66.00	06600	PHYSICAL THERAPY	198,650	286,610	14,193	133,525	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	163,343	0	37,037	0	0
67.00	06700	OCCUPATIONAL THERAPY	118,948	93,028	46	43,340	0
68.00	06800	SPEECH PATHOLOGY	51,303	78,404	0	36,527	0
69.00	06900	ELECTROCARDIOLOGY	199,326	39,596	11,472	18,447	0
69.01	06901	CARDIAC REHAB	54,029	218,462	1,006	101,777	0
70.00	07000	ELECTROENCEPHALOGRAPHY	95,333	45,665	6,222	21,274	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,757	173,313	0	80,743	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	881,318	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,085,630	389,651	0	181,530	0
76.00	03020	RENAL ACUTE	159,053	106,955	6,008	49,828	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	23,851	58,560	0	27,282	0
90.07	09007	WOUND CLINIC	111,022	118,303	18,666	55,115	0
91.00	09100	EMERGENCY	809,486	730,361	254,729	340,260	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,722,224	16,430,978	1,867,769	7,495,095	4,354,852
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,025	0	0	0	0
194.00	07950	RURAL HEALTH	292,391	0	1,843	0	0
194.01	07951	RENTAL PROPERTY	15,814	0	0	0	0
194.02	07954	FAMILY PRACTICE	354,735	784,521	2,823	365,492	0
194.03	07952	WELLNESS	57,872	355,820	0	165,769	0
194.04	07955	PHYSICIAN PRACTICES	658,579	0	6,555	0	0
194.06	07953	SYCAMORE SPORTS MED	50,953	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	37,302	86,960	0	40,513	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

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Cost Center Description		OTHER ADMINISTRATIVE 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	201.00
202.00	TOTAL (sum lines 118-201)	23,191,895	17,658,279	1,878,990	8,066,869	4,354,852	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
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To 08/31/2013

Worksheet B
Part I
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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		
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 00510 NONPATIENT TELEPHONES							5.01
5.02 00511 DATA PROCESSING							5.02
5.03 00512 PURCHASING RECEIVING AND STORES							5.03
5.04 00513 ADMITTING							5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00560 OTHER ADMINISTRATIVE 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	1,391,916						11.00
13.00 01300 NURSING ADMINISTRATION	19,766	3,457,620					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	57,940	0	5,383,036				16.00
17.00 01700 SOCIAL SERVICE	2,405	8,112	0	285,132			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	20,185	0	0	0	1,486,424		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	7,844	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	2,510	0	0	0	0		23.00
23.01 02341 OTHER MED ED	0	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	376,402	1,192,515	429,656	171,255	480,115		30.00
31.00 03100 INTENSIVE CARE UNIT	103,016	347,420	145,259	14,562	14,864		31.00
35.00 02040 INTENSIVE NURSERY	28,865	97,348	59,575	21,844	13,378		35.00
41.00 04100 SUBPROVIDER - I&R	35,140	118,511	21,939	0	0		41.00
43.00 04300 NURSERY	18,093	61,019	24,241	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	86,073	290,281	710,412	291	246,746		50.00
50.01 05001 CARDIAC SURGERY	11,191	28,217	51,559	0	0		50.01
50.02 05002 WVSC	837	2,822	469,847	0	0		50.02
51.00 05100 RECOVERY ROOM	29,493	99,464	17,682	0	0		51.00
51.02 05101 O/P TREATMENT ROOM	62,855	211,979	39,008	33,785	0		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	44,971	151,665	77,164	1,165	57,971		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	89,943	0	227,528	0	35,674		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5,438	0	161,746	291	0		55.00
56.00 05600 RADIOISOTOPE	0	0	50,463	0	0		56.00
57.00 05700 CT SCAN	13,073	0	377,788	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	7,321	0	95,634	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	10,249	15,519	386,849	291	0		59.00
60.00 06000 LABORATORY	0	0	366,649	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	20,645	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	44,553	150,255	73,314	0	32,701		65.00
66.00 06600 PHYSICAL THERAPY	23,322	78,654	39,116	0	1,486		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	18,093	61,019	26,787	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	13,282	44,794	25,219	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	5,648	19,046	11,505	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	29,179	0	73,616	0	46,079		69.00
69.01 06901 CARDIAC REHAB	5,020	0	6,626	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	6,275	0	12,649	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,332	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	76,157	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	45,076	133,325	803,501	0	0		73.00
76.00 03020 RENAL ACUTE	0	0	19,946	0	0		76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.05 09005 PATIENT NUTRITION	3,451	11,639	1,010	0	0		90.05
90.07 09007 WOUND CLINIC	5,961	20,104	19,644	0	7,432		90.07
91.00 09100 EMERGENCY	84,713	285,695	446,970	40,775	60,943		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,318,183	3,429,403	5,383,036	284,259	997,389	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	2,973		194.00
194.01 07951 RENTAL PROPERTY	0	0	0	0	0		194.01
194.02 07954 FAMILY PRACTICE	32,840	0	0	582	486,062		194.02
194.03 07952 WELLNESS	0	0	0	0	0		194.03
194.04 07955 PHYSICIAN PRACTICES	28,970	0	0	291	0		194.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
	11.00	13.00	16.00	17.00	21.00	
194.06 07953 SYCAMORE SPORTS MED	8,367	28,217	0	0	0	0 194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,556	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	1,391,916	3,457,620	5,383,036	285,132	1,486,424	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE 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	3,218,131					22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	228,161				23.00
23.01 02341 OTHER MED ED	0	0	284,331			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,039,456	0	0	53,970,698	-1,519,571	30.00
31.00 03100 INTENSIVE CARE UNIT	32,181	0	0	13,983,797	-47,045	31.00
35.00 02040 INTENSIVE NURSERY	28,963	0	0	3,710,256	-42,341	35.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	5,347,607	0	41.00
43.00 04300 NURSERY	0	0	0	1,937,584	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	534,210	0	0	23,917,763	-780,956	50.00
50.01 05001 CARDIAC SURGERY	0	0	0	3,711,010	0	50.01
50.02 05002 WVSC	0	0	0	16,625,249	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	3,302,720	0	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	0	7,453,122	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	125,507	0	0	7,198,313	-183,478	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	77,235	228,161	0	16,407,667	-112,909	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	8,746,067	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	2,886,499	0	56.00
57.00 05700 CT SCAN	0	0	0	4,299,134	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,964,551	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	22,653,968	0	59.00
60.00 06000 LABORATORY	0	0	0	8,492,693	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,440,443	0	62.00
65.00 06500 RESPIRATORY THERAPY	70,799	0	0	5,656,711	-103,500	65.00
66.00 06600 PHYSICAL THERAPY	3,218	0	0	3,444,644	-4,704	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	0	2,498,334	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,934,926	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	890,914	0	68.00
69.00 06900 ELECTROCARDIOLOGY	99,762	0	0	3,192,417	-145,841	69.00
69.01 06901 CARDIAC REHAB	0	0	0	1,111,986	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,466,776	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,576,101	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,784,705	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	284,331	46,332,116	0	73.00
76.00 03020 RENAL ACUTE	0	0	0	2,476,275	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	445,869	0	90.05
90.07 09007 WOUND CLINIC	16,091	0	0	1,862,245	-23,523	90.07
91.00 09100 EMERGENCY	131,943	0	0	14,049,124	-192,886	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 1-117)	2,159,365	228,161	284,331	309,772,284	-3,156,754	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	29,195	0	190.00
194.00 07950 RURAL HEALTH	6,436	0	0	4,227,517	-9,409	194.00
194.01 07951 RENTAL PROPERTY	0	0	0	228,037	0	194.01
194.02 07954 FAMILY PRACTICE	1,052,330	0	0	7,839,912	-1,538,392	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
194.03 07952 WELLNESS	0	0	0	1,356,102	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	0	9,532,484	0	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	771,325	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	668,917	0	194.07
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,218,131	228,161	284,331	334,425,773	-4,704,555	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510 NONPATIENT TELEPHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE 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-(SPECIFY)		23.00
23.01	02341 OTHER MED ED		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	52,451,127	30.00
31.00	03100 INTENSIVE CARE UNIT	13,936,752	31.00
35.00	02040 INTENSIVE NURSERY	3,667,915	35.00
41.00	04100 SUBPROVIDER - I RF	5,347,607	41.00
43.00	04300 NURSERY	1,937,584	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	23,136,807	50.00
50.01	05001 CARDIAC SURGERY	3,711,010	50.01
50.02	05002 WVSC	16,625,249	50.02
51.00	05100 RECOVERY ROOM	3,302,720	51.00
51.02	05101 O/P TREATMENT ROOM	7,453,122	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,014,835	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,294,758	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,746,067	55.00
56.00	05600 RADIOISOTOPE	2,886,499	56.00
57.00	05700 CT SCAN	4,299,134	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,964,551	58.00
59.00	05900 CARDIAC CATHETERIZATION	22,653,968	59.00
60.00	06000 LABORATORY	8,492,693	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,440,443	62.00
65.00	06500 RESPIRATORY THERAPY	5,553,211	65.00
66.00	06600 PHYSICAL THERAPY	3,439,940	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,498,334	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,934,926	67.00
68.00	06800 SPEECH PATHOLOGY	890,914	68.00
69.00	06900 ELECTROCARDIOLOGY	3,046,576	69.00
69.01	06901 CARDIAC REHAB	1,111,986	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,466,776	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,576,101	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,784,705	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	46,332,116	73.00
76.00	03020 RENAL ACUTE	2,476,275	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.05	09005 PATIENT NUTRITION	445,869	90.05
90.07	09007 WOUND CLINIC	1,838,722	90.07
91.00	09100 EMERGENCY	13,856,238	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	306,615,530	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,195	190.00
194.00	07950 RURAL HEALTH	4,218,108	194.00
194.01	07951 RENTAL PROPERTY	228,037	194.01
194.02	07954 FAMILY PRACTICE	6,301,520	194.02
194.03	07952 WELLNESS	1,356,102	194.03
194.04	07955 PHYSICIAN PRACTICES	9,532,484	194.04
194.06	07953 SYCAMORE SPORTS MED	771,325	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	668,917	194.07
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118-201)	329,721,218	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2012
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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	193,920	0	193,920	4.00
5.01 00510	NONPATIENT TELEPHONES	0	17,065	183,250	200,315	5.01
5.02 00511	DATA PROCESSING	0	0	0	0	5.02
5.03 00512	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00513	ADMITTING	5,565	79,532	13,687	98,784	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	64,137	403,711	121,799	589,647	5.06
7.00 00700	OPERATION OF PLANT	24,002	9,146,021	359,417	9,529,440	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	155,531	196,792	352,323	8.00
9.00 00900	HOUSEKEEPING	3,010	137,999	366,509	507,518	9.00
10.00 01000	DIETARY	26,746	285,088	405,725	717,559	10.00
11.00 01100	CAFETERIA	0	203,427	32,283	235,710	11.00
13.00 01300	NURSING ADMINISTRATION	1,470	6,441	1,193	9,104	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,196	137,220	109,001	258,417	16.00
17.00 01700	SOCIAL SERVICE	0	5,091	6,735	11,826	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-(SPECIFY)	0	0	0	0	23.00
23.01 02341	OTHER MED ED	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	263,080	4,676,347	1,685,565	6,624,992	30.00
31.00 03100	INTENSIVE CARE UNIT	2,602	597,137	870,579	1,470,318	31.00
35.00 02040	INTENSIVE NURSERY	5,567	74,805	242,419	322,791	35.00
41.00 04100	SUBPROVIDER - I RF	2,099	512,229	85,136	599,464	41.00
43.00 04300	NURSERY	3,665	56,051	12,277	71,993	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	796,900	1,058,042	2,195,072	4,050,014	50.00
50.01 05001	CARDIAC SURGERY	73,613	46,753	297,902	418,268	50.01
50.02 05002	WVSC	334,198	779,941	448,861	1,563,000	50.02
51.00 05100	RECOVERY ROOM	1,922	37,194	178,825	217,941	51.00
51.02 05101	O/P TREATMENT ROOM	5,264	546,151	218,587	770,002	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	42,058	549,372	500,158	1,091,588	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,092,174	900,252	1,007,375	2,999,801	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	866,322	685,448	806,838	2,358,608	55.00
56.00 05600	RADIOISOTOPE	251,751	0	0	251,751	56.00
57.00 05700	CT SCAN	473,351	56,415	16,404	546,170	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	909,932	67,350	59,292	1,036,574	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,978,135	433,606	177,764	3,589,505	59.00
60.00 06000	LABORATORY	486,358	0	0	486,358	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	370,249	55,428	161,154	586,831	65.00
66.00 06600	PHYSICAL THERAPY	3,118	245,348	65,700	314,166	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	230,965	0	121,924	352,889	66.02
67.00 06700	OCCUPATIONAL THERAPY	89,722	79,636	13,171	182,529	67.00
68.00 06800	SPEECH PATHOLOGY	36,469	67,116	8,050	111,635	68.00
69.00 06900	ELECTROCARDIOLOGY	88,914	33,896	238,240	361,050	69.00
69.01 06901	CARDIAC REHAB	2,007	187,011	76,406	265,424	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	9,972	39,091	53,800	102,863	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	98,406	148,362	82,932	329,700	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	768,764	333,555	165,637	1,267,956	73.00
76.00 03020	RENAL ACUTE	1,301	91,558	1,064	93,923	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.05 09005	PATIENT NUTRITION	2,076	50,129	2,302	54,507	90.05
90.07 09007	WOUND CLINIC	2,164	101,272	34,301	137,737	90.07
91.00 09100	EMERGENCY	29,379	625,215	737,117	1,391,711	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 1-117)	10,459,623	23,905,756	12,361,243	46,726,622	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	210,049	0	58,974	269,023	194.00
194.01 07951	RENTAL PROPERTY	604	0	10,120	10,724	194.01
194.02 07954	FAMILY PRACTICE	20,205	671,578	449,502	1,141,285	194.02
194.03 07952	WELLNESS	0	304,595	0	304,595	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

