

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/25/2017 4:13 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: 5/25/2017	Time: 4:13 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. (15-0023) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 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	78,060	24,395	1,937	-770,987	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-18,906	-6		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	59,154	24,389	1,937	-770,987	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 4:13 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 47804-		4.00 County: VIGO				
1.00 Street: 1606 NORTH SEVENTH ST		2.00 City: TERRE HAUTE								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	UNION HOSPITAL, INC.	150023	45460	1	01/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	MEDICAL REHAB	15T023	45460	5	09/01/1989	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)					2			21.00	
<u>Inpatient PPS Information</u>										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,246	2,778	1,485	331	9,137	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	55	260	13	13	95			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 4:13 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(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		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
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	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		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

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						0.00	62.00		
62.01	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.01		
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings						Y	63.00		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)									
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						0.00	0.00	0.000000	64.00
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)									
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.91	20.14	0.043230	65.00
		UH FAMILY MEDICINE RESIDENCY	1201711131							

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	2.30	18.70	0.109524
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	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
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	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N 0
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	
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	
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.					
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	
				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
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
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
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N

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		V		XIX				
		1.00		2.00				
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		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	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		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00		
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	928,586		0		0		
					1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02		
119.00	DO NOT USE THIS LINE					119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00		
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 4:13 pm			
		1.00		2.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H043	140.00		
		1.00		2.00	3.00		
141.00	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.						
	Name: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101	141.00		
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:			142.00		
143.00	City: TERRE HAUTE	State: IN	Zip Code: 47804		143.00		
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00		
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00	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)						
156.00	Hospital	N	N	N	N	155.00	
157.00	Subprovider - IPF	N	N	N	N	156.00	
158.00	Subprovider - IRF	N	N	N	N	157.00	
159.00	SUBPROVIDER					158.00	
160.00	SNF	N	N	N	N	159.00	
161.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	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 (see instructions)						0.00
							1.00
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 4:13 pm
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2016	12/31/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 4:13 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/12/2017	Y	04/12/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 4:13 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LANDON		HACKETT	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7929		LHACKETT@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 4:13 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 4:13 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	191	69,906	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)		191	69,906	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	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	5,490	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		242	88,572	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	8,052		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		264			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 4:13 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)	24,958	789	48,771			1.00
2.00 HMO and other (see instructions)	3,423	13,702				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	381				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	24,958	789	48,771			7.00
8.00 INTENSIVE CARE UNIT	4,836	0	8,314			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	162	3,852			12.00
13.00 NURSERY		292	3,565			13.00
14.00 Total (see instructions)	29,794	1,243	64,502	21.00	1,431.61	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,511	55	3,642	0.00	22.08	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	119			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				21.00	1,453.69	27.00
28.00 Observation Bed Days		0	9,247			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	32	47			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			295			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 4:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,816	210	14,901	1.00
2.00 HMO and other (see instructions)				663	2,930		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					27		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		6,816	210	14,901	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		185	4	267	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 4:13 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	93,876,990	0	93,876,990	3,023,677.00	31.05
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		807,200	0	807,200	6,870.00	117.50
5.00	Physician and Non-Physician-Part B		5,060,801	0	5,060,801	27,129.00	186.55
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	1,332,004	1,332,004	43,680.00	30.49
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		12,429,594	-2,065,677	10,363,917	187,807.00	55.18
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,805,423	0	5,805,423	114,485.00	50.71
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		823,560	0	823,560	7,508.00	109.69
14.00	Home office and/or related organization salaries and wage-related costs		19,721,174	0	19,721,174	393,756.00	50.08
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,118,014	0	26,118,014		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,692,024	0	2,692,024		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		184,380	0	184,380		
23.00	Physician Part B		859,443	0	859,443		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		442,324	0	442,324		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	290,388	525,358	815,746	31,712.00	25.72
27.00	Administrative & General	5.00	7,315,674	-455,386	6,860,288	248,174.00	27.64