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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	
194.04 07955 PHYSICIAN PRACTICES	370,394	0	316,883	687,277	8,032	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	3,909	3,909	784	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,929	74,441	17,476	96,846	406	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 118-201)	11,065,804	24,956,370	13,218,107	49,240,281	193,920	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	201,487					5.01
5.02	00511	0	0				5.02
5.03	00512	0	0	0			5.03
5.04	00513	3,712	0	0	105,005		5.04
5.05	00514	0	0	0	0	0	5.05
5.06	00560	13,162	0	0	0	0	5.06
7.00	00700	8,606	0	0	0	0	7.00
8.00	00800	1,012	0	0	0	0	8.00
9.00	00900	1,012	0	0	0	0	9.00
10.00	01000	5,400	0	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	675	0	0	0	0	13.00
16.00	01600	6,581	0	0	0	0	16.00
17.00	01700	337	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02341	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	35,275	0	0	8,353	0	30.00
31.00	03100	6,750	0	0	2,824	0	31.00
35.00	02040	2,869	0	0	1,158	0	35.00
41.00	04100	6,244	0	0	427	0	41.00
43.00	04300	506	0	0	471	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,344	0	0	13,812	0	50.00
50.01	05001	1,181	0	0	1,002	0	50.01
50.02	05002	0	0	0	9,135	0	50.02
51.00	05100	3,375	0	0	344	0	51.00
51.02	05101	2,700	0	0	758	0	51.02
52.00	05200	4,050	0	0	1,500	0	52.00
54.00	05400	10,969	0	0	4,424	0	54.00
55.00	05500	7,087	0	0	3,145	0	55.00
56.00	05600	0	0	0	981	0	56.00
57.00	05700	675	0	0	7,345	0	57.00
58.00	05800	844	0	0	1,859	0	58.00
59.00	05900	6,412	0	0	7,521	0	59.00
60.00	06000	2,362	0	0	7,128	0	60.00
62.00	06200	0	0	0	401	0	62.00
65.00	06500	2,700	0	0	1,425	0	65.00
66.00	06600	3,712	0	0	760	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	506	0	0	521	0	66.02
67.00	06700	1,181	0	0	490	0	67.00
68.00	06800	337	0	0	224	0	68.00
69.00	06900	1,519	0	0	1,431	0	69.00
69.01	06901	1,181	0	0	129	0	69.01
70.00	07000	3,206	0	0	246	0	70.00
71.00	07100	2,025	0	0	259	0	71.00
72.00	07200	0	0	0	1,481	0	72.00
73.00	07300	8,437	0	0	15,971	0	73.00
76.00	03020	1,012	0	0	388	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.05	09005	0	0	0	20	0	90.05
90.07	09007	1,856	0	0	382	0	90.07
91.00	09100	11,644	0	0	8,690	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		185,456	0	0	105,005	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	169	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07954	9,787	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07955	4,219	0	0	0	0	194.04
194.06	07953	0	0	0	0	0	194.06
194.07	07956	1,856	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023			Period: From 09/01/2012 To 08/31/2013		Worksheet B Part II Date/Time Prepared: 1/27/2014 3:32 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	201,487	0	0	105,005	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/27/2014 3:32 pm			
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 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	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	608,621				5.06
7.00	00700	OPERATION OF PLANT	32,144	9,570,301			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,090	98,470	456,308		8.00
9.00	00900	HOUSEKEEPING	14,382	87,370	1,267	617,224	9.00
10.00	01000	DIETARY	7,039	180,495	0	11,871	925,349
11.00	01100	CAFETERIA	1,900	128,793	0	8,471	0
13.00	01300	NURSING ADMINISTRATION	6,238	4,078	0	268	0
16.00	01600	MEDICAL RECORDS & LIBRARY	9,266	86,876	0	5,714	0
17.00	01700	SOCIAL SERVICE	484	3,223	0	212	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,669	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,844	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	411	0	0	0	0
23.01	02341	OTHER MED ED	518	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,017	2,960,684	154,124	194,727	674,766
31.00	03100	INTENSIVE CARE UNIT	21,214	378,059	30,197	24,865	111,733
35.00	02040	INTENSIVE NURSERY	6,043	47,360	2,973	3,115	0
41.00	04100	SUBPROVIDER - I&R	7,294	324,302	9,465	21,330	52,949
43.00	04300	NURSERY	3,151	35,487	1,786	2,334	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,610	669,866	30,664	44,058	0
50.01	05001	CARDIAC SURGERY	6,444	29,600	26	1,947	0
50.02	05002	WVSC	26,719	493,795	33,545	32,477	0
51.00	05100	RECOVERY ROOM	5,495	23,549	17,917	1,549	0
51.02	05101	O/P TREATMENT ROOM	10,361	345,778	22,206	22,742	82,192
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,376	347,817	24,023	22,876	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,751	569,966	14,931	37,487	0
55.00	05500	RADIOLOGY-THERAPEUTIC	13,422	433,970	7,683	28,543	0
56.00	05600	RADIOISOTOPE	5,163	0	0	0	0
57.00	05700	CT SCAN	6,938	35,717	29	2,349	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,896	42,641	13,770	2,805	0
59.00	05900	CARDIAC CATHETERIZATION	39,072	274,524	4,131	18,056	3,709
60.00	06000	LABORATORY	14,792	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,405	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,448	35,093	0	2,308	0
66.00	06600	PHYSICAL THERAPY	5,214	155,335	3,447	10,216	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	4,288	0	8,994	0	0
67.00	06700	OCCUPATIONAL THERAPY	3,122	50,419	11	3,316	0
68.00	06800	SPEECH PATHOLOGY	1,347	42,493	0	2,795	0
69.00	06900	ELECTROCARDIOLOGY	5,232	21,460	2,786	1,411	0
69.01	06901	CARDIAC REHAB	1,418	118,400	244	7,787	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,502	24,749	1,511	1,628	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,382	93,931	0	6,178	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,134	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	80,845	211,180	0	13,889	0
76.00	03020	RENAL ACUTE	4,175	57,967	1,459	3,813	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	626	31,738	0	2,087	0
90.07	09007	WOUND CLINIC	2,914	64,117	4,533	4,217	0
91.00	09100	EMERGENCY	21,249	395,835	61,860	26,034	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	570,044	8,905,137	453,582	573,475	925,349
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53	0	0	0	0
194.00	07950	RURAL HEALTH	7,675	0	448	0	0
194.01	07951	RENTAL PROPERTY	415	0	0	0	0
194.02	07954	FAMILY PRACTICE	9,312	425,189	686	27,965	0
194.03	07952	WELLNESS	1,519	192,845	0	12,684	0
194.04	07955	PHYSICIAN PRACTICES	17,287	0	1,592	0	0
194.06	07953	SYCAMORE SPORTS MED	1,337	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	979	47,130	0	3,100	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2012
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Cost Center Description		OTHER ADMINISTRATIVE 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	201.00
202.00	TOTAL (sum lines 118-201)	608,621	9,570,301	456,308	617,224	925,349	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

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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	
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 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE 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	375,978					11.00
13.00 01300 NURSING ADMINISTRATION	5,339	28,564				13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	15,650	0	386,787			16.00
17.00 01700 SOCIAL SERVICE	650	67	0	17,087		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	5,452	0	0	0	10,068	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,119	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	678	0	0	0	0	23.00
23.01 02341 OTHER MED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	101,676	9,854	30,849	10,264		30.00
31.00 03100 INTENSIVE CARE UNIT	27,826	2,870	10,430	873		31.00
35.00 02040 INTENSIVE NURSERY	7,797	804	4,278	1,309		35.00
41.00 04100 SUBPROVIDER - I&R	9,492	979	1,575	0		41.00
43.00 04300 NURSERY	4,887	504	1,740	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	23,250	2,398	51,007	17		50.00
50.01 05001 CARDIAC SURGERY	3,023	233	3,702	0		50.01
50.02 05002 WVSC	226	23	33,735	0		50.02
51.00 05100 RECOVERY ROOM	7,966	822	1,270	0		51.00
51.02 05101 O/P TREATMENT ROOM	16,978	1,751	2,801	2,025		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	12,147	1,253	5,540	70		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	24,295	0	16,336	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,469	0	11,613	17		55.00
56.00 05600 RADIOISOTOPE	0	0	3,623	0		56.00
57.00 05700 CT SCAN	3,531	0	27,125	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,977	0	6,867	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	2,768	128	27,776	17		59.00
60.00 06000 LABORATORY	0	0	26,325	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,482	0		62.00
65.00 06500 RESPIRATORY THERAPY	12,034	1,241	5,264	0		65.00
66.00 06600 PHYSICAL THERAPY	6,300	650	2,809	0		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	4,887	504	1,923	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	3,588	370	1,811	0		67.00
68.00 06800 SPEECH PATHOLOGY	1,525	157	826	0		68.00
69.00 06900 ELECTROCARDIOLOGY	7,882	0	5,286	0		69.00
69.01 06901 CARDIAC REHAB	1,356	0	476	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	1,695	0	908	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	957	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	5,468	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	12,176	1,101	57,978	0		73.00
76.00 03020 RENAL ACUTE	0	0	1,432	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
90.05 09005 PATIENT NUTRITION	932	96	73	0		90.05
90.07 09007 WOUND CLINIC	1,610	166	1,410	0		90.07
91.00 09100 EMERGENCY	22,882	2,360	32,092	2,443		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	356,063	28,331	386,787	17,035	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00 07950 RURAL HEALTH	0	0	0	0		194.00
194.01 07951 RENTAL PROPERTY	0	0	0	0		194.01
194.02 07954 FAMILY PRACTICE	8,870	0	0	35		194.02
194.03 07952 WELLNESS	0	0	0	0		194.03
194.04 07955 PHYSICIAN PRACTICES	7,825	0	0	17		194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

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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	
194.06 07953 SYCAMORE SPORTS MED	2,260	233	0	0		194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	960	0	0	0		194.07
200.00 Cross Foot Adjustments					10,068	200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	375,978	28,564	386,787	17,087	10,068	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

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From 09/01/2012
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMINITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE 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	11,085					22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		1,363				23.00
23.01 02341 OTHER MED ED			518			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS				10,912,252		30.00
31.00 03100 INTENSIVE CARE UNIT				2,098,897		31.00
35.00 02040 INTENSIVE NURSERY				403,825		35.00
41.00 04100 SUBPROVIDER - IRF				1,036,782		41.00
43.00 04300 NURSERY				124,594		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM				4,948,841		50.00
50.01 05001 CARDIAC SURGERY				469,764		50.01
50.02 05002 WVSC				2,192,708		50.02
51.00 05100 RECOVERY ROOM				283,397		51.00
51.02 05101 O/P TREATMENT ROOM				1,286,199		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM				1,525,921		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				3,723,512		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC				2,866,145		55.00
56.00 05600 RADIOISOTOPE				261,518		56.00
57.00 05700 CT SCAN				631,637		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				1,113,160		58.00
59.00 05900 CARDIAC CATHETERIZATION				3,974,730		59.00
60.00 06000 LABORATORY				536,965		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				6,288		62.00
65.00 06500 RESPIRATORY THERAPY				661,255		65.00
66.00 06600 PHYSICAL THERAPY				505,184		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				0		66.01
66.02 06602 O/P PHYSICAL THERAPY				376,549		66.02
67.00 06700 OCCUPATIONAL THERAPY				248,361		67.00
68.00 06800 SPEECH PATHOLOGY				162,003		68.00
69.00 06900 ELECTROCARDIOLOGY				410,689		69.00
69.01 06901 CARDIAC REHAB				396,974		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY				142,728		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				435,432		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS				30,083		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				1,675,420		73.00
76.00 03020 RENAL ACUTE				164,169		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC				0		90.00
90.05 09005 PATIENT NUTRITION				90,436		90.05
90.07 09007 WOUND CLINIC				219,538		90.07
91.00 09100 EMERGENCY				1,985,007		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	45,900,963	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				53		190.00
194.00 07950 RURAL HEALTH				280,254		194.00
194.01 07951 RENTAL PROPERTY				11,285		194.01
194.02 07954 FAMILY PRACTICE				1,626,462		194.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
194.03 07952 WELLNESS				512,181	0	194.03
194.04 07955 PHYSICIAN PRACTICES				726,249	0	194.04
194.06 07953 SYCAMORE SPORTS MED				8,523	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				151,277	0	194.07
200.00 Cross Foot Adjustments	11,085	1,363	518	23,034	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	11,085	1,363	518	49,240,281	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/27/2014 3:32 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510 NONPATIENT TELEPHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE 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-(SPECIFY)		23.00
23.01	02341 OTHER MED ED		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	10,912,252	30.00
31.00	03100 INTENSIVE CARE UNIT	2,098,897	31.00
35.00	02040 INTENSIVE NURSERY	403,825	35.00
41.00	04100 SUBPROVIDER - I RF	1,036,782	41.00
43.00	04300 NURSERY	124,594	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,948,841	50.00
50.01	05001 CARDIAC SURGERY	469,764	50.01
50.02	05002 WVSC	2,192,708	50.02
51.00	05100 RECOVERY ROOM	283,397	51.00
51.02	05101 O/P TREATMENT ROOM	1,286,199	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,525,921	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,723,512	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,866,145	55.00
56.00	05600 RADIOISOTOPE	261,518	56.00
57.00	05700 CT SCAN	631,637	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,113,160	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,974,730	59.00
60.00	06000 LABORATORY	536,965	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,288	62.00
65.00	06500 RESPIRATORY THERAPY	661,255	65.00
66.00	06600 PHYSICAL THERAPY	505,184	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	376,549	66.02
67.00	06700 OCCUPATIONAL THERAPY	248,361	67.00
68.00	06800 SPEECH PATHOLOGY	162,003	68.00
69.00	06900 ELECTROCARDIOLOGY	410,689	69.00
69.01	06901 CARDIAC REHAB	396,974	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	142,728	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	435,432	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,083	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,675,420	73.00
76.00	03020 RENAL ACUTE	164,169	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.05	09005 PATIENT NUTRITION	90,436	90.05
90.07	09007 WOUND CLINIC	219,538	90.07
91.00	09100 EMERGENCY	1,985,007	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	45,900,963	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	53	190.00
194.00	07950 RURAL HEALTH	280,254	194.00
194.01	07951 RENTAL PROPERTY	11,285	194.01
194.02	07954 FAMILY PRACTICE	1,626,462	194.02
194.03	07952 WELLNESS	512,181	194.03
194.04	07955 PHYSICIAN PRACTICES	726,249	194.04
194.06	07953 SYCAMORE SPORTS MED	8,523	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	151,277	194.07
200.00	Cross Foot Adjustments	23,034	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/27/2014 3:32 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	49,240,281	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/27/2014 3:32 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	960,829							1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		4,743,797						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,466	0	109,752,723					4.00
5.01 00510	NONPATIENT TELEPHONES	657	65,766	663,140	1,194				5.01
5.02 00511	DATA PROCESSING	0	0	0	0		1,093		5.02
5.03 00512	PURCHASING RECEIVING AND STORES	0	0	0	0		0		5.03
5.04 00513	ADMINISTRATIVE	3,062	4,912	1,420,123	22		12		5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0		0		5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	15,543	43,712	3,289,249	78		58		5.06
7.00 00700	OPERATION OF PLANT	352,125	128,990	62,602	51		16		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,988	70,626	799,707	6		4		8.00
9.00 00900	HOUSEKEEPING	5,313	131,535	3,211,561	6		1		9.00
10.00 01000	DIETARY	10,976	145,609	1,689,220	32		14		10.00
11.00 01100	CAFETERIA	7,832	11,586	624,512	0		5		11.00
13.00 01300	NURSING ADMINISTRATION	248	428	1,619,471	4		0		13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,283	39,119	2,423,790	39		58		16.00
17.00 01700	SOCIAL SERVICE	196	2,417	162,980	2		3		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,101,751	0		0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,766,571	0		0		22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	155,124	0		0		23.00
23.01 02341	OTHER MEDICAL	0	0	0	0		0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	180,041	604,926	20,760,310	209		186		30.00
31.00 03100	INTENSIVE CARE UNIT	22,990	312,439	6,189,985	40		33		31.00
35.00 02040	INTENSIVE NURSERY	2,880	87,001	1,883,406	17		5		35.00
41.00 04100	SUBPROVIDER - I&R	19,721	30,554	1,845,570	37		43		41.00
43.00 04300	NURSERY	2,158	4,406	982,019	3		4		43.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	40,735	787,781	7,244,673	85		42		50.00
50.01 05001	CARDIAC SURGERY	1,800	106,913	2,455,237	7		4		50.01
50.02 05002	WVSC	30,028	161,090	30,097	0		0		50.02
51.00 05100	RECOVERY ROOM	1,432	64,178	1,793,706	20		7		51.00
51.02 05101	O/P TREATMENT ROOM	21,027	78,448	3,341,847	16		0		51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	21,151	179,500	2,649,099	24		28		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	34,660	361,533	11,065,277	65		78		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	26,390	289,563	332,891	42		4		55.00
56.00 05600	RADIOISOTOPE	0	0	0	0		0		56.00
57.00 05700	CT SCAN	2,172	5,887	995,182	4		0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	21,279	524,727	5		4		58.00
59.00 05900	CARDIAC CATHETERIZATION	16,694	63,797	628,573	38		19		59.00
60.00 06000	LABORATORY	0	0	0	14		2		60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		0		62.00
65.00 06500	RESPIRATORY THERAPY	2,134	57,836	2,779,051	16		7		65.00
66.00 06600	PHYSICAL THERAPY	9,446	23,579	1,457,232	22		22		66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		0		66.01
66.02 06602	O/P PHYSICAL THERAPY	0	43,757	1,152,866	3		8		66.02
67.00 06700	OCCUPATIONAL THERAPY	3,066	4,727	862,378	7		0		67.00
68.00 06800	SPEECH PATHOLOGY	2,584	2,889	375,919	2		1		68.00
69.00 06900	ELECTROCARDIOLOGY	1,305	85,501	1,489,337	9		12		69.00
69.01 06901	CARDIAC REHAB	7,200	27,421	316,249	7		2		69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,505	19,308	1,935,611	19		4		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	29,763	0	12		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	12,842	59,445	3,331,358	50		16		73.00
76.00 03020	RENAL ACUTE	3,525	382	0	6		0		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00 09000	CLINIC	0	0	0	0		0		90.00
90.05 09005	PATIENT NUTRITION	1,930	826	201,931	0		0		90.05
90.07 09007	WOUND CLINIC	3,899	12,310	337,490	11		4		90.07
91.00 09100	EMERGENCY	24,071	264,541	4,644,677	69		169		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)								92.00
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1-117)	920,380	4,436,280	100,596,499	1,099		875		118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		3		190.00
194.00 07950	RURAL HEALTH	0	21,165	1,663,404	1		62		194.00
194.01 07951	RENTAL PROPERTY	0	3,632	82,653	0		0		194.01
194.02 07954	FAMILY PRACTICE	25,856	161,320	1,886,513	58		112		194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
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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	
194.03 07952 WELLNESS	11,727	0	304,210	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	113,725	4,545,697	25	33	194.04
194.06 07953 SYCAMORE SPORTS MED	0	1,403	443,837	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	6,272	229,910	11	8	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)	24,956,370	13,218,107	17,510,190	1,225,616	9,898,776	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	25.973789	2.786398	0.159542	1,026.479062	9,056.519671	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			193,920	201,487	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001767	168.749581	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	OTHER ADMINISTRATIVE 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	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES	5,695,623				5.03
5.04	00513	ADMITTING	4,650	1,036,138,093			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,036,138,093		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	106	0	0	-23,191,895	5.06
7.00	00700	OPERATION OF PLANT	20	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,598	0	0	0	8.00
9.00	00900	HOUSEKEEPING	91,653	0	0	0	9.00
10.00	01000	DIETARY	472	0	0	0	10.00
11.00	01100	CAFETERIA	4	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	581	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 ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,322,402	82,705,600	82,705,600	0	30.00
31.00	03100	INTENSIVE CARE UNIT	735,302	27,961,375	27,961,375	0	31.00
35.00	02040	INTENSIVE NURSERY	84,784	11,467,830	11,467,830	0	35.00
41.00	04100	SUBPROVIDER - I&R	73,723	4,223,052	4,223,052	0	41.00
43.00	04300	NURSERY	21,004	4,666,210	4,666,210	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	236,907	136,749,123	136,749,123	0	50.00
50.01	05001	CARDIAC SURGERY	1,323,239	9,924,667	9,924,667	0	50.01
50.02	05002	WVSC	29,349	90,442,183	90,442,183	0	50.02
51.00	05100	RECOVERY ROOM	155,079	3,403,685	3,403,685	0	51.00
51.02	05101	O/P TREATMENT ROOM	142,385	7,508,696	7,508,696	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	297,857	14,853,597	14,853,597	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,357	43,797,455	43,797,455	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,554	31,134,964	31,134,964	0	55.00
56.00	05600	RADIOISOTOPE	0	9,713,771	9,713,771	0	56.00
57.00	05700	CT SCAN	204,635	72,721,467	72,721,467	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,278	18,408,855	18,408,855	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,152	74,465,572	74,465,572	0	59.00
60.00	06000	LABORATORY	0	70,577,363	70,577,363	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,973,942	3,973,942	0	62.00
65.00	06500	RESPIRATORY THERAPY	133,834	14,112,324	14,112,324	0	65.00
66.00	06600	PHYSICAL THERAPY	3,202	7,529,639	7,529,639	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	5,260	5,156,390	5,156,390	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	335	4,854,553	4,854,553	0	67.00
68.00	06800	SPEECH PATHOLOGY	43	2,214,698	2,214,698	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,409	14,170,532	14,170,532	0	69.00
69.01	06901	CARDIAC REHAB	1,134	1,275,511	1,275,511	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,666	2,434,753	2,434,753	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,797	2,566,261	2,566,261	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,659,700	14,659,700	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,795	154,610,539	154,610,539	0	73.00
76.00	03020	RENAL ACUTE	27,316	3,839,406	3,839,406	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	180	194,500	194,500	0	90.05
90.07	09007	WOUND CLINIC	30,287	3,781,405	3,781,405	0	90.07
91.00	09100	EMERGENCY	513,071	86,038,475	86,038,475	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,646,420	1,036,138,093	1,036,138,093	-23,191,895	291,510,980
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	12,811	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	9,087	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	27,208	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMINISTRATIVE (TOTAL REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	683,788	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	97	0	0	0	500,586	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)	1,067,352	2,444,490	7,498,386		23,191,895	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.187399	0.002359	0.007237		0.074516	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	105,005	0		608,621	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000101	0.000000		0.001956	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/27/2014 3:32 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	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	581,976				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,072,343			8.00
9.00	00900	HOUSEKEEPING	5,313	2,977	570,675		9.00
10.00	01000	DIETARY	10,976	0	10,976	223,816	10.00
11.00	01100	CAFETERIA	7,832	0	7,832	0	11.00
13.00	01300	NURSING ADMINISTRATION	248	0	248	13,309	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	0	16.00
17.00	01700	SOCIAL SERVICE	196	0	196	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	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02341	OTHER MEDICAL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	180,041	362,205	180,041	163,207	3,599
31.00	03100	INTENSIVE CARE UNIT	22,990	70,964	22,990	27,025	985
35.00	02040	INTENSIVE NURSERY	2,880	6,986	2,880	0	276
41.00	04100	SUBPROVIDER - I&R	19,721	22,242	19,721	12,807	336
43.00	04300	NURSERY	2,158	4,197	2,158	0	173
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,735	72,061	40,735	0	823
50.01	05001	CARDIAC SURGERY	1,800	61	1,800	0	107
50.02	05002	WVSC	30,028	78,832	30,028	0	8
51.00	05100	RECOVERY ROOM	1,432	42,105	1,432	0	282
51.02	05101	O/P TREATMENT ROOM	21,027	52,185	21,027	19,880	601
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,151	56,454	21,151	0	430
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,660	35,089	34,660	0	860
55.00	05500	RADIOLOGY-THERAPEUTIC	26,390	18,055	26,390	0	52
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	2,172	67	2,172	0	125
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	32,360	2,593	0	70
59.00	05900	CARDIAC CATHETERIZATION	16,694	9,707	16,694	897	98
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	1	2,134	0	426
66.00	06600	PHYSICAL THERAPY	9,446	8,100	9,446	0	223
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	21,137	0	0	173
67.00	06700	OCCUPATIONAL THERAPY	3,066	26	3,066	0	127
68.00	06800	SPEECH PATHOLOGY	2,584	0	2,584	0	54
69.00	06900	ELECTROCARDIOLOGY	1,305	6,547	1,305	0	279
69.01	06901	CARDIAC REHAB	7,200	574	7,200	0	48
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	3,551	1,505	0	60
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	0	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	431
76.00	03020	RENAL ACUTE	3,525	3,429	3,525	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	33
90.07	09007	WOUND CLINIC	3,899	10,653	3,899	0	57
91.00	09100	EMERGENCY	24,071	145,374	24,071	0	810
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	541,527	1,065,939	530,226	223,816	12,604
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	1,052	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	25,856	1,611	25,856	0	314
194.03	07952	WELLNESS	11,727	0	11,727	0	0
194.04	07955	PHYSICIAN PRACTICES	0	3,741	0	0	277
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	80