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 4:13 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	
28.00	Administrative & General under contract (see inst.)	2,152,856	0	2,152,856	15,858.00	135.76	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,738,635	0	1,738,635	62,921.00	27.63	30.00
31.00	Laundry & Linen Service	603,673	0	603,673	39,141.00	15.42	31.00
32.00	Housekeeping	1,973,267	0	1,973,267	141,150.00	13.98	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,821,869	-7,008	1,814,861	118,176.00	15.36	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	112,059	0	112,059	8,632.00	12.98	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,427,387	0	1,427,387	30,368.00	47.00	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	1,972,637	0	1,972,637	90,338.00	21.84	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2017 4:13 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)	90,161,845	-1,332,004	88,829,841	2,961,856.00	29.99	1.00
2.00	Excluded area salaries (see instructions)	12,429,594	-2,065,677	10,363,917	187,807.00	55.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	77,732,251	733,673	78,465,924	2,774,049.00	28.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,350,157	0	26,350,157	515,749.00	51.09	4.00
5.00	Subtotal wage-related costs (see inst.)	26,118,014	0	26,118,014	0.00	33.29	5.00
6.00	Total (sum of lines 3 thru 5)	130,200,422	733,673	130,934,095	3,289,798.00	39.80	6.00
7.00	Total overhead cost (see instructions)	19,408,445	62,964	19,471,409	786,470.00	24.76	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2017 4:13 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,146,893 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			7,564,428 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)			12,139,139 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			71,938 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			40,321 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)			98,936 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			542,925 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			6,537,593 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			32,409 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			121,535 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			30,296,117 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/25/2017 4:13 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	5,805,423	30,296,117	1.00
2.00	Hospital	5,805,423	30,296,117	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/25/2017 4:13 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.235139	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			38,160,306	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			223,753,834	6.00
7.00	Medicaid cost (line 1 times line 6)			52,613,253	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)			14,452,947	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
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, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			14,452,947	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	20,039,871	0	20,039,871	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	4,712,155	0	4,712,155	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,712,155	0	4,712,155	23.00
				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?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			22,707,070	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,322,613	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			21,384,457	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			5,028,320	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,740,475	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			24,193,422	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/25/2017 4:13 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		12,761,421	12,761,421	9,748,190	22,509,611		1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		5,647,288	5,647,288	3,522,290	9,169,578		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	290,388	26,469	316,857	2,003,573	2,320,430		4.00
5.01 00540 NONPATIENT TELEPHONES	549,077	399,818	948,895	0	948,895		5.01
5.02 00550 DATA PROCESSING	0	0	0	0	0		5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	0	0	0	0		5.03
5.04 00570 ADMIN TTING	1,281,661	647,823	1,929,484	0	1,929,484		5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0		5.05
5.06 00590 OTHER ADMIN AND GENERAL	5,484,936	29,664,820	35,149,756	-14,003,833	21,145,923		5.06
7.00 00700 OPERATION OF PLANT	1,738,635	8,167,401	9,906,036	0	9,906,036		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	603,673	401,216	1,004,889	0	1,004,889		8.00
9.00 00900 HOUSEKEEPING	1,973,267	1,109,156	3,082,423	0	3,082,423		9.00
10.00 01000 DIETARY	1,821,869	1,650,777	3,472,646	-32,198	3,440,448		10.00
11.00 01100 CAFETERIA	112,059	219,389	331,448	0	331,448		11.00
13.00 01300 NURSING ADMINISTRATION	1,427,387	284,529	1,711,916	0	1,711,916		13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,972,637	1,308,238	3,280,875	0	3,280,875		16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,433,559	1,433,559		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,354,347	2,354,347		22.00
23.00 02300 PARAMED ED PRGM	0	0	0	251,232	251,232		23.00
23.01 02341 OTHER MED ED	447,626	47,060	494,686	73,035	567,721		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	20,880,711	6,282,722	27,163,433	-1,376,027	25,787,406		30.00
31.00 03100 INTENSIVE CARE UNIT	5,234,087	1,513,066	6,747,153	96,143	6,843,296		31.00
35.00 02040 INTENSIVE NURSERY	1,883,910	998,620	2,882,530	44,544	2,927,074		35.00
41.00 04100 SUBPROVIDER - IIRF	1,283,839	341,348	1,625,187	42,116	1,667,303		41.00
43.00 04300 NURSERY	0	439	439	1,225,422	1,225,861		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	4,474,660	16,730,413	21,205,073	-7,524,727	13,680,346		50.00
50.01 05001 CARDIAC SURGERY	2,076,844	3,272,603	5,349,447	-1,028,250	4,321,197		50.01
50.02 05002 WWSC	0	13,166,417	13,166,417	-692,182	12,474,235		50.02
51.00 05100 RECOVERY ROOM	1,443,598	299,249	1,742,847	0	1,742,847		51.00
51.02 05101 O/P TREATMENT ROOM	2,157,731	339,804	2,497,535	0	2,497,535		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,229,486	2,697,818	5,927,304	0	5,927,304		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,680,974	3,406,827	7,087,801	-251,232	6,836,569		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	432,395	4,604,899	5,037,294	0	5,037,294		55.00
56.00 05600 RADIO SOTOPE	335,648	901,766	1,237,414	0	1,237,414		56.00
57.00 05700 CT SCAN	1,055,004	1,007,884	2,062,888	0	2,062,888		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	565,800	910,759	1,476,559	0	1,476,559		58.00
59.00 05900 CARDIAC CATHETERIZATION	738,267	19,569,702	20,307,969	-3,387,598	16,920,371		59.00
60.00 06000 LABORATORY	0	9,365,754	9,365,754	0	9,365,754		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,286,409	1,286,409	0	1,286,409		62.00
65.00 06500 RESPIRATORY THERAPY	2,601,931	1,035,787	3,637,718	0	3,637,718		65.00
66.00 06600 PHYSICAL THERAPY	0	4,547,718	4,547,718	0	4,547,718		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	0	3,436,494	3,436,494	0	3,436,494		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	521,922	521,922	0	521,922		68.00
69.00 06900 ELECTROCARDIOLOGY	1,463,570	572,460	2,036,030	0	2,036,030		69.00
69.01 06901 CARDIAC REHAB	283,175	49,411	332,586	0	332,586		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	2,072,959	774,248	2,847,207	0	2,847,207		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	937,395	937,395	0	937,395		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,632,757	12,632,757		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,911,194	41,202,937	45,114,131	-1,809,929	43,304,202		73.00
76.00 03020 RENAL ACUTE	0	1,516,013	1,516,013	0	1,516,013		76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	172,046	39,140	211,186	0	211,186		90.00
90.05 09005 PATIENT NUTRITION	287,190	38,909	326,099	0	326,099		90.05
90.07 09007 WOUND CLINIC	329,132	970,042	1,299,174	0	1,299,174		90.07
91.00 09100 EMERGENCY	4,881,495	3,231,873	8,113,368	0	8,113,368		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)	83,178,861	207,906,253	291,085,114	3,321,232	294,406,346	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
194.00 07950 RURAL HEALTH	1,207,341	2,008,578	3,215,919	112,630	3,328,549		194.00
194.01 07951 RENTAL PROPERTY	0	165,283	165,283	0	165,283		194.01
194.02 07954 FAMILY PRACTICE	4,430,909	2,108,369	6,539,278	-3,787,906	2,751,372		194.02
194.03 07952 WELLNESS	0	0	0	452,831	452,831		194.03
194.04 07955 PHYSICIAN PRACTICES	4,665,559	7,572,660	12,238,219	0	12,238,219		194.04
194.06 07953 SYCAMORE SPORTS MED	9,750	790,308	800,058	0	800,058		194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/25/2017 4:13 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	384,570	74,245	458,815	-98,787	360,028	194.07
200.00	TOTAL (SUM OF LINES 118-199)	93,876,990	220,625,696	314,502,686	0	314,502,686	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
5/25/2017 4:13 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	-2,164,149	20,345,462	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-519,420	8,650,158	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,526,887	21,847,317	4.00
5.01	00540	NONPATIENT TELEPHONES	-103,974	844,921	5.01
5.02	00550	DATA PROCESSING	11,672,578	11,672,578	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,407,606	1,407,606	5.03
5.04	00570	ADMINISTRATIVE	0	1,929,484	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,230,243	6,230,243	5.05
5.06	00590	OTHER ADMIN AND GENERAL	2,846,261	23,992,184	5.06
7.00	00700	OPERATION OF PLANT	-560,753	9,345,283	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-4,979	999,910	8.00
9.00	00900	HOUSEKEEPING	-135,373	2,947,050	9.00
10.00	01000	DIETARY	-172,973	3,267,475	10.00
11.00	01100	CAFETERIA	-1,181,565	-850,117	11.00
13.00	01300	NURSING ADMINISTRATION	1,414,532	3,126,448	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	219,120	3,499,995	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,433,559	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-98,878	2,255,469	22.00
23.00	02300	PARAMED ED PRGM	0	251,232	23.00
23.01	02341	OTHER MED ED	-295,121	272,600	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-53,328	25,734,078	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,843,296	31.00
35.00	02040	INTENSIVE NURSERY	-539,067	2,388,007	35.00
41.00	04100	SUBPROVIDER - IIRF	0	1,667,303	41.00
43.00	04300	NURSERY	0	1,225,861	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,140,216	10,540,130	50.00
50.01	05001	CARDIAC SURGERY	-2,802,927	1,518,270	50.01
50.02	05002	WVSC	-877,481	11,596,754	50.02
51.00	05100	RECOVERY ROOM	2,401	1,745,248	51.00
51.02	05101	O/P TREATMENT ROOM	0	2,497,535	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,303,906	3,623,398	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-340,923	6,495,646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,037,294	55.00
56.00	05600	RADIOISOTOPE	-11,650	1,225,764	56.00
57.00	05700	CT SCAN	217,629	2,280,517	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,890	1,528,449	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,640,163	15,280,208	59.00
60.00	06000	LABORATORY	-183,070	9,182,684	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,286,409	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,637,718	65.00
66.00	06600	PHYSICAL THERAPY	-2,196,204	2,351,514	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	-1,351,349	2,085,145	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,546,375	1,546,375	67.00
68.00	06800	SPEECH PATHOLOGY	77,901	599,823	68.00
69.00	06900	ELECTROCARDIOLOGY	-73,678	1,962,352	69.00
69.01	06901	CARDIAC REHAB	2,101	334,687	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,232,977	614,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-6,545	930,850	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,632,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-316,706	42,987,496	73.00
76.00	03020	RENAL ACUTE	0	1,516,013	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	211,186	90.00
90.05	09005	PATIENT NUTRITION	-3,365	322,734	90.05
90.07	09007	WOUND CLINIC	2,758	1,301,932	90.07
91.00	09100	EMERGENCY	0	8,113,368	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)	21,907,542	316,313,888	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	3,328,549	194.00
194.01	07951	RENTAL PROPERTY	0	165,283	194.01
194.02	07954	FAMILY PRACTICE	0	2,751,372	194.02
194.03	07952	WELLNESS	0	452,831	194.03
194.04	07955	PHYSICIAN PRACTICES	-600,215	11,638,004	194.04
194.06	07953	SYCAMORE SPORTS MED	-675,241	124,817	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	360,028	194.07
200.00		TOTAL (SUM OF LINES 118-199)	20,632,086	335,134,772	200.00

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
B - PARAMED						
1.00	PARAMED ED PRGM	23.00	197,979	53,253	1.00	
	O		197,979	53,253		
C - FITNESS ACTIVITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	123,172	44,720	1.00	
2.00	WELLNESS	194.03	332,214	120,617	2.00	
	O		455,386	165,337		
D - CLAY CITY RURAL HEALTH						
1.00	RURAL HEALTH	194.00	0	45,719	1.00	
	O		0	45,719		
E - CORK MEDICAL RURAL HEALTH						
1.00	RURAL HEALTH	194.00	0	22,235	1.00	
	O		0	22,235		
F - HOUSE NURSE ASSISTANT						
1.00	INTENSIVE CARE UNIT	31.00	86,503	9,640	1.00	
2.00	INTENSIVE NURSERY	35.00	40,078	4,466	2.00	
3.00	SUBPROVIDER - IRF	41.00	37,893	4,223	3.00	
	O		164,474	18,329		
G - EMPLOYEE ACCESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	82,801	15,986	1.00	
	O		82,801	15,986		
H - TUBE FEEDING						
1.00	ADULTS & PEDIATRICS	30.00	7,008	25,190	1.00	
	O		7,008	25,190		
I - FAMILY MEDICINE						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,332,004	101,555	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,285,702	1,068,645	2.00	
	O		2,617,706	1,170,200		
J - LOBBY PHARMACY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	319,385	1,417,509	1.00	
	O		319,385	1,417,509		
K - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,632,757	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	O		0	12,632,757		
L - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,860,820	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,522,290	2.00	
	O		0	13,383,110		
N - NURSERY						
1.00	NURSERY	43.00	1,021,732	203,690	1.00	
	O		1,021,732	203,690		
O - PHARMACY PARAMED						
1.00	OTHER MED ED	23.01	66,744	6,291	1.00	
	O		66,744	6,291		
P - BRAZIL MEDICAL CENTER						
1.00	RURAL HEALTH	194.00	0	44,676	1.00	
	TOTALS		0	44,676		
500.00	Grand Total: Increases		4,933,215	29,204,282	500.00	