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description			OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	0	2,866	0	34	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,658,279	1,878,990	8,066,869	4,354,852	1,391,916	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.341937	1.752229	14.135662	19.457286	104.584567	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,570,301	456,308	617,224	925,349	375,978	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.444494	0.425524	1.081568	4.134418	28.249906	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1
Date/Time Prepared:
1/27/2014 3:32 pm

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		17.00
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 00510 NONPATIENT TELEPHONES						5.01	
5.02 00511 DATA PROCESSING						5.02	
5.03 00512 PURCHASING RECEIVING AND STORES						5.03	
5.04 00513 ADMINITTING						5.04	
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00560 OTHER ADMINISTRATIVE 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	9,803					13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,036,138,093				16.00	
17.00 01700 SOCIAL SERVICE	23	0	979			17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,000		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,000	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00	
23.01 02341 OTHER MED ED	0	0	0	0		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	3,381	82,705,600	588	323	323	30.00	
31.00 03100 INTENSIVE CARE UNIT	985	27,961,375	50	10	10	31.00	
35.00 02040 INTENSIVE NURSERY	276	11,467,830	75	9	9	35.00	
41.00 04100 SUBPROVIDER - IRF	336	4,223,052	0	0	0	41.00	
43.00 04300 NURSERY	173	4,666,210	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	823	136,749,123	1	166	166	50.00	
50.01 05001 CARDIAC SURGERY	80	9,924,667	0	0	0	50.01	
50.02 05002 WVSC	8	90,442,183	0	0	0	50.02	
51.00 05100 RECOVERY ROOM	282	3,403,685	0	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	601	7,508,696	116	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	430	14,853,597	4	39	39	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	43,797,455	0	24	24	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	31,134,964	1	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	9,713,771	0	0	0	56.00	
57.00 05700 CT SCAN	0	72,721,467	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,408,855	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	44	74,465,572	1	0	0	59.00	
60.00 06000 LABORATORY	0	70,577,363	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,973,942	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	426	14,112,324	0	22	22	65.00	
66.00 06600 PHYSICAL THERAPY	223	7,529,639	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	173	5,156,390	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	127	4,854,553	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	54	2,214,698	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	14,170,532	0	31	31	69.00	
69.01 06901 CARDIAC REHAB	0	1,275,511	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,434,753	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,566,261	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,659,700	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	378	154,610,539	0	0	0	73.00	
76.00 03020 RENAL ACUTE	0	3,839,406	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	33	194,500	0	0	0	90.05	
90.07 09007 WOUND CLINIC	57	3,781,405	0	5	5	90.07	
91.00 09100 EMERGENCY	810	86,038,475	140	41	41	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,723	1,036,138,093	976	671	671	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	2	2	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	0	0	194.01	
194.02 07954 FAMILY PRACTICE	0	0	2	327	327	194.02	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

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-SALAR Y & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)	
				13.00	16.00	
194.03 07952 WELLNESS	0	0	0	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	1	0	0	194.04
194.06 07953 SYCAMORE SPORTS MED	80	0	0	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,457,620	5,383,036	285,132	1,486,424	3,218,131	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	352.710395	0.005195	291.248212	1,486.424000	3,218.131000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	28,564	386,787	17,087	10,068	11,085	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.913802	0.000373	17.453524	10.068000	11.085000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM (PARAMED RADIOLOGY)	OTHER MED ED (ASSIGNED TIME)	
		23.00	23.01	
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	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING RECEIVING AND STORES		5.03
5.04	00513	ADMINISTRATIVE		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE 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 PRGM-(SPECIFY)	100	23.00
23.01	02341	OTHER MED ED	0	23.01
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 - I&R	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	CARDIAC SURGERY	0	50.01
50.02	05002	WVSC	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CARDIAC REHAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020	RENAL ACUTE	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.05	09005	PATIENT NUTRITION	0	90.05
90.07	09007	WOUND CLINIC	0	90.07
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	RURAL HEALTH	0	194.00
194.01	07951	RENTAL PROPERTY	0	194.01
194.02	07954	FAMILY PRACTICE	0	194.02
194.03	07952	WELLNESS	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM (PARAMED RADIOLOGY)	OTHER MED ED (ASSIGNED TIME)	
		23.00	23.01	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	194.07
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	228,161	284,331	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,281.610000	2,843.310000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,363	518	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	13.630000	5.180000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/27/2014 3:32 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		52,451,127	18,166	52,469,293	30.00
31.00	03100 INTENSIVE CARE UNIT		13,936,752	0	13,936,752	31.00
35.00	02040 INTENSIVE NURSERY		3,667,915	0	3,667,915	35.00
41.00	04100 SUBPROVIDER - IRF		5,347,607	0	5,347,607	41.00
43.00	04300 NURSERY		1,937,584	0	1,937,584	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		23,136,807	5,625	23,142,432	50.00
50.01	05001 CARDIAC SURGERY		3,711,010	0	3,711,010	50.01
50.02	05002 WVSC		16,625,249	0	16,625,249	50.02
51.00	05100 RECOVERY ROOM		3,302,720	0	3,302,720	51.00
51.02	05101 O/P TREATMENT ROOM		7,453,122	0	7,453,122	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,014,835	0	7,014,835	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,294,758	10,292	16,305,050	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		8,746,067	0	8,746,067	55.00
56.00	05600 RADIOISOTOPE		2,886,499	0	2,886,499	56.00
57.00	05700 CT SCAN		4,299,134	0	4,299,134	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,964,551	0	2,964,551	58.00
59.00	05900 CARDIAC CATHETERIZATION		22,653,968	0	22,653,968	59.00
60.00	06000 LABORATORY		8,492,693	143,462	8,636,155	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,440,443	0	2,440,443	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,553,211	6,336	5,559,547	65.00
66.00	06600 PHYSICAL THERAPY	0	3,439,940	0	3,439,940	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	2,498,334	0	2,498,334	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	1,934,926	0	1,934,926	67.00
68.00	06800 SPEECH PATHOLOGY	0	890,914	0	890,914	68.00
69.00	06900 ELECTROCARDIOLOGY		3,046,576	0	3,046,576	69.00
69.01	06901 CARDIAC REHAB		1,111,986	0	1,111,986	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		1,466,776	0	1,466,776	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,576,101	0	1,576,101	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,784,705	0	12,784,705	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		46,332,116	0	46,332,116	73.00
76.00	03020 RENAL ACUTE		2,476,275	0	2,476,275	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.05	09005 PATIENT NUTRITION		445,869	2,011	447,880	90.05
90.07	09007 WOUND CLINIC		1,838,722	0	1,838,722	90.07
91.00	09100 EMERGENCY		13,856,238	0	13,856,238	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,754,841	0	6,754,841	92.00
200.00	Subtotal (see instructions)	0	313,370,371	185,892	313,556,263	200.00
201.00	Less Observation Beds		6,754,841	0	6,754,841	201.00
202.00	Total (see instructions)	0	306,615,530	185,892	306,801,422	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/27/2014 3:32 pm

		Title XVIIII			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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,705,600		82,705,600			30.00
31.00	03100	INTENSIVE CARE UNIT	27,961,375		27,961,375			31.00
35.00	02040	INTENSIVE NURSERY	11,467,830		11,467,830			35.00
41.00	04100	SUBPROVIDER - I RF	4,223,052		4,223,052			41.00
43.00	04300	NURSERY	4,666,210		4,666,210			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	86,609,880	50,139,243	136,749,123	0.169192	0.000000	50.00
50.01	05001	CARDIAC SURGERY	9,865,695	58,972	9,924,667	0.373918	0.000000	50.01
50.02	05002	WVSC	115,703	90,326,480	90,442,183	0.183822	0.000000	50.02
51.00	05100	RECOVERY ROOM	1,552,736	1,850,949	3,403,685	0.970337	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	1,362,983	6,145,713	7,508,696	0.992599	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,559,183	3,294,414	14,853,597	0.472265	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,270,727	33,526,728	43,797,455	0.372048	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,219,782	28,915,182	31,134,964	0.280908	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,159,286	8,554,485	9,713,771	0.297155	0.000000	56.00
57.00	05700	CT SCAN	22,431,434	50,290,033	72,721,467	0.059118	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,802,832	14,606,023	18,408,855	0.161039	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,254,648	51,210,925	74,465,573	0.304221	0.000000	59.00
60.00	06000	LABORATORY	39,122,537	31,454,826	70,577,363	0.120332	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,266,514	707,428	3,973,942	0.614111	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	13,316,834	795,490	14,112,324	0.393501	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,699,886	2,829,753	7,529,639	0.456853	0.000000	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	5,156,390	5,156,390	0.484512	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,564,947	1,289,606	4,854,553	0.398580	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,240,623	974,075	2,214,698	0.402273	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,371,588	5,798,944	14,170,532	0.214994	0.000000	69.00
69.01	06901	CARDIAC REHAB	119,468	1,156,043	1,275,511	0.871796	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	310,640	2,124,114	2,434,754	0.602433	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,444,899	121,362	2,566,261	0.614162	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,675,427	8,984,273	14,659,700	0.872099	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,509,980	82,100,559	154,610,539	0.299670	0.000000	73.00
76.00	03020	RENAL ACUTE	3,698,785	140,621	3,839,406	0.644963	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	194,500	194,500	2.292386	0.000000	90.05
90.07	09007	WOUND CLINIC	11,243	3,770,162	3,781,405	0.486254	0.000000	90.07
91.00	09100	EMERGENCY	21,836,293	64,202,182	86,038,475	0.161047	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,606,852	8,952,976	10,559,828	0.639673	0.000000	92.00
200.00		Subtotal (see instructions)	487,025,472	559,672,451	1,046,697,923			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	487,025,472	559,672,451	1,046,697,923			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/27/2014 3:32 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
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 - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.169233		50.00
50.01	05001 CARDIAC SURGERY	0.373918		50.01
50.02	05002 WVSC	0.183822		50.02
51.00	05100 RECOVERY ROOM	0.970337		51.00
51.02	05101 O/P TREATMENT ROOM	0.992599		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.472265		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.372283		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.280908		55.00
56.00	05600 RADIOISOTOPE	0.297155		56.00
57.00	05700 CT SCAN	0.059118		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.161039		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.304221		59.00
60.00	06000 LABORATORY	0.122364		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.614111		62.00
65.00	06500 RESPIRATORY THERAPY	0.393950		65.00
66.00	06600 PHYSICAL THERAPY	0.456853		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.484512		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.398580		67.00
68.00	06800 SPEECH PATHOLOGY	0.402273		68.00
69.00	06900 ELECTROCARDIOLOGY	0.214994		69.00
69.01	06901 CARDIAC REHAB	0.871796		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.602433		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.614162		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.872099		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299670		73.00
76.00	03020 RENAL ACUTE	0.644963		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.05	09005 PATIENT NUTRITION	2.302725		90.05
90.07	09007 WOUND CLINIC	0.486254		90.07
91.00	09100 EMERGENCY	0.161047		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.639673		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: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/27/2014 3:32 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		52,451,127	18,166	52,469,293	30.00
31.00	03100 INTENSIVE CARE UNIT		13,936,752	0	13,936,752	31.00
35.00	02040 INTENSIVE NURSERY		3,667,915	0	3,667,915	35.00
41.00	04100 SUBPROVIDER - IRF		5,347,607	0	5,347,607	41.00
43.00	04300 NURSERY		1,937,584	0	1,937,584	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		23,136,807	5,625	23,142,432	50.00
50.01	05001 CARDIAC SURGERY		3,711,010	0	3,711,010	50.01
50.02	05002 WVSC		16,625,249	0	16,625,249	50.02
51.00	05100 RECOVERY ROOM		3,302,720	0	3,302,720	51.00
51.02	05101 O/P TREATMENT ROOM		7,453,122	0	7,453,122	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,014,835	0	7,014,835	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,294,758	10,292	16,305,050	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		8,746,067	0	8,746,067	55.00
56.00	05600 RADIOISOTOPE		2,886,499	0	2,886,499	56.00
57.00	05700 CT SCAN		4,299,134	0	4,299,134	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,964,551	0	2,964,551	58.00
59.00	05900 CARDIAC CATHETERIZATION		22,653,968	0	22,653,968	59.00
60.00	06000 LABORATORY		8,492,693	143,462	8,636,155	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,440,443	0	2,440,443	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,553,211	6,336	5,559,547	65.00
66.00	06600 PHYSICAL THERAPY	0	3,439,940	0	3,439,940	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	2,498,334	0	2,498,334	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	1,934,926	0	1,934,926	67.00
68.00	06800 SPEECH PATHOLOGY	0	890,914	0	890,914	68.00
69.00	06900 ELECTROCARDIOLOGY		3,046,576	0	3,046,576	69.00
69.01	06901 CARDIAC REHAB		1,111,986	0	1,111,986	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		1,466,776	0	1,466,776	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,576,101	0	1,576,101	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,784,705	0	12,784,705	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		46,332,116	0	46,332,116	73.00
76.00	03020 RENAL ACUTE		2,476,275	0	2,476,275	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.05	09005 PATIENT NUTRITION		445,869	2,011	447,880	90.05
90.07	09007 WOUND CLINIC		1,838,722	0	1,838,722	90.07
91.00	09100 EMERGENCY		13,856,238	0	13,856,238	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,754,841	0	6,754,841	92.00
200.00	Subtotal (see instructions)	0	313,370,371	185,892	313,556,263	200.00
201.00	Less Observation Beds		6,754,841	0	6,754,841	201.00
202.00	Total (see instructions)	0	306,615,530	185,892	306,801,422	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/27/2014 3:32 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,705,600		82,705,600		30.00
31.00	03100	INTENSIVE CARE UNIT	27,961,375		27,961,375		31.00
35.00	02040	INTENSIVE NURSERY	11,467,830		11,467,830		35.00
41.00	04100	SUBPROVIDER - I RF	4,223,052		4,223,052		41.00
43.00	04300	NURSERY	4,666,210		4,666,210		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,609,880	50,139,243	136,749,123	0.169192	50.00
50.01	05001	CARDIAC SURGERY	9,865,695	58,972	9,924,667	0.373918	50.01
50.02	05002	WVSC	115,703	90,326,480	90,442,183	0.183822	50.02
51.00	05100	RECOVERY ROOM	1,552,736	1,850,949	3,403,685	0.970337	51.00
51.02	05101	O/P TREATMENT ROOM	1,362,983	6,145,713	7,508,696	0.992599	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,559,183	3,294,414	14,853,597	0.472265	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,270,727	33,526,728	43,797,455	0.372048	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,219,782	28,915,182	31,134,964	0.280908	55.00
56.00	05600	RADIOISOTOPE	1,159,286	8,554,485	9,713,771	0.297155	56.00
57.00	05700	CT SCAN	22,431,434	50,290,033	72,721,467	0.059118	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,802,832	14,606,023	18,408,855	0.161039	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,254,648	51,210,925	74,465,573	0.304221	59.00
60.00	06000	LABORATORY	39,122,537	31,454,826	70,577,363	0.120332	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,266,514	707,428	3,973,942	0.614111	62.00
65.00	06500	RESPIRATORY THERAPY	13,316,834	795,490	14,112,324	0.393501	65.00
66.00	06600	PHYSICAL THERAPY	4,699,886	2,829,753	7,529,639	0.456853	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	5,156,390	5,156,390	0.484512	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,564,947	1,289,606	4,854,553	0.398580	67.00
68.00	06800	SPEECH PATHOLOGY	1,240,623	974,075	2,214,698	0.402273	68.00
69.00	06900	ELECTROCARDIOLOGY	8,371,588	5,798,944	14,170,532	0.214994	69.00
69.01	06901	CARDIAC REHAB	119,468	1,156,043	1,275,511	0.871796	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	310,640	2,124,114	2,434,754	0.602433	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,444,899	121,362	2,566,261	0.614162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,675,427	8,984,273	14,659,700	0.872099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,509,980	82,100,559	154,610,539	0.299670	73.00
76.00	03020	RENAL ACUTE	3,698,785	140,621	3,839,406	0.644963	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	194,500	194,500	2.292386	90.05
90.07	09007	WOUND CLINIC	11,243	3,770,162	3,781,405	0.486254	90.07
91.00	09100	EMERGENCY	21,836,293	64,202,182	86,038,475	0.161047	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,606,852	8,952,976	10,559,828	0.639673	92.00
200.00		Subtotal (see instructions)	487,025,472	559,672,451	1,046,697,923		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	487,025,472	559,672,451	1,046,697,923		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/27/2014 3:32 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
35.00	02040 INTENSIVE NURSERY		35.00
41.00	04100 SUBPROVIDER - I RF		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: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part I Date/Time Prepared: 1/27/2014 3:32 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,912,252	0	10,912,252	66,064	165.18	30.00
31.00	INTENSIVE CARE UNIT	2,098,897		2,098,897	9,651	217.48	31.00
35.00	INTENSIVE NURSERY	403,825		403,825	3,502	115.31	35.00
41.00	SUBPROVIDER - IRF	1,036,782	0	1,036,782	4,574	226.67	41.00
43.00	NURSERY	124,594		124,594	3,371	36.96	43.00
200.00	Total (lines 30-199)	14,576,350		14,576,350	87,162		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	30,581	5,051,370				
31.00	INTENSIVE CARE UNIT	5,889	1,280,740				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	2,721	616,769				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	39,191	6,948,879				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part II Date/Time Prepared: 1/27/2014 3:32 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,948,841	136,749,123	0.036189	46,739,439	1,691,454	50.00
50.01	05001 CARDIAC SURGERY	469,764	9,924,667	0.047333	5,269,554	249,424	50.01
50.02	05002 WISC	2,192,708	90,442,183	0.024244	115,495	2,800	50.02
51.00	05100 RECOVERY ROOM	283,397	3,403,685	0.083262	933,960	77,763	51.00
51.02	05101 O/P TREATMENT ROOM	1,286,199	7,508,696	0.171295	1,095,275	187,615	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,525,921	14,853,597	0.102731	126,343	12,979	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,723,512	43,797,455	0.085017	5,873,033	499,308	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,866,145	31,134,964	0.092056	1,065,510	98,087	55.00
56.00	05600 RADIOISOTOPE	261,518	9,713,771	0.026922	533,297	14,357	56.00
57.00	05700 CT SCAN	631,637	72,721,467	0.008686	11,411,550	99,121	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,113,160	18,408,855	0.060469	1,609,071	97,299	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,974,730	74,465,573	0.053377	12,486,695	666,502	59.00
60.00	06000 LABORATORY	536,965	70,577,363	0.007608	22,203,818	168,927	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,288	3,973,942	0.001582	1,934,325	3,060	62.00
65.00	06500 RESPIRATORY THERAPY	661,255	14,112,324	0.046857	6,320,734	296,171	65.00
66.00	06600 PHYSICAL THERAPY	505,184	7,529,639	0.067093	1,855,423	124,486	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	376,549	5,156,390	0.073026	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	248,361	4,854,553	0.051160	1,105,650	56,565	67.00
68.00	06800 SPEECH PATHOLOGY	162,003	2,214,698	0.073149	544,757	39,848	68.00
69.00	06900 ELECTROCARDIOLOGY	410,689	14,170,532	0.028982	5,023,830	145,601	69.00
69.01	06901 CARDIAC REHAB	396,974	1,275,511	0.311227	77,066	23,985	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	142,728	2,434,754	0.058621	166,978	9,788	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	435,432	2,566,261	0.169676	1,420,952	241,101	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,083	14,659,700	0.002052	3,570,420	7,327	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,675,420	154,610,539	0.010836	38,814,162	420,590	73.00
76.00	03020 RENAL ACUTE	164,169	3,839,406	0.042759	2,710,992	115,919	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.05	09005 PATIENT NUTRITION	90,436	194,500	0.464967	0	0	90.05
90.07	09007 WOUND CLINIC	219,538	3,781,405	0.058057	8,754	508	90.07
91.00	09100 EMERGENCY	1,985,007	86,038,475	0.023071	12,793,548	295,160	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,404,831	10,559,828	0.133035	70,276	9,349	92.00
200.00	Total (Lines 50-199)	32,729,444	915,673,856		185,880,907	5,655,094	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150023		Period: From 09/01/2012 To 08/31/2013		Worksheet D Part III Date/Time Prepared: 1/27/2014 3:32 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,064	0.00	30,581	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,651	0.00	5,889	0		31.00
35.00	02040	INTENSIVE NURSERY	3,502	0.00	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	4,574	0.00	2,721	0		41.00
43.00	04300	NURSERY	3,371	0.00	0	0		43.00
200.00		Total (lines 30-199)	87,162		39,191	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/27/2014 3:32 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	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	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	228,161	0	228,161 54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	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	0	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	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01	
66.02	06602	O/P PHYSICAL THERAPY	0	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	0	0	0	0	69.00	
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	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	0	0	284,331	0	284,331 73.00	
76.00	03020	RENAL ACUTE	0	0	0	0	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	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	512,492	0	512,492 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/27/2014 3:32 pm
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Cost Center Description		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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	136,749,123	0.000000	0.000000	46,739,439	50.00
50.01	05001 CARDIAC SURGERY	0	9,924,667	0.000000	0.000000	5,269,554	50.01