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
B - PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	197,979	53,253	0		1.00
	O		197,979	53,253			
C - FITNESS ACTIVITY							
1.00	OTHER ADMIN AND GENERAL	5.06	455,386	165,337	0		1.00
2.00	O	0.00	0	0	0		2.00
			455,386	165,337			
D - CLAY CITY RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	45,719	9		1.00
	O		0	45,719			
E - CORK MEDICAL RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	22,235	9		1.00
	O		0	22,235			
F - HOUSE NURSE ASSISTANT							
1.00	ADULTS & PEDIATRICS	30.00	164,474	18,329	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
			164,474	18,329			
G - EMPLOYEE ACCESS							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	82,801	15,986	0		1.00
	O		82,801	15,986			
H - TUBE FEEDING							
1.00	DIETARY	10.00	7,008	25,190	0		1.00
	O		7,008	25,190			
I - FAMILY MEDICINE							
1.00	FAMILY PRACTICE	194.02	2,617,706	1,170,200	0		1.00
2.00	O	0.00	0	0	0		2.00
			2,617,706	1,170,200			
J - LOBBY PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	319,385	1,417,509	0		1.00
	O		319,385	1,417,509			
K - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	7,524,727	0		1.00
2.00	CARDIAC SURGERY	50.01	0	1,028,250	0		2.00
3.00	WVSC	50.02	0	692,182	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,387,598	0		4.00
	O		0	12,632,757			
L - INTEREST							
1.00	OTHER ADMIN AND GENERAL	5.06	0	13,383,110	11		1.00
2.00	O	0.00	0	0	11		2.00
			0	13,383,110			
N - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,021,732	203,690	0		1.00
	O		1,021,732	203,690			
O - PHARMACY PARAMED							
1.00	DRUGS CHARGED TO PATIENTS	73.00	66,744	6,291	0		1.00
	O		66,744	6,291			
P - BRAZIL MEDICAL CENTER							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	44,676	9		1.00
	TOTALS		0	44,676			
500.00	Grand Total: Decreases		4,933,215	29,204,282			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2017 4:13 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,431,472	469,267	0	469,267	377,196	1.00
2.00	Land Improvements	19,502,959	93,623	0	93,623	109,679	2.00
3.00	Buildings and Fixtures	328,408,977	2,225,380	0	2,225,380	93,404	3.00
4.00	Building Improvements	1,599,793	8,085	0	8,085	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	133,379,458	21,259,343	0	21,259,343	8,727,136	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	500,322,659	24,055,698	0	24,055,698	9,307,415	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	500,322,659	24,055,698	0	24,055,698	9,307,415	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,523,543	0				1.00
2.00	Land Improvements	19,486,903	0				2.00
3.00	Buildings and Fixtures	330,540,953	0				3.00
4.00	Building Improvements	1,607,878	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	145,911,665	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	515,070,942	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	515,070,942	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2017 4:13 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	12,761,421	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,647,288	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,408,709	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	12,761,421				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,647,288				2.00
3.00	Total (sum of lines 1-2)	0	18,408,709				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2017 4:13 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	369,159,277	0	369,159,277	0.716715	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	145,911,665	0	145,911,665	0.283285	0	2.00
3.00	Total (sum of lines 1-2)	515,070,942	0	515,070,942	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,573,354	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,159,556	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,732,910	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	9,772,108	0	0	0	20,345,462	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,490,602	0	0	0	8,650,158	2.00
3.00	Total (sum of lines 1-2)	13,262,710	0	0	0	28,995,620	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
5/25/2017 4:13 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.	Ref.
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-88,712	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-31,688	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	-8,834	PURCHASING RECEIVING AND STORES	5.03	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-230,946	PURCHASING RECEIVING AND STORES	5.03	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-18,216	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-14,841,668			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	58,187,135			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,383,343	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	-6,545	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients	A	-17,394	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-23,436	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	-12,564	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
5/25/2017 4:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
33.00 TELEPHONE DEPRECIATION	A	-672	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 33.00
34.00 VENDING HOUSEKEEPING	A	-20,982	HOUSEKEEPING	9.00		0 34.00
35.00 MEALS SOLD	B	-44,043	DIETARY	10.00		0 35.00
36.00 VISITORS MEALS	A	-372,311	CAFETERIA	11.00		0 36.00
38.00 LAB - BLDG	B	-147,353	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 38.00
39.00 LAB - ADMINISTRATION	B	-493	OTHER ADMIN AND GENERAL	5.06		0 39.00
40.00 LAB - LAUNDRY	B	-4,979	LAUNDRY & LINEN SERVICE	8.00		0 40.00
41.00 LAB - HOUSEKEEPING	B	-79,171	HOUSEKEEPING	9.00		0 41.00
42.00 LAB - OPERATION OF PLANT	B	-216,566	OPERATION OF PLANT	7.00		0 42.00
42.01 HAMILTON CENTER OPERATION OF PLANT	A	-82,052	OPERATION OF PLANT	7.00		0 42.01
45.00 HAMILTON CENTER NUTRITION	A	-249,501	DIETARY	10.00		0 45.00
45.01 FITNESS ACTIVITY	B	-102,278	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 45.01
45.02 EQUIPMENT RENTAL	B	-7,533	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 45.02
45.03 UHF - HOUSEKEEPING	A	-1,152	HOUSEKEEPING	9.00		0 45.03
45.04 MISCELLANEOUS	B	-515,935	OTHER ADMIN AND GENERAL	5.06		0 45.04
45.05 CATERING	B	-4,406	CAFETERIA	11.00		0 45.05
45.06 MANAGEMENT SERVICES	B	-24,000	OTHER ADMIN AND GENERAL	5.06		0 45.06
45.08 OTHER RENTAL	B	-338,419	OPERATION OF PLANT	7.00		0 45.08
45.09 PHYSICIAN EQUIPMENT REVENUE	B	-31,943	OPERATION OF PLANT	7.00		0 45.09
45.24 UHF - ADMINISTRATION	B	-5,638	OTHER ADMIN AND GENERAL	5.06		0 45.24
45.26 LOBBY PHARMACY	B	-235,645	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 45.26
45.27 LOBBYING COSTS	A	-8,403	OTHER ADMIN AND GENERAL	5.06		0 45.27
45.29 AP&S REVENUE	B	-50,925	NONPATIENT TELEPHONES	5.01		0 45.29
45.32 AP&S REVENUE	B	-163,366	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 45.32
45.37 AP&S REVENUE	B	-619,694	DATA PROCESSING	5.02		0 45.37
45.38 AP&S REVENUE	B	-6,023	OTHER ADMIN AND GENERAL	5.06		0 45.38
45.39 COH REVENUE	B	-22,030	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 45.39
45.40 COH REVENUE	B	-4,650	NONPATIENT TELEPHONES	5.01		0 45.40
45.42 PHYSICIAN RENTAL	A	-457,758	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 45.42
45.43 PHYSICIAN RENTAL	A	-533,067	OPERATION OF PLANT	7.00		0 45.43
45.44 ACCELERATED DEPRECIATION	A	-5,968	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 45.44
45.45 CHILD BIRTH CLASS	B	-10,439	DELIVERY ROOM & LABOR ROOM	52.00		0 45.45
45.47 CONTINUING EDUCATION	B	-5,766	OTHER ADMIN AND GENERAL	5.06		9 45.47
45.48 EDUCATION SERVICES	B	-16,111	OTHER ADMIN AND GENERAL	5.06		0 45.48
45.49 TRANSCRIPTION	B	-21,061	MEDICAL RECORDS & LIBRARY	16.00		0 45.49
46.00 VHA	B	-134,854	DRUGS CHARGED TO PATIENTS	73.00		0 46.00
46.02 TIME SAVERS	B	-54,234	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 46.02
46.03 HOUSEKEEPING	B	-6,000	HOUSEKEEPING	9.00		0 46.03
46.04 LANDSBAUM	B	-99,761	OPERATION OF PLANT	7.00		0 46.04
46.07 MAPLE CENTER	B	-230,719	OTHER ADMIN AND GENERAL	5.06		0 46.07
46.08 PROF SUPPORT UHS	B	-1,288	OTHER ADMIN AND GENERAL	5.06		0 46.08
46.10 AP&S A/P PD SPACE/EQUIP RENT R	B	-1,120,887	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 46.10
46.11 CODING CLASS REVENUE	B	-3,990	MEDICAL RECORDS & LIBRARY	16.00		0 46.11
46.12 WVHC ST ANN/ASH PHARMACY REVEN	B	-63,501	DRUGS CHARGED TO PATIENTS	73.00		0 46.12
46.13 HAF	A	-14,401,002	OTHER ADMIN AND GENERAL	5.06		0 46.13
46.14 CRNA S&W/BENEFITS	A	-365,134	DELIVERY ROOM & LABOR ROOM	52.00		0 46.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		20,632,086				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0023