50.02	05002 WASC	0	90,442,183	0.000000	0.000000	115,495	50.02
51.00	05100 RECOVERY ROOM	0	3,403,685	0.000000	0.000000	933,960	51.00
51.02	05101 O/P TREATMENT ROOM	0	7,508,696	0.000000	0.000000	1,095,275	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,853,597	0.000000	0.000000	126,343	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	228,161	43,797,455	0.005209	0.005209	5,873,033	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	31,134,964	0.000000	0.000000	1,065,510	55.00
56.00	05600 RADIOISOTOPE	0	9,713,771	0.000000	0.000000	533,297	56.00
57.00	05700 CT SCAN	0	72,721,467	0.000000	0.000000	11,411,550	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,408,855	0.000000	0.000000	1,609,071	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	74,465,573	0.000000	0.000000	12,486,695	59.00
60.00	06000 LABORATORY	0	70,577,363	0.000000	0.000000	22,203,818	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,973,942	0.000000	0.000000	1,934,325	62.00
65.00	06500 RESPIRATORY THERAPY	0	14,112,324	0.000000	0.000000	6,320,734	65.00
66.00	06600 PHYSICAL THERAPY	0	7,529,639	0.000000	0.000000	1,855,423	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	5,156,390	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	4,854,553	0.000000	0.000000	1,105,650	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,214,698	0.000000	0.000000	544,757	68.00
69.00	06900 ELECTROCARDIOLOGY	0	14,170,532	0.000000	0.000000	5,023,830	69.00
69.01	06901 CARDIAC REHAB	0	1,275,511	0.000000	0.000000	77,066	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,434,754	0.000000	0.000000	166,978	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,566,261	0.000000	0.000000	1,420,952	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,659,700	0.000000	0.000000	3,570,420	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	284,331	154,610,539	0.001839	0.001839	38,814,162	73.00
76.00	03020 RENAL ACUTE	0	3,839,406	0.000000	0.000000	2,710,992	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	0	194,500	0.000000	0.000000	0	90.05
90.07	09007 WOUND CLINIC	0	3,781,405	0.000000	0.000000	8,754	90.07
91.00	09100 EMERGENCY	0	86,038,475	0.000000	0.000000	12,793,548	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,559,828	0.000000	0.000000	70,276	92.00
200.00	Total (Lines 50-199)	512,492	915,673,856			185,880,907	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet D
Part IV
Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	20,201,635	0	50.00
50.01	05001	CARDIAC SURGERY	0	31,380	0	50.01
50.02	05002	WVSC	0	18,778,303	0	50.02
51.00	05100	RECOVERY ROOM	0	1,448,011	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	3,234,162	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,596	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,593	7,378,392	38,434	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,143,072	0	55.00
56.00	05600	RADIOISOTOPE	0	2,641,126	0	56.00
57.00	05700	CT SCAN	0	17,264,034	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,109,960	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,854,032	0	59.00
60.00	06000	LABORATORY	0	2,239,912	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	370,777	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	261,420	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,807	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	11,284	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	24,259	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,724,647	0	69.00
69.01	06901	CARDIAC REHAB	0	574,987	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	538,823	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48,640	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,210,618	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,379	41,782,247	76,838	73.00
76.00	03020	RENAL ACUTE	0	89,068	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	1,154,475	0	90.07
91.00	09100	EMERGENCY	0	14,348,288	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,794,978	0	92.00
200.00		Total (Lines 50-199)	101,972	181,289,933	115,272	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/27/2014 3:32 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	0.169192	20,201,635	5,059	0	3,417,955	50.00
50.01	05001	CARDIAC SURGERY	0.373918	31,380	58	0	11,734	50.01
50.02	05002	WVSC	0.183822	18,778,303	5,575	0	3,451,865	50.02
51.00	05100	RECOVERY ROOM	0.970337	1,448,011	3	0	1,405,059	51.00
51.02	05101	O/P TREATMENT ROOM	0.992599	3,234,162	0	0	3,210,226	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472265	16,596	6	0	7,838	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.372048	7,378,392	787	0	2,745,116	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.280908	13,143,072	6	0	3,691,994	55.00
56.00	05600	RADIOISOTOPE	0.297155	2,641,126	0	0	784,824	56.00
57.00	05700	CT SCAN	0.059118	17,264,034	84	0	1,020,615	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.161039	4,109,960	0	0	661,864	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.304221	20,854,032	15,547	0	6,344,234	59.00
60.00	06000	LABORATORY	0.120332	2,239,912	3,165	0	269,533	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.614111	370,777	0	0	227,698	62.00
65.00	06500	RESPIRATORY THERAPY	0.393501	261,420	150	0	102,869	65.00
66.00	06600	PHYSICAL THERAPY	0.456853	14,807	5	0	6,765	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.484512	11,284	31	0	5,467	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.398580	24,259	67	0	9,669	67.00
68.00	06800	SPEECH PATHOLOGY	0.402273	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.214994	2,724,647	0	0	585,783	69.00
69.01	06901	CARDIAC REHAB	0.871796	574,987	0	0	501,271	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.602433	538,823	0	0	324,605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.614162	48,640	134	0	29,873	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.872099	5,210,618	0	0	4,544,175	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299670	41,782,247	8	6,843	12,520,886	73.00
76.00	03020	RENAL ACUTE	0.644963	89,068	0	0	57,446	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	2.292386	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.486254	1,154,475	0	0	561,368	90.07
91.00	09100	EMERGENCY	0.161047	14,348,288	745	0	2,310,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.639673	2,794,978	0	0	1,787,872	92.00
200.00		Subtotal (see instructions)		181,289,933	31,430	6,843	50,599,353	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		181,289,933	31,430	6,843	50,599,353	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/27/2014 3:32 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	856	0		50.00
50.01 05001 CARDIAC SURGERY	22	0		50.01
50.02 05002 WVSC	1,025	0		50.02
51.00 05100 RECOVERY ROOM	3	0		51.00
51.02 05101 O/P TREATMENT ROOM	0	0		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	3	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	293	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	5	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	4,730	0		59.00
60.00 06000 LABORATORY	381	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	59	0		65.00
66.00 06600 PHYSICAL THERAPY	2	0		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	15	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	27	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	82	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2	2,051		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	120	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	7,627	2,051		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	7,627	2,051		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150023 Component CCN: 15T023		Period: From 09/01/2012 To 08/31/2013		Worksheet D Part II Date/Time Prepared: 1/27/2014 3:32 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,948,841	136,749,123	0.036189	109,176	3,951	50.00
50.01	05001 CARDIAC SURGERY	469,764	9,924,667	0.047333	10,402	492	50.01
50.02	05002 WVSC	2,192,708	90,442,183	0.024244	208	5	50.02
51.00	05100 RECOVERY ROOM	283,397	3,403,685	0.083262	2,168	181	51.00
51.02	05101 O/P TREATMENT ROOM	1,286,199	7,508,696	0.171295	16,180	2,772	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,525,921	14,853,597	0.102731	424	44	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,723,512	43,797,455	0.085017	75,413	6,411	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,866,145	31,134,964	0.092056	56,962	5,244	55.00
56.00	05600 RADIOISOTOPE	261,518	9,713,771	0.026922	6,950	187	56.00
57.00	05700 CT SCAN	631,637	72,721,467	0.008686	104,118	904	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,113,160	18,408,855	0.060469	20,751	1,255	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,974,730	74,465,573	0.053377	21,761	1,162	59.00
60.00	06000 LABORATORY	536,965	70,577,363	0.007608	314,681	2,394	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,288	3,973,942	0.001582	9,820	16	62.00
65.00	06500 RESPIRATORY THERAPY	661,255	14,112,324	0.046857	132,759	6,221	65.00
66.00	06600 PHYSICAL THERAPY	505,184	7,529,639	0.067093	1,122,561	75,316	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	376,549	5,156,390	0.073026	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	248,361	4,854,553	0.051160	1,068,967	54,688	67.00
68.00	06800 SPEECH PATHOLOGY	162,003	2,214,698	0.073149	291,295	21,308	68.00
69.00	06900 ELECTROCARDIOLOGY	410,689	14,170,532	0.028982	35,350	1,025	69.00
69.01	06901 CARDIAC REHAB	396,974	1,275,511	0.311227	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	142,728	2,434,754	0.058621	3,879	227	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	435,432	2,566,261	0.169676	6,926	1,175	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,083	14,659,700	0.002052	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,675,420	154,610,539	0.010836	1,001,855	10,856	73.00
76.00	03020 RENAL ACUTE	164,169	3,839,406	0.042759	102,330	4,376	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.05	09005 PATIENT NUTRITION	90,436	194,500	0.464967	0	0	90.05
90.07	09007 WOUND CLINIC	219,538	3,781,405	0.058057	0	0	90.07
91.00	09100 EMERGENCY	1,985,007	86,038,475	0.023071	26,617	614	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,559,828	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	31,324,613	915,673,856		4,541,553	200,824	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/27/2014 3:32 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	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	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	228,161	228,161	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	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	0	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	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	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	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	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	0	0	284,331	284,331	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	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	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	512,492	512,492	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/27/2014 3:32 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	136,749,123	0.000000	0.000000	109,176	50.00
50.01	05001 CARDIAC SURGERY	0	9,924,667	0.000000	0.000000	10,402	50.01
50.02	05002 WVSC	0	90,442,183	0.000000	0.000000	208	50.02
51.00	05100 RECOVERY ROOM	0	3,403,685	0.000000	0.000000	2,168	51.00
51.02	05101 O/P TREATMENT ROOM	0	7,508,696	0.000000	0.000000	16,180	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,853,597	0.000000	0.000000	424	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	228,161	43,797,455	0.005209	0.005209	75,413	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	31,134,964	0.000000	0.000000	56,962	55.00
56.00	05600 RADIOISOTOPE	0	9,713,771	0.000000	0.000000	6,950	56.00
57.00	05700 CT SCAN	0	72,721,467	0.000000	0.000000	104,118	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,408,855	0.000000	0.000000	20,751	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	74,465,573	0.000000	0.000000	21,761	59.00
60.00	06000 LABORATORY	0	70,577,363	0.000000	0.000000	314,681	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,973,942	0.000000	0.000000	9,820	62.00
65.00	06500 RESPIRATORY THERAPY	0	14,112,324	0.000000	0.000000	132,759	65.00
66.00	06600 PHYSICAL THERAPY	0	7,529,639	0.000000	0.000000	1,122,561	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	5,156,390	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	4,854,553	0.000000	0.000000	1,068,967	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,214,698	0.000000	0.000000	291,295	68.00
69.00	06900 ELECTROCARDIOLOGY	0	14,170,532	0.000000	0.000000	35,350	69.00
69.01	06901 CARDIAC REHAB	0	1,275,511	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,434,754	0.000000	0.000000	3,879	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,566,261	0.000000	0.000000	6,926	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,659,700	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	284,331	154,610,539	0.001839	0.001839	1,001,855	73.00
76.00	03020 RENAL ACUTE	0	3,839,406	0.000000	0.000000	102,330	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	0	194,500	0.000000	0.000000	0	90.05
90.07	09007 WOUND CLINIC	0	3,781,405	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	0	86,038,475	0.000000	0.000000	26,617	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,559,828	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	512,492	915,673,856			4,541,553	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/27/2014 3:32 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CARDIAC SURGERY	0	0	0	50.01
50.02	05002 WVSC	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	393	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,842	0	0	73.00
76.00	03020 RENAL ACUTE	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	90.05
90.07	09007 WOUND CLINIC	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (Lines 50-199)	2,235	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1 Date/Time Prepared: 1/27/2014 3:32 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			66,064 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			66,064 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)			57,559 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)			30,581 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)			52,469,293 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)			52,469,293 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)			52,469,293 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)			794.22 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			24,288,042 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)			24,288,042 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1	
		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	13,936,752	9,651	1,444.07	5,889	8,504,128	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	3,667,915	3,502	1,047.38	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					47,957,446	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					80,749,616	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)					6,332,110	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,757,066	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,089,176	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,660,440	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/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR 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)					8,505	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					794.22	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,754,841	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/27/2014 3:32 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	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	10,912,252	52,469,293	0.207974	6,754,841	1,404,831	90.00
91.00	Nursing School cost	0	52,469,293	0.000000	6,754,841	0	91.00
92.00	Allied health cost	0	52,469,293	0.000000	6,754,841	0	92.00