Period: From 01/01/2016 To 12/31/2016

Worksheet A-8-1

Date/Time Prepared: 5/25/2017 4:13 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	23.01	OTHER MED ED	PARAMED	0	295,121 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,794,533 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	4,015,654 3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	228,082 4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,640,162 4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	318,635 4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,636,458	0 4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	3,536,127	0 4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	19,919,044	0 4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	197,899	0 4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	12,292,272	0 4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	1,647,386	0 4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	6,230,243	0 4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	18,061,639	0 4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	3,012,638	0 4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	290,567	0 4.12
4.13	10.00	DIETARY	HOME OFFICE	120,571	0 4.13
4.14	11.00	CAFETERIA	HOME OFFICE	578,495	0 4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,414,532	0 4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	267,607	0 4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	75,730	0 4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	5,670	0 4.18
4.19	50.02	WVSC	HOME OFFICE	49,246	0 4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	2,401	0 4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	162,326	0 4.21
4.22	57.00	CT SCAN	HOME OFFICE	217,629	0 4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (HOME OFFICE	51,890	0 4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	156,707	0 4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	-175,243	0 4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	8,774	0 4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	9,985	0 4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	1,586	0 4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	29,477	0 4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	2,101	0 4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	12,038	0 4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	323,461	0 4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	2,758	0 4.33
4.34	7.00	OPERATION OF PLANT	PLANT SALARIES	0	618,857 4.34
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,299,725	4,320,686 4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,350,071	2,710,194 4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	1,536,390	0 4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	505,127	428,812 4.39
4.40	194.04	PHYSICIAN PRACTICES	UNION THERAPIES	0	600,215 4.40
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	675,241 4.41
5.00	0			75,833,327	17,646,192 5.00

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

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

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

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

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

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

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-1

Date/Time Prepared:
5/25/2017 4:13 pm

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

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

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

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

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-1

Date/Time Prepared:
5/25/2017 4:13 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	-295,121	0		1.00
2.00	-1,794,533	9		2.00
3.00	-4,015,654	9		3.00
4.00	-228,082	0		4.00
4.01	-1,640,162	0		4.01
4.02	-318,635	0		4.02
4.03	1,636,458	9		4.03
4.04	3,536,127	9		4.04
4.05	19,919,044	0		4.05
4.06	197,899	0		4.06
4.07	12,292,272	0		4.07
4.08	1,647,386	0		4.08
4.09	6,230,243	0		4.09
4.10	18,061,639	0		4.10
4.11	3,012,638	0		4.11
4.12	290,567	0		4.12
4.13	120,571	0		4.13
4.14	578,495	0		4.14
4.15	1,414,532	0		4.15
4.16	267,607	0		4.16
4.17	75,730	0		4.17
4.18	5,670	0		4.18
4.19	49,246	0		4.19
4.20	2,401	0		4.20
4.21	162,326	0		4.21
4.22	217,629	0		4.22
4.23	51,890	0		4.23
4.24	156,707	0		4.24
4.25	-175,243	0		4.25
4.26	8,774	0		4.26
4.27	9,985	0		4.27
4.28	1,586	0		4.28
4.29	29,477	0		4.29
4.30	2,101	0		4.30
4.31	12,038	0		4.31
4.32	323,461	0		4.32
4.33	2,758	0		4.33
4.34	-618,857	0		4.34
4.36	-2,020,961	0		4.36
4.37	-1,360,123	0		4.37
4.38	1,536,390	0		4.38
4.39	76,315	0		4.39
4.40	-600,215	0		4.40
4.41	-675,241	0		4.41
5.00	58,187,135			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
		6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HOME OFFICE		6.00
7.00	THERAPIES		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-1

Date/Time Prepared:
5/25/2017 4:13 pm

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-2

Date/Time Prepared:
5/25/2017 4:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	807,200	0	807,200	211,500	6,966	1.00
2.00	30.00	ADULTS & PEDIATRICS	53,328	53,328	0	211,500	0	2.00
3.00	35.00	INTENSIVE NURSERY	539,067	539,067	0	237,100	0	3.00
4.00	41.00	SUBPROVIDER - IRF	99,375	0	99,375	211,500	993	4.00
5.00	50.00	OPERATING ROOM	3,269,646	3,215,946	53,700	246,400	537	5.00
6.00	50.01	CARDIAC SURGERY	2,808,597	2,808,597	0	246,400	0	6.00
7.00	50.02	WVSC	926,727	926,727	0	246,400	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,928,333	1,928,333	0	246,400	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	503,249	503,249	0	271,900	0	9.00
10.00	56.00	RADIOISOTOPE	11,650	11,650	0	271,900	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	1,796,870	1,796,870	0	260,300	0	11.00
12.00	60.00	LABORATORY	617,000	0	617,000	197,500	4,570	12.00
13.00	69.00	ELECTROCARDIOLOGY	113,830	103,155	10,675	197,500	120	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	2,245,015	2,245,015	0	179,000	0	14.00
15.00	73.00	DRUGS CHARGED TO PATIENTS	424,418	424,418	0	211,500	0	15.00
16.00	90.05	PATIENT NUTRITION	5,500	0	5,500	211,500	21	16.00
17.00	91.00	EMERGENCY	37,310	0	37,310	211,500	1,178	17.00
200.00			16,187,115	14,556,355	1,630,760		14,385	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	708,322	35,416	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	27,495	2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	0	55	3.00
4.00	41.00	SUBPROVIDER - IRF	100,971	5,049	0	0	0	4.00
5.00	50.00	OPERATING ROOM	63,614	3,181	0	0	153,593	5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	0	75,653	6.00
7.00	50.02	WVSC	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	35,511	9.00
10.00	56.00	RADIOISOTOPE	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	433,930	21,697	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	11,394	570	0	0	602	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	118,091	14.00
15.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	15.00
16.00	90.05	PATIENT NUTRITION	2,135	107	0	0	0	16.00
17.00	91.00	EMERGENCY	119,782	5,989	0	0	213	17.00
200.00			1,440,148	72,009	0	0	411,213	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	708,322	98,878	98,878		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	53,328		2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	539,067		3.00
4.00	41.00	SUBPROVIDER - IRF	0	100,971	0	0		4.00
5.00	50.00	OPERATING ROOM	2,523	66,137	0	3,215,946		5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	2,808,597		6.00
7.00	50.02	WVSC	0	0	0	926,727		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,928,333		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	503,249		9.00
10.00	56.00	RADIOISOTOPE	0	0	0	11,650		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,796,870		11.00
12.00	60.00	LABORATORY	0	433,930	183,070	183,070		12.00
13.00	69.00	ELECTROCARDIOLOGY	56	11,450	0	103,155		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,245,015		14.00
15.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	424,418		15.00
16.00	90.05	PATIENT NUTRITION	0	2,135	3,365	3,365		16.00
17.00	91.00	EMERGENCY	213	119,995	0	0		17.00
200.00			2,792	1,442,940	285,313	14,841,668		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 4:13 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	20,345,462	20,345,462			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	8,650,158		8,650,158		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,847,317	109,282	0	21,956,599	4.00
5.01 00540	NONPATIENT TELEPHONES	844,921	13,831	60,033	129,960	1,048,745 5.01
5.02 00550	DATA PROCESSING	11,672,578	0	0	0	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	1,407,606	0	0	0	0 5.03
5.04 00570	ADMINISTRATIVE	1,929,484	64,462	13,157	303,353	37,604 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,230,243	0	0	0	0 5.05
5.06 00590	OTHER ADMIN AND GENERAL	23,992,184	390,960	122,074	1,190,432	96,936 5.06
7.00 00700	OPERATION OF PLANT	9,345,283	7,049,869	268,780	411,513	59,331 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	999,910	126,060	176,616	142,882	15,042 8.00
9.00 00900	HOUSEKEEPING	2,947,050	111,850	148,964	467,048	6,685 9.00
10.00 01000	DIETARY	3,267,475	231,069	311,623	429,555	25,070 10.00
11.00 01100	CAFETERIA	-850,117	164,881	23,080	26,523	0 11.00
13.00 01300	NURSING ADMINISTRATION	3,126,448	50,020	12,355	337,845	7,521 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,499,995	111,219	17,907	466,899	25,070 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,433,559	0	0	315,269	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,255,469	0	0	304,310	0 22.00
23.00 02300	PARAMEDICAL PRGM	251,232	0	0	1,780	0 23.00
23.01 02341	OTHER MEDICAL	272,600	15,158	2,439	51,894	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	25,734,078	3,958,779	1,032,024	4,663,109	142,894 30.00
31.00 03100	INTENSIVE CARE UNIT	6,843,296	483,990	428,777	1,259,318	24,234 31.00
35.00 02040	INTENSIVE NURSERY	2,388,007	60,630	140,909	455,384	15,042 35.00
41.00 04100	SUBPROVIDER - IIRF	1,667,303	312,014	49,762	312,838	25,905 41.00
43.00 04300	NURSERY	1,225,861	82,672	8,754	241,831	3,343 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,540,130	857,561	1,796,919	1,059,097	68,524 50.00
50.01 05001	CARDIAC SURGERY	1,518,270	37,894	170,798	491,563	5,014 50.01
50.02 05002	WVSC	11,596,754	632,155	285,964	0	0 50.02
51.00 05100	RECOVERY ROOM	1,745,248	30,147	44,047	341,682	15,042 51.00
51.02 05101	O/P TREATMENT ROOM	2,497,535	449,338	181,650	510,708	22,563 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,623,398	437,991	299,302	764,379	19,220 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,495,646	687,038	896,320	869,461	90,251 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,037,294	555,630	435,769	102,343	34,262 55.00
56.00 05600	RADIOISOTOPE	1,225,764	61,346	10,462	79,444	0 56.00
57.00 05700	CT SCAN	2,280,517	45,725	623	249,706	5,850 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,528,449	54,588	42,736	133,918	3,343 58.00
59.00 05900	CARDIAC CATHETERIZATION	15,280,208	351,445	149,892	174,739	28,412 59.00
60.00 06000	LABORATORY	9,182,684	0	0	0	6,685 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,286,409	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	3,637,718	44,925	282,791	615,845	11,699 65.00
66.00 06600	PHYSICAL THERAPY	2,351,514	213,680	38,632	0	19,220 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 66.01
66.02 06602	O/P PHYSICAL THERAPY	2,085,145	0	60,942	0	836 66.02
67.00 06700	OCCUPATIONAL THERAPY	1,546,375	34,905	12,345	0	4,178 67.00
68.00 06800	SPEECH PATHOLOGY	599,823	69,220	2,184	0	836 68.00
69.00 06900	ELECTROCARDIOLOGY	1,962,352	27,473	48,753	346,409	3,343 69.00
69.01 06901	CARDIAC REHAB	334,687	151,576	37,184	67,024	5,014 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	614,230	31,684	68,200	490,644	14,206 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	930,850	120,250	78,529	0	11,699 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,632,757	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	42,987,496	270,352	58,319	834,339	41,783 73.00
76.00 03020	RENAL ACUTE	1,516,013	74,209	1,015	0	3,343 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	211,186	4,589	0	40,721	0 90.00
90.05 09005	PATIENT NUTRITION	322,734	40,631	1,635	67,974	0 90.05
90.07 09007	WOUND CLINIC	1,301,932	82,082	20,260	77,901	10,863 90.07
91.00 09100	EMERGENCY	8,113,368	506,747	259,653	1,155,389	52,646 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	316,313,888	19,209,927	8,102,178	19,985,029	963,509 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00 07950	RURAL HEALTH	3,328,549	0	55,188	285,763	836 194.00
194.01 07951	RENTAL PROPERTY	165,283	0	8,378	0	0 194.01
194.02 07954	FAMILY PRACTICE	2,751,372	780,426	398,141	429,163	59,331 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 4:13 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	452,831	294,773	0	78,631	0	194.03
194.04 07955 PHYSICIAN PRACTICES	11,638,004	0	72,010	1,104,280	18,384	194.04
194.06 07953 SYCAMORE SPORTS MED	124,817	0	7,623	2,308	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	360,028	60,336	6,640	71,425	6,685	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)	335,134,772	20,345,462	8,650,158	21,956,599	1,048,745	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 4:13 pm

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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	11,672,578					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,407,606				5.03
5.04	00570	ADMINITTING	0	1,009	2,349,069			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	6,230,243		5.05
5.06	00590	OTHER ADMIN AND GENERAL	20,770	56	0	0	25,813,412	5.06
7.00	00700	OPERATION OF PLANT	0	556	0	0	17,135,332	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,951	0	0	1,462,461	8.00
9.00	00900	HOUSEKEEPING	0	3,972	0	0	3,685,569	9.00
10.00	01000	DIETARY	197,312	83	0	0	4,462,187	10.00
11.00	01100	CAFETERIA	0	1	0	0	-635,632	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,534,189	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	477,703	25	0	0	4,598,818	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,748,828	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,559,779	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	253,012	23.00
23.01	02341	OTHER MED ED	0	0	0	0	342,091	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,532,074	317,336	403,723	477,693	43,261,710	30.00
31.00	03100	INTENSIVE CARE UNIT	768,479	169,293	113,354	120,495	10,211,236	31.00
35.00	02040	INTENSIVE NURSERY	166,158	21,889	68,335	72,550	3,388,904	35.00
41.00	04100	SUBPROVIDER - IRF	0	13,014	16,277	17,286	2,414,399	41.00
43.00	04300	NURSERY	0	0	23,559	25,012	1,611,032	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	332,315	57,170	435,934	800,877	15,948,527	50.00
50.01	05001	CARDIAC SURGERY	0	319,211	52,895	58,149	2,653,794	50.01
50.02	05002	WVSC	0	8,220	0	505,861	13,028,954	50.02
51.00	05100	RECOVERY ROOM	31,155	35,142	8,904	24,152	2,275,519	51.00
51.02	05101	O/P TREATMENT ROOM	0	29,870	6,213	49,401	3,747,278	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	311,546	78,938	67,437	93,684	5,695,895	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	654,246	18,214	52,993	256,950	10,021,119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	695	6,972	184,693	6,357,658	55.00
56.00	05600	RADIOISOTOPE	20,770	1,517	4,690	42,989	1,446,982	56.00
57.00	05700	CT SCAN	0	52,552	72,903	274,167	2,982,043	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,134	11,573	65,384	1,841,125	58.00
59.00	05900	CARDIAC CATHETERIZATION	353,085	9,535	142,998	528,571	17,018,885	59.00
60.00	06000	LABORATORY	0	0	194,135	439,785	9,823,289	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	11,662	15,338	1,313,409	62.00
65.00	06500	RESPIRATORY THERAPY	145,388	31,180	49,404	57,947	4,876,897	65.00
66.00	06600	PHYSICAL THERAPY	238,852	718	48,554	55,329	2,966,499	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	715	0	32,481	2,180,119	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	22,248	36,964	1,657,015	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,296	12,153	689,512	68.00
69.00	06900	ELECTROCARDIOLOGY	197,312	5,029	49,301	95,092	2,735,064	69.00
69.01	06901	CARDIAC REHAB	31,155	222	690	6,778	634,330	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	997	14,518	38,837	1,273,316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,449	10,707	12,100	1,167,584	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,632,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,082	22,727	306,142	1,183,160	45,922,400	73.00
76.00	03020	RENAL ACUTE	0	13,173	15,833	18,932	1,642,518	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	5	3,803	260,304	90.00
90.05	09005	PATIENT NUTRITION	0	46	0	1,063	434,083	90.05
90.07	09007	WOUND CLINIC	0	16,331	0	27,751	1,537,120	90.07
91.00	09100	EMERGENCY	913,867	163,399	131,814	594,816	11,891,699	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)	11,610,269	1,399,369	2,349,069	6,230,243	312,503,021	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	2,943	0	0	3,673,279	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	173,661	194.01
194.02	07954	FAMILY PRACTICE	0	13	0	0	4,418,446	194.02
194.03	07952	WELLNESS	0	0	0	0	826,235	194.03
194.04	07955	PHYSICIAN PRACTICES	20,770	5,240	0	0	12,858,688	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	134,748	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	41,539	41	0	0	546,694	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	11,672,578	1,407,606	2,349,069	6,230,243	335,134,772	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 4:13 pm