93.00	All other Medical Education	0	52,469,293	0.000000	6,754,841	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1 Date/Time Prepared: 1/27/2014 3:32 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,574 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,574 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,574 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)			2,721 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)			5,347,607 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)			5,347,607 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)			5,347,607 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)			1,169.13 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,181,203 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)			3,181,203 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1	
		Component CCN: 15T023				Date/Time Prepared: 1/27/2014 3:32 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)					1,640,659		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,821,862		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)					616,769		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					203,059		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					819,828		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					4,002,034		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/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR 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: 150023 Component CCN: 15T023		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/27/2014 3:32 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	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	1,036,782	5,347,607	0.193878	0	0	90.00
91.00	Nursing School cost	0	5,347,607	0.000000	0	0	91.00
92.00	Allied health cost	0	5,347,607	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,347,607	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1
		Title XIX		Hospital
				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)		66,064	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		66,064	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)		57,559	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)		3,603	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)		3,371	15.00
16.00	Nursery days (title V or XIX only)		1,635	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)		52,451,127	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)		52,451,127	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)		52,451,127	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)		793.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,860,566	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)		2,860,566	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 1/27/2014 3:32 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,937,584	3,371	574.78	1,635	939,765	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,936,752	9,651	1,444.07	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	3,667,915	3,502	1,047.38	1,035	1,084,038	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,197,130	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,081,499	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/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR 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)					8,505	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					793.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,752,460	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/27/2014 3:32 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3 Date/Time Prepared: 1/27/2014 3:32 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		44,400,375	30.00
31.00	03100	INTENSIVE CARE UNIT		16,895,100	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.169233	46,739,439	50.00
50.01	05001	CARDIAC SURGERY	0.373918	5,269,554	50.01
50.02	05002	WVSC	0.183822	115,495	50.02
51.00	05100	RECOVERY ROOM	0.970337	933,960	51.00
51.02	05101	O/P TREATMENT ROOM	0.992599	1,095,275	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472265	126,343	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.372283	5,873,033	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.280908	1,065,510	55.00
56.00	05600	RADIOISOTOPE	0.297155	533,297	56.00
57.00	05700	CT SCAN	0.059118	11,411,550	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.161039	1,609,071	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.304221	12,486,695	59.00
60.00	06000	LABORATORY	0.122364	22,203,818	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.614111	1,934,325	62.00
65.00	06500	RESPIRATORY THERAPY	0.393950	6,320,734	65.00
66.00	06600	PHYSICAL THERAPY	0.456853	1,855,423	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.484512	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.398580	1,105,650	67.00
68.00	06800	SPEECH PATHOLOGY	0.402273	544,757	68.00
69.00	06900	ELECTROCARDIOLOGY	0.214994	5,023,830	69.00
69.01	06901	CARDIAC REHAB	0.871796	77,066	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.602433	166,978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.614162	1,420,952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.872099	3,570,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299670	38,814,162	73.00
76.00	03020	RENAL ACUTE	0.644963	2,710,992	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	2.302725	0	90.05
90.07	09007	WOUND CLINIC	0.486254	8,754	90.07
91.00	09100	EMERGENCY	0.161047	12,793,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.639673	70,276	92.00
200.00		Total (sum of lines 50-94 and 96-98)		185,880,907	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)		185,880,907	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3 Date/Time Prepared: 1/27/2014 3:32 pm
		Title XVIIII	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		2,505,508	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.169233	109,176	18,476 50.00
50.01	05001 CARDIAC SURGERY	0.373918	10,402	3,889 50.01
50.02	05002 WVSC	0.183822	208	38 50.02
51.00	05100 RECOVERY ROOM	0.970337	2,168	2,104 51.00
51.02	05101 O/P TREATMENT ROOM	0.992599	16,180	16,060 51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.472265	424	200 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.372283	75,413	28,075 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.280908	56,962	16,001 55.00
56.00	05600 RADIOISOTOPE	0.297155	6,950	2,065 56.00
57.00	05700 CT SCAN	0.059118	104,118	6,155 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.161039	20,751	3,342 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.304221	21,761	6,620 59.00
60.00	06000 LABORATORY	0.122364	314,681	38,506 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.614111	9,820	6,031 62.00
65.00	06500 RESPIRATORY THERAPY	0.393950	132,759	52,300 65.00
66.00	06600 PHYSICAL THERAPY	0.456853	1,122,561	512,845 66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602 O/P PHYSICAL THERAPY	0.484512	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.398580	1,068,967	426,069 67.00
68.00	06800 SPEECH PATHOLOGY	0.402273	291,295	117,180 68.00
69.00	06900 ELECTROCARDIOLOGY	0.214994	35,350	7,600 69.00
69.01	06901 CARDIAC REHAB	0.871796	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.602433	3,879	2,337 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.614162	6,926	4,254 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.872099	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299670	1,001,855	300,226 73.00
76.00	03020 RENAL ACUTE	0.644963	102,330	65,999 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	0 90.00
90.05	09005 PATIENT NUTRITION	2.302725	0	0 90.05
90.07	09007 WOUND CLINIC	0.486254	0	0 90.07
91.00	09100 EMERGENCY	0.161047	26,617	4,287 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.639673	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,541,553	1,640,659 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		4,541,553	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3 Date/Time Prepared: 1/27/2014 3:32 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,324,835	30.00
31.00	03100	INTENSIVE CARE UNIT		2,941,975	31.00
35.00	02040	INTENSIVE NURSERY		730,365	35.00
41.00	04100	SUBPROVIDER - I RF		527,160	41.00
43.00	04300	NURSERY		243,490	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.169192	7,637,530	1,292,209 50.00
50.01	05001	CARDIAC SURGERY	0.373918	16,675	6,235 50.01
50.02	05002	WVSC	0.183822	0	0 50.02
51.00	05100	RECOVERY ROOM	0.970337	151,604	147,107 51.00
51.02	05101	O/P TREATMENT ROOM	0.992599	185,577	184,204 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472265	239,213	112,972 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.372048	853,947	317,709 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.280908	286,367	80,443 55.00
56.00	05600	RADIOISOTOPE	0.297155	129,148	38,377 56.00
57.00	05700	CT SCAN	0.059118	1,837,531	108,631 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.161039	347,046	55,888 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.304221	921,158	280,236 59.00
60.00	06000	LABORATORY	0.120332	3,550,751	427,269 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.614111	282,525	173,502 62.00
65.00	06500	RESPIRATORY THERAPY	0.393501	1,186,474	466,879 65.00
66.00	06600	PHYSICAL THERAPY	0.456853	429,524	196,229 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.484512	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.398580	343,133	136,766 67.00
68.00	06800	SPEECH PATHOLOGY	0.402273	133,846	53,843 68.00
69.00	06900	ELECTROCARDIOLOGY	0.214994	812,410	174,663 69.00
69.01	06901	CARDIAC REHAB	0.871796	7,436	6,483 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.602433	35,979	21,675 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.614162	418,064	256,759 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.872099	243,499	212,355 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299670	6,859,553	2,055,602 73.00
76.00	03020	RENAL ACUTE	0.644963	163,760	105,619 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.05	09005	PATIENT NUTRITION	2.292386	0	0 90.05
90.07	09007	WOUND CLINIC	0.486254	2,489	1,210 90.07
91.00	09100	EMERGENCY	0.161047	1,765,108	284,265 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.639673	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		28,840,347	7,197,130 200.00
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)		28,840,347	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prepared: 1/27/2014 3:32 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		56,303,848		1.00
2.00	Outlier payments for discharges. (see instructions)		1,419,236		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		5,329,725		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		271.70		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 Section 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) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 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 section 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		19.30		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).		0.044976		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.044652		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.044652		21.00
22.00	IME payment adjustment (see instructions)		1,485,123		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		8.45		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		7.08		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)		7.08		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.026058		26.00
27.00	IME payments adjustment. (see instructions)		0.006912		27.00
28.00	IME Adjustment (see instructions)		426,011		28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,911,134		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.98		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.83		31.00
32.00	Sum of lines 30 and 31		24.81		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.69		33.00
34.00	Disproportionate share adjustment (see instructions)		5,455,843		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
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	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prepared: 1/27/2014 3:32 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
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	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		65,090,061		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		65,090,061		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,242,768		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		766,592		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		9,446		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		101,972		58.00
59.00	Total (sum of amounts on lines 49 through 58)		71,210,839		59.00
60.00	Primary payer payments		76,540		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		71,134,299		61.00
62.00	Deductibles billed to program beneficiaries		5,505,000		62.00
63.00	Coinurance billed to program beneficiaries		292,541		63.00
64.00	Allowable bad debts (see instructions)		576,947		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		403,863		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		192,005		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		65,740,621		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-72,723		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-222,754		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		65,445,144		71.00
71.01	Sequestration adjustment (see instructions)		549,739		71.01
72.00	Interim payments		64,722,991		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, 72 and 73		172,414		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part 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		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prepared: 1/27/2014 3:32 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/27/2014 3:32 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		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00	56,303,848	0	0	56,303,848	1.00	
2.00	Outlier payments for discharges (see instructions)	2.00	1,419,236	0	0	1,419,236	2.00	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	5,329,725	0	0	5,329,725	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044652	0.044652	0.044652	0.044652	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,485,123	0	0	1,485,123	6.00	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.006912	0.006912	0.006912	0.006912	7.00	
8.00	IME adjustment (see instructions)	28.00	426,011	0	0	426,011	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,911,134	0	0	1,911,134	9.00	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0969	0.0969	0.0969	0.0969	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	5,455,843	0	0	5,455,843	11.00	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	65,090,061	0	0	65,090,061	13.00	
14.00	Hospital specific payments (to be 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 SCH and MDH only (see instructions)	49.00	65,090,061	0	0	65,090,061	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	5,242,768	0	0	5,242,768	16.00	
17.00	Special add-on payments for new technologies	54.00	9,446	0	0	9,446	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	0	70,342,275	19.00	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	4,472,052	0	0	4,472,052	20.00	
21.00	Capital DRG outlier payments	2.00	412,952	0	0	412,952	21.00	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0285	0.0285	0.0285	0.0285	22.00	
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	127,453	0	0	127,453	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0515	0.0515	0.0515	0.0515	24.00	
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	230,311	0	0	230,311	25.00	
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	5,242,768	0	0	5,242,768	26.00	
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00		
27.00	Low volume adjustment factor				0.000000	0.000000	27.00	
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		28.00	
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	29.00	
100.00	Transfer low volume adjustments to W/S E Part A.		Y				100.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/27/2014 3:32 pm