Cost Center Description		OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	25,813,412				5.06
7.00	00700	OPERATION OF PLANT	1,427,048	18,562,380			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	121,795	184,003	1,768,259		8.00
9.00	00900	HOUSEKEEPING	306,938	163,262	126,653	4,282,422	9.00
10.00	01000	DIETARY	371,615	337,278	9,409	79,295	5,259,784
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	0	240,667	0	56,582	0
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	294,331	73,011	0	17,165	0
13.00	01300	NURSING ADMINISTRATION					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	382,994	162,340	0	38,167	0
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	145,644	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	213,181	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM	21,071	0	0	0	0
23.00	02300	PARAMED PRGM					23.00
23.01	02341	OTHER MED ED	28,490	22,125	0	5,202	0
23.01	02341	OTHER MED ED					23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,602,878	5,778,409	547,348	1,358,516	3,930,760
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT	850,402	706,453	100,771	166,089	667,797
31.00	03100	INTENSIVE CARE UNIT					31.00
35.00	02040	INTENSIVE NURSERY	282,231	88,499	8,812	20,806	292,546
35.00	02040	INTENSIVE NURSERY					35.00
41.00	04100	SUBPROVIDER - IRF	201,074	455,430	15,095	107,073	0
41.00	04100	SUBPROVIDER - IRF					41.00
43.00	04300	NURSERY	134,168	120,672	0	28,370	0
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,328,209	1,251,734	113,434	294,286	0
50.00	05000	OPERATING ROOM					50.00
50.01	05001	CARDIAC SURGERY	221,011	55,312	94	13,004	0
50.01	05001	CARDIAC SURGERY					50.01
50.02	05002	WVSC	1,085,064	922,721	132,354	216,934	0
50.02	05002	WVSC					50.02
51.00	05100	RECOVERY ROOM	189,507	44,004	66,676	10,345	0
51.00	05100	RECOVERY ROOM					51.00
51.02	05101	O/P TREATMENT ROOM	312,077	655,873	57,708	154,198	344,555
51.02	05101	O/P TREATMENT ROOM					51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	474,360	639,311	80,019	150,304	115
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	834,569	1,002,831	53,691	235,768	0
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	529,472	811,023	28,902	190,674	0
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE	120,506	89,543	8,306	21,052	0
56.00	05600	RADIOISOTOPE					56.00
57.00	05700	CT SCAN	248,348	66,743	0	15,691	0
57.00	05700	CT SCAN					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	153,331	79,680	57,717	18,733	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00	05900	CARDIAC CATHETERIZATION	1,417,350	512,985	16,566	120,604	24,011
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY	818,093	0	0	0	0
60.00	06000	LABORATORY					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	109,382	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
65.00	06500	RESPIRATORY THERAPY	406,153	65,575	0	15,417	0
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY	247,053	311,896	15,269	73,328	0
66.00	06600	PHYSICAL THERAPY					66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					66.01
66.02	06602	O/P PHYSICAL THERAPY	181,562	0	30,955	0	0
66.02	06602	O/P PHYSICAL THERAPY					66.02
67.00	06700	OCCUPATIONAL THERAPY	137,998	50,948	0	11,978	0
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY	57,423	101,036	0	23,754	0
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY	227,779	40,101	10,225	9,428	0
69.00	06900	ELECTROCARDIOLOGY					69.00
69.01	06901	CARDIAC REHAB	52,828	221,247	734	52,016	0
69.01	06901	CARDIAC REHAB					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	106,043	46,247	3,078	10,873	0
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	97,238	175,522	0	41,266	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,052,069	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,824,346	394,618	0	92,776	0
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
76.00	03020	RENAL ACUTE	136,791	108,319	8,842	25,466	0
76.00	03020	RENAL ACUTE					76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	21,678	6,699	0	1,575	0
90.00	09000	CLINIC					90.00
90.05	09005	PATIENT NUTRITION	36,151	59,306	0	13,943	0
90.05	09005	PATIENT NUTRITION					90.05
90.07	09007	WOUND CLINIC	128,013	119,811	18,625	28,168	0
90.07	09007	WOUND CLINIC					90.07
91.00	09100	EMERGENCY	990,353	739,671	247,163	173,899	0
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,928,617	16,904,905	1,758,446	3,892,745	5,259,784
118.00		SUBTOTALS (SUM OF LINES 1-117)					118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
194.00	07950	RURAL HEALTH	305,914	0	1,397	0	0
194.00	07950	RURAL HEALTH					194.00
194.01	07951	RENTAL PROPERTY	14,463	0	0	0	0
194.01	07951	RENTAL PROPERTY					194.01
194.02	07954	FAMILY PRACTICE	367,973	1,139,144	1,864	267,816	0
194.02	07954	FAMILY PRACTICE					194.02
194.03	07952	WELLNESS	68,810	430,263	0	101,156	0
194.03	07952	WELLNESS					194.03
194.04	07955	PHYSICIAN PRACTICES	1,070,884	0	6,552	0	0
194.04	07955	PHYSICIAN PRACTICES					194.04
194.06	07953	SYCAMORE SPORTS MED	11,222	0	0	0	0
194.06	07953	SYCAMORE SPORTS MED					194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	45,529	88,068	0	20,705	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					194.07
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/25/2017 4:13 pm	
Cost Center Description		OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	25,813,412	18,562,380	1,768,259	4,282,422	5,259,784	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

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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 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA	-338,383					11.00	
13.00 01300 NURSING ADMINISTRATION	0	3,918,696				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	5,182,319			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	1,894,472	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	0	12,969	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	1,644,240	397,343	0	695,273	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	364,586	100,227	0	0	31.00	
35.00 02040 INTENSIVE NURSERY	0	123,930	60,346	0	17,050	35.00	
41.00 04100 SUBPROVIDER - I&R	0	106,157	14,379	0	0	41.00	
43.00 04300 NURSERY	0	81,179	20,805	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	259,869	666,166	0	81,462	50.00	
50.01 05001 CARDIAC SURGERY	0	23,537	48,368	0	0	50.01	
50.02 05002 WVSC	0	0	420,773	0	0	50.02	
51.00 05100 RECOVERY ROOM	0	108,079	20,090	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	0	175,808	41,092	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	206,551	77,926	0	185,658	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	213,730	0	28,417	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	153,627	0	13,261	55.00	
56.00 05600 RADIOISOTOPE	0	0	35,758	0	0	56.00	
57.00 05700 CT SCAN	0	0	228,051	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	54,386	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	439,663	0	9,472	59.00	
60.00 06000 LABORATORY	0	0	365,811	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	12,758	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	186,376	48,200	0	28,417	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	46,022	0	1,894	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	0	27,018	0	60,623	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	30,746	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	10,109	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	79,097	0	1,894	69.00	
69.01 06901 CARDIAC REHAB	0	0	5,638	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	32,304	0	5,683	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,065	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	173,406	984,177	0	26,523	73.00	
76.00 03020 RENAL ACUTE	0	0	15,748	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	9,607	3,164	0	295,538	90.00	
90.05 09005 PATIENT NUTRITION	0	22,096	884	0	3,789	90.05	
90.07 09007 WOUND CLINIC	0	24,978	23,083	0	32,206	90.07	
91.00 09100 EMERGENCY	0	395,328	494,765	0	198,920	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	3,918,696	5,182,319	0	1,686,080	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	0	0	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	0	0	194.01	
194.02 07954 FAMILY PRACTICE	0	0	0	0	208,392	194.02	
194.03 07952 WELLNESS	0	0	0	0	0	194.03	
194.04 07955 PHYSICIAN PRACTICES	0	0	0	0	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
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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	0	0	0	0	0	0 194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	-338,383	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	-338,383	3,918,696	5,182,319	0	1,894,472	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

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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 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,772,960					22.00	
23.00 02300 PARAMED PRGM		274,083				23.00	
23.01 02341 OTHER MED ED			410,877			23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,017,676	0	0	62,234,153	-1,712,949	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	0	13,167,561	0	31.00	
35.00 02040 INTENSIVE NURSERY	24,957	0	0	4,308,081	-42,007	35.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	3,313,607	0	41.00	
43.00 04300 NURSERY	0	0	0	1,996,226	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	119,237	0	0	20,062,924	-200,699	50.00	
50.01 05001 CARDIAC SURGERY	0	0	0	3,015,120	0	50.01	
50.02 05002 WVSC	0	0	0	15,806,800	0	50.02	
51.00 05100 RECOVERY ROOM	0	0	0	2,714,220	0	51.00	
51.02 05101 O/P TREATMENT ROOM	0	0	0	5,488,589	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	271,750	0	0	7,781,889	-457,408	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	41,594	274,083	0	12,705,802	-70,011	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	19,411	0	0	8,104,028	-32,672	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	1,722,147	0	56.00	
57.00 05700 CT SCAN	0	0	0	3,540,876	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,204,972	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	13,865	0	0	19,573,401	-23,337	59.00	
60.00 06000 LABORATORY	0	0	0	11,007,193	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,435,549	0	62.00	
65.00 06500 RESPIRATORY THERAPY	41,594	0	0	5,668,629	-70,011	65.00	
66.00 06600 PHYSICAL THERAPY	2,773	0	0	3,664,734	-4,667	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	88,735	0	0	2,569,012	-149,358	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,888,685	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	881,834	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,773	0	0	3,106,361	-4,667	69.00	
69.01 06901 CARDIAC REHAB	0	0	0	966,793	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	8,319	0	0	1,485,863	-14,002	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,491,675	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,684,826	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	38,821	0	410,877	51,867,944	-65,344	73.00	
76.00 03020 RENAL ACUTE	0	0	0	1,937,684	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	432,582	0	0	1,031,147	-728,120	90.00	
90.05 09005 PATIENT NUTRITION	5,546	0	0	575,798	-9,335	90.05	
90.07 09007 WOUND CLINIC	47,140	0	0	1,959,144	-79,346	90.07	
91.00 09100 EMERGENCY	291,161	0	0	15,422,959	-490,081	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)	2,467,934	274,083	410,877	308,386,226	-4,154,014	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	3,980,590	0	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	188,124	0	194.01	
194.02 07954 FAMILY PRACTICE	305,026	0	0	6,708,661	-513,418	194.02	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:
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To 12/31/2016

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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	1,426,464	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	0	13,936,124	0	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	145,970	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	700,996	0	194.07
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	-338,383	0	201.00
202.00 TOTAL (sum lines 118-201)	2,772,960	274,083	410,877	335,134,772	-4,667,432	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMIN TTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02341 OTHER MED ED		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	60,521,204	30.00
31.00	03100 INTENSIVE CARE UNIT	13,167,561	31.00
35.00	02040 INTENSIVE NURSERY	4,266,074	35.00
41.00	04100 SUBPROVIDER - I RF	3,313,607	41.00
43.00	04300 NURSERY	1,996,226	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	19,862,225	50.00
50.01	05001 CARDIAC SURGERY	3,015,120	50.01
50.02	05002 WVSC	15,806,800	50.02
51.00	05100 RECOVERY ROOM	2,714,220	51.00
51.02	05101 O/P TREATMENT ROOM	5,488,589	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,324,481	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,635,791	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,071,356	55.00
56.00	05600 RADIOISOTOPE	1,722,147	56.00
57.00	05700 CT SCAN	3,540,876	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,204,972	58.00
59.00	05900 CARDIAC CATHETERIZATION	19,550,064	59.00
60.00	06000 LABORATORY	11,007,193	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,435,549	62.00
65.00	06500 RESPIRATORY THERAPY	5,598,618	65.00
66.00	06600 PHYSICAL THERAPY	3,660,067	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,419,654	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,888,685	67.00
68.00	06800 SPEECH PATHOLOGY	881,834	68.00
69.00	06900 ELECTROCARDIOLOGY	3,101,694	69.00
69.01	06901 CARDIAC REHAB	966,793	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,471,861	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,491,675	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,684,826	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	51,802,600	73.00
76.00	03020 RENAL ACUTE	1,937,684	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	303,027	90.00
90.05	09005 PATIENT NUTRITION	566,463	90.05
90.07	09007 WOUND CLINIC	1,879,798	90.07
91.00	09100 EMERGENCY	14,932,878	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	304,232,212	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	3,980,590	194.00
194.01	07951 RENTAL PROPERTY	188,124	194.01
194.02	07954 FAMILY PRACTICE	6,195,243	194.02
194.03	07952 WELLNESS	1,426,464	194.03
194.04	07955 PHYSICIAN PRACTICES	13,936,124	194.04
194.06	07953 SYCAMORE SPORTS MED	145,970	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	700,996	194.07
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	-338,383	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

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Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118-201)	330,467,340	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