Title XVII

Hospital

PPS

		Total (Col 2 through 4)		
		5.00		
1.00	DRG amounts other than outlier payments	56,303,848		1.00
2.00	Outlier payments for discharges (see instructions)	1,419,236		2.00
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	5,329,725		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	1,485,123		6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	Amount from Worksheet E Part A, line 27 (see instructions)			7.00
8.00	IME adjustment (see instructions)	426,011		8.00
9.00	Total IME payment (sum of lines 6 and 8)	1,911,134		9.00
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	5,455,843		11.00
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	65,090,061		13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	65,090,061		15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	5,242,768		16.00
17.00	Special add-on payments for new technologies	9,446		17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	70,342,275		19.00
		5.00		
20.00	Capital DRG other than outlier	4,472,052		20.00
21.00	Capital DRG outlier payments	412,952		21.00
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	127,453		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	230,311		25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	5,242,768		26.00
		5.00		
27.00	Low volume adjustment factor			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		29.00
100.00	Transfer low volume adjustments to W/S E Part A.			100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part B Date/Time Prepared: 1/27/2014 3:32 pm
		Title VIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			9,678 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			50,484,081 2.00
3.00	PPS payments			42,683,643 3.00
4.00	Outlier payment (see instructions)			328,921 4.00
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 line 3 plus line 4 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 Worksheet D, Part IV, column 13, line 200			115,272 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			9,678 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			38,273 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			38,273 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)			38,273 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			28,595 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 (line 11 minus line 20) (for CAH see instructions)			9,678 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			43,127,836 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			5,653 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			8,894,907 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			34,236,954 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			453,588 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			34,690,542 30.00
31.00	Primary payer payments			22,127 31.00
32.00	Subtotal (line 30 minus line 31)			34,668,415 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			950,330 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			665,231 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			664,867 36.00
37.00	Subtotal (see instructions)			35,333,646 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-904 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			35,334,550 40.00
40.01	Sequestration adjustment (see instructions)			296,810 40.01
41.00	Interim payments			34,760,667 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			277,073 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 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: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
1/27/2014 3:32 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		63,515,056		33,808,573	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	08/31/2013	1,207,935	08/31/2013	952,094	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)		1,207,935		952,094	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		64,722,991		34,760,667	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		172,414		277,073	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		64,895,405		35,037,740	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: 150023
Component CCN: 15T023

Period:
From 09/01/2012
To 08/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
1/27/2014 3:32 pm
PPS

Title XVIII

Subprovider -
IRF

		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				0	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		3,882,605		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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,882,605		0	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		102,896		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,985,501		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet E-1
Part II
Date/Time Prepared:
1/27/2014 3:32 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	15,016	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	36,470	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2	3,732	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	70,712	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	1,046,697,923	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	34,080,818	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part III Date/Time Prepared: 1/27/2014 3:32 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,576,215 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0257 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			265,713 3.00
4.00	Outlier Payments			210,088 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)			16.41 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 §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 inst.)			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 inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.531507 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,052,016 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 teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,052,016 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,052,016 19.00
20.00	Deductibles			18,636 20.00
21.00	Subtotal (line 19 minus line 20)			4,033,380 21.00
22.00	Coinurance			16,352 22.00
23.00	Subtotal (line 21 minus line 22)			4,017,028 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)			4,017,028 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,235 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,019,263 32.00
32.01	Sequestration adjustment (see instructions)			33,762 32.01
33.00	Interim payments			3,882,605 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, 33 and 34			102,896 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			210,088 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: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2014 3:32 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		12,081,499		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)		12,081,499	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)		12,081,499	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		28,840,347	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)		28,840,347	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)		28,840,347	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		16,758,848	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 Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		12,081,499	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)		12,081,499	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)		12,081,499	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		12,081,499	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		12,081,499	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)		12,081,499	0	40.00
41.00	Interim payments		16,625,978	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-4,544,479	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet E-4 Date/Time Prepared: 1/27/2014 3:32 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.30	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.	19.30	0.00	19.30	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
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
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	14.92	0.00		17.00
18.00	Per resident amount	117,753.53	0.00		18.00
19.00	Approved amount for resident costs	1,756,883	0	1,756,883	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)			4.38	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			4.38	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			93,585.65	23.00
24.00	Multiply line 22 time line 23			409,905	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,166,788	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	39,191	3,732		26.00
27.00	Total Inpatient Days (see instructions)	75,286	75,286		27.00
28.00	Ratio of inpatient days to total inpatient days	0.520562	0.049571		28.00
29.00	Program direct GME amount	1,127,947	107,410		29.00
30.00	Reduction for direct GME payments for Medicare managed care		15,177		30.00
31.00	Net Program direct GME amount			1,220,180	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet E-4 Date/Time Prepared: 1/27/2014 3:32 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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 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)		85,571,478	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		76,540	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		85,494,938	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		50,609,031	42.00
43.00	Primary payer payments (see instructions)		22,127	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		50,586,904	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		136,081,842	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.628261	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.371739	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,220,180	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		766,592	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		453,588	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet G

Date/Time Prepared:
1/27/2014 3:32 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	28,241,635	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	55,252,329	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	4,393,058	0	0	0	7.00
8.00	Prepaid expenses	2,175,015	0	0	0	8.00
9.00	Other current assets	15,946,469	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)	106,008,506	0	0	0	11.00
FIXED ASSETS						
12.00	Land	37,180,324	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	334,758,264	0	0	0	15.00
16.00	Accumulated depreciation	0	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	127,901,556	0	0	0	23.00
24.00	Accumulated depreciation	-213,762,972	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)	286,077,172	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	58,161,724	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	16,923,150	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	75,084,874	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	467,170,552	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	22,538,214	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,797,175	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	13,780,853	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	58,116,242	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	282,382,608	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	282,382,608	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	340,498,850	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	126,671,702				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)	126,671,702	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	467,170,552	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet G-1

Date/Time Prepared:
1/27/2014 3:32 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		144,621,227		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		376,093			2.00
3.00	Total (sum of line 1 and line 2)		144,997,320		0	3.00
4.00	UHC INCOME	4,334,799		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		4,334,799		0	10.00
11.00	Subtotal (line 3 plus line 10)		149,332,119		0	11.00
12.00	OTHER CHANGES IN NET ASSETS	22,660,270		0		12.00
13.00	UNLOCATED DIFFERENCE	147		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		22,660,417		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		126,671,702		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	UHC INCOME		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	OTHER CHANGES IN NET ASSETS		0			12.00
13.00	UNLOCATED DIFFERENCE		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: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/27/2014 3:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	82,705,600		82,705,600	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,223,052		4,223,052	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)	86,928,652		86,928,652	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	27,961,375		27,961,375	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	11,467,830		11,467,830	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	39,429,205		39,429,205	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	126,357,857		126,357,857	17.00
18.00	Ancillary services	336,919,890	482,845,968	819,765,858	18.00
19.00	Outpatient services	24,771,698	92,045,008	116,816,706	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	OTHER (SPECIFY)	16,349,941	22,121,181	38,471,122	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	504,399,386	597,012,157	1,101,411,543	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		324,008,286		29.00
30.00	HOME OFFICE EXPENSE	62,861,561			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)		62,861,561		36.00
37.00	UHC ALLOCATIONS	1,859,115			37.00
38.00	OTHER	169,006			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)		2,028,121		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		384,841,726		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150023

Period:
From 09/01/2012
To 08/31/2013

Worksheet G-3

Date/Time Prepared:
1/27/2014 3:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,101,411,543	1.00
2.00	Less contractual allowances and discounts on patients' accounts	724,979,528	2.00
3.00	Net patient revenues (line 1 minus line 2)	376,432,015	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	384,841,726	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,409,711	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	8,867,445	24.00
25.00	Total other income (sum of lines 6-24)	8,867,445	25.00
26.00	Total (line 5 plus line 25)	457,734	26.00
27.00	NON-OPERATING LOSS	81,641	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	81,641	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	376,093	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150023	Period: From 09/01/2012 To 08/31/2013	Worksheet L Parts I-III Date/Time Prepared: 1/27/2014 3:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,472,052	1.00
2.00	Capital DRG outlier payments		412,952	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		193.73	3.00
4.00	Number of interns & residents (see instructions)		19.30	4.00
5.00	Indirect medical education percentage (see instructions)		2.85	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		127,453	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.98	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.83	8.00
9.00	Sum of lines 7 and 8		24.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.15	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		230,311	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		5,242,768	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