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Part II
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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	109,282	0	109,282	4.00
5.01 00540	NONPATIENT TELEPHONES	0	13,831	60,033	73,864	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMITTING	63,966	64,462	13,157	141,585	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	27,394	390,960	122,074	540,428	5.06
7.00 00700	OPERATION OF PLANT	16,605	7,049,869	268,780	7,335,254	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,764	126,060	176,616	308,440	8.00
9.00 00900	HOUSEKEEPING	-1,952	111,850	148,964	258,862	9.00
10.00 01000	DIETARY	3,543	231,069	311,623	546,235	10.00
11.00 01100	CAFETERIA	0	164,881	23,080	187,961	11.00
13.00 01300	NURSING ADMINISTRATION	3,412	50,020	12,355	65,787	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,939	111,219	17,907	138,065	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01 02341	OTHER MED ED	0	15,158	2,439	17,597	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	137,298	3,958,779	1,032,024	5,128,101	30.00
31.00 03100	INTENSIVE CARE UNIT	197,391	483,990	428,777	1,110,158	31.00
35.00 02040	INTENSIVE NURSERY	12,270	60,630	140,909	213,809	35.00
41.00 04100	SUBPROVIDER - I RF	13,921	312,014	49,762	375,697	41.00
43.00 04300	NURSERY	0	82,672	8,754	91,426	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	825,649	857,561	1,796,919	3,480,129	50.00
50.01 05001	CARDIAC SURGERY	59,624	37,894	170,798	268,316	50.01
50.02 05002	WVSC	425,969	632,155	285,964	1,344,088	50.02
51.00 05100	RECOVERY ROOM	1,709	30,147	44,047	75,903	51.00
51.02 05101	O/P TREATMENT ROOM	1,470	449,338	181,650	632,458	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,520	437,991	299,302	752,813	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	483,367	687,038	896,320	2,066,725	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	877,783	555,630	435,769	1,869,182	55.00
56.00 05600	RADIOISOTOPE	20,117	61,346	10,462	91,925	56.00
57.00 05700	CT SCAN	322,656	45,725	623	369,004	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	545,225	54,588	42,736	642,549	58.00
59.00 05900	CARDIAC CATHETERIZATION	136,708	351,445	149,892	638,045	59.00
60.00 06000	LABORATORY	2,813	0	0	2,813	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	44,925	282,791	327,716	65.00
66.00 06600	PHYSICAL THERAPY	298,812	213,680	38,632	551,124	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	3,948	0	60,942	64,890	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	34,905	12,345	47,250	67.00
68.00 06800	SPEECH PATHOLOGY	349,704	69,220	2,184	421,108	68.00
69.00 06900	ELECTROCARDIOLOGY	39,504	27,473	48,753	115,730	69.00
69.01 06901	CARDIAC REHAB	102,751	151,576	37,184	291,511	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	778	31,684	68,200	100,662	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,351	120,250	78,529	220,130	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	-602	270,352	58,319	328,069	73.00
76.00 03020	RENAL ACUTE	784,889	74,209	1,015	860,113	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	4,589	0	4,589	90.00
90.05 09005	PATIENT NUTRITION	1,301	40,631	1,635	43,567	90.05
90.07 09007	WOUND CLINIC	0	82,082	20,260	102,342	90.07
91.00 09100	EMERGENCY	2,164	506,747	259,653	768,564	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)	5,811,761	19,209,927	8,102,178	33,123,866	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	26,027	0	55,188	81,215	194.00
194.01 07951	RENTAL PROPERTY	216,060	0	8,378	224,438	194.01
194.02 07954	FAMILY PRACTICE	534	780,426	398,141	1,179,101	194.02
194.03 07952	WELLNESS	0	294,773	0	294,773	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 4:13 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.04 07955 PHYSICIAN PRACTICES	49,429	0	72,010	121,439	5,495	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	7,623	7,623	11	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	575,813	60,336	6,640	642,789	355	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)	6,679,624	20,345,462	8,650,158	35,675,244	109,282	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	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	00540	74,511					5.01
5.02	00550	0	0				5.02
5.03	00560	0	0	0			5.03
5.04	00570	2,672	0	0	145,766		5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00590	6,887	0	0	0		5.06
7.00	00700	4,215	0	0	0		7.00
8.00	00800	1,069	0	0	0		8.00
9.00	00900	475	0	0	0		9.00
10.00	01000	1,781	0	0	0		10.00
11.00	01100	0	0	0	0		11.00
13.00	01300	534	0	0	0		13.00
16.00	01600	1,781	0	0	0		16.00
17.00	01700	0	0	0	0		17.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
23.01	02341	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,155	0	0	25,081	0	30.00
31.00	03100	1,722	0	0	7,042	0	31.00
35.00	02040	1,069	0	0	4,245	0	35.00
41.00	04100	1,841	0	0	1,011	0	41.00
43.00	04300	237	0	0	1,464	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,868	0	0	26,916	0	50.00
50.01	05001	356	0	0	3,286	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	1,069	0	0	553	0	51.00
51.02	05101	1,603	0	0	386	0	51.02
52.00	05200	1,366	0	0	4,189	0	52.00
54.00	05400	6,412	0	0	3,292	0	54.00
55.00	05500	2,434	0	0	433	0	55.00
56.00	05600	0	0	0	291	0	56.00
57.00	05700	416	0	0	4,529	0	57.00
58.00	05800	237	0	0	719	0	58.00
59.00	05900	2,019	0	0	8,884	0	59.00
60.00	06000	475	0	0	12,060	0	60.00
62.00	06200	0	0	0	724	0	62.00
65.00	06500	831	0	0	3,069	0	65.00
66.00	06600	1,366	0	0	3,016	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	59	0	0	0	0	66.02
67.00	06700	297	0	0	1,382	0	67.00
68.00	06800	59	0	0	329	0	68.00
69.00	06900	237	0	0	3,063	0	69.00
69.01	06901	356	0	0	43	0	69.01
70.00	07000	1,009	0	0	902	0	70.00
71.00	07100	831	0	0	665	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	2,969	0	0	19,019	0	73.00
76.00	03020	237	0	0	984	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.05	09005	0	0	0	0	0	90.05
90.07	09007	772	0	0	0	0	90.07
91.00	09100	3,740	0	0	8,189	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		68,456	0	0	145,766	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	59	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07954	4,215	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07955	1,306	0	0	0	0	194.04
194.06	07953	0	0	0	0	0	194.06
194.07	07956	475	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 4:13 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)	74,511	0	0	145,766	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 4:13 pm		
Cost Center Description			OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.06	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	553,238				5.06
7.00	00700	OPERATION OF PLANT	30,587	7,372,104			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,610	73,078	385,908		8.00
9.00	00900	HOUSEKEEPING	6,579	64,840	27,641	360,721	9.00
10.00	01000	DIETARY	7,965	133,951	2,053	6,679	700,801
11.00	01100	CAFETERIA	0	95,582	0	4,766	0
13.00	01300	NURSING ADMINISTRATION	6,309	28,997	0	1,446	0
16.00	01600	MEDICAL RECORDS & LIBRARY	8,209	64,474	0	3,215	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,122	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,569	0	0	0	0
23.00	02300	PARAMED PRGM	452	0	0	0	0
23.01	02341	OTHER MED ED	611	8,787	0	438	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,222	2,294,913	119,455	114,430	523,725
31.00	03100	INTENSIVE CARE UNIT	18,227	280,570	21,992	13,990	88,976
35.00	02040	INTENSIVE NURSERY	6,049	35,148	1,923	1,753	38,978
41.00	04100	SUBPROVIDER - IRF	4,310	180,875	3,294	9,019	0
43.00	04300	NURSERY	2,876	47,925	0	2,390	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,468	497,130	24,756	24,789	0
50.01	05001	CARDIAC SURGERY	4,737	21,967	20	1,095	0
50.02	05002	WVSC	23,257	366,462	28,885	18,273	0
51.00	05100	RECOVERY ROOM	4,062	17,476	14,551	871	0
51.02	05101	O/P TREATMENT ROOM	6,689	260,482	12,594	12,989	45,908
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,167	253,904	17,464	12,661	15
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,888	398,277	11,718	19,859	0
55.00	05500	RADIOLOGY-THERAPEUTIC	11,348	322,100	6,308	16,061	0
56.00	05600	RADIOISOTOPE	2,583	35,562	1,813	1,773	0
57.00	05700	CT SCAN	5,323	26,507	0	1,322	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,286	31,645	12,596	1,578	0
59.00	05900	CARDIAC CATHETERIZATION	30,379	203,733	3,615	10,159	3,199
60.00	06000	LABORATORY	17,535	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,344	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	8,705	26,043	0	1,299	0
66.00	06600	PHYSICAL THERAPY	5,295	123,871	3,332	6,177	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	3,892	0	6,756	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,958	20,234	0	1,009	0
68.00	06800	SPEECH PATHOLOGY	1,231	40,127	0	2,001	0
69.00	06900	ELECTROCARDIOLOGY	4,882	15,926	2,232	794	0
69.01	06901	CARDIAC REHAB	1,132	87,869	160	4,381	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,273	18,367	672	916	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,084	69,709	0	3,476	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,549	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	81,932	156,724	0	7,815	0
76.00	03020	RENAL ACUTE	2,932	43,019	1,930	2,145	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	465	2,660	0	133	0
90.05	09005	PATIENT NUTRITION	775	23,554	0	1,174	0
90.07	09007	WOUND CLINIC	2,744	47,583	4,065	2,373	0
91.00	09100	EMERGENCY	21,227	293,762	53,941	14,648	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	512,839	6,713,833	383,766	327,897	700,801
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	6,557	0	305	0	0
194.01	07951	RENTAL PROPERTY	310	0	0	0	0
194.02	07954	FAMILY PRACTICE	7,887	452,414	407	22,559	0
194.03	07952	WELLNESS	1,475	170,880	0	8,521	0
194.04	07955	PHYSICIAN PRACTICES	22,953	0	1,430	0	0
194.06	07953	SYCAMORE SPORTS MED	241	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	976	34,977	0	1,744	0
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 4:13 pm	
Cost Center Description		OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	553,238	7,372,104	385,908	360,721	700,801		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
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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 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA	288,441					11.00	
13.00 01300 NURSING ADMINISTRATION	0	104,754				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	218,067			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	4,691	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	0	347	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	43,953	16,731	0		30.00	
31.00 03100 INTENSIVE CARE UNIT	0	9,746	4,220	0		31.00	
35.00 02040 INTENSIVE NURSERY	0	3,313	2,541	0		35.00	
41.00 04100 SUBPROVIDER - I&R	0	2,838	605	0		41.00	
43.00 04300 NURSERY	0	2,170	876	0		43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	6,947	28,051	0		50.00	
50.01 05001 CARDIAC SURGERY	0	629	2,037	0		50.01	
50.02 05002 WVSC	0	0	17,718	0		50.02	
51.00 05100 RECOVERY ROOM	0	2,889	846	0		51.00	
51.02 05101 O/P TREATMENT ROOM	0	4,700	1,730	0		51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,521	3,281	0		52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	9,000	0		54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	6,469	0		55.00	
56.00 05600 RADIOISOTOPE	0	0	1,506	0		56.00	
57.00 05700 CT SCAN	0	0	9,603	0		57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,290	0		58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	18,513	0		59.00	
60.00 06000 LABORATORY	0	0	15,404	0		60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	537	0		62.00	
65.00 06500 RESPIRATORY THERAPY	0	4,982	2,030	0		65.00	
66.00 06600 PHYSICAL THERAPY	0	0	1,938	0		66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	0	1,138	0		66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,295	0		67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	426	0		68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	3,331	0		69.00	
69.01 06901 CARDIAC REHAB	0	0	237	0		69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,360	0		70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	424	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	4,635	41,291	0		73.00	
76.00 03020 RENAL ACUTE	0	0	663	0		76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	257	133	0		90.00	
90.05 09005 PATIENT NUTRITION	0	591	37	0		90.05	
90.07 09007 WOUND CLINIC	0	668	972	0		90.07	
91.00 09100 EMERGENCY	0	10,568	20,834	0		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)					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	0	0	0	0		194.02	
194.03 07952 WELLNESS	0	0	0	0		194.03	
194.04 07955 PHYSICIAN PRACTICES	0	0	0	0		194.04	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 4:13 pm	
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	0	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments					4,691	200.00
201.00		Negative Cost Centers	288,441	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	288,441	104,754	218,067	0	4,691	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:
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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 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMIN AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	6,083					22.00
23.00 02300 PARAMED PRGM		461				23.00
23.01 02341 OTHER MED ED			28,038			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS				8,377,001		30.00
31.00 03100 INTENSIVE CARE UNIT				1,562,909		31.00
35.00 02040 INTENSIVE NURSERY				311,094		35.00
41.00 04100 SUBPROVIDER - IRF				581,047		41.00
43.00 04300 NURSERY				150,567		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM				4,127,324		50.00
50.01 05001 CARDIAC SURGERY				304,889		50.01
50.02 05002 WVSC				1,798,683		50.02
51.00 05100 RECOVERY ROOM				119,920		51.00
51.02 05101 O/P TREATMENT ROOM				982,080		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM				1,065,184		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				2,537,497		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC				2,234,844		55.00
56.00 05600 RADIOISOTOPE				135,848		56.00
57.00 05700 CT SCAN				417,947		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				695,566		58.00
59.00 05900 CARDIAC CATHETERIZATION				919,415		59.00
60.00 06000 LABORATORY				48,287		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				3,605		62.00
65.00 06500 RESPIRATORY THERAPY				377,739		65.00
66.00 06600 PHYSICAL THERAPY				696,119		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				0		66.01
66.02 06602 O/P PHYSICAL THERAPY				76,735		66.02
67.00 06700 OCCUPATIONAL THERAPY				74,425		67.00
68.00 06800 SPEECH PATHOLOGY				465,281		68.00
69.00 06900 ELECTROCARDIOLOGY				147,919		69.00
69.01 06901 CARDIAC REHAB				386,023		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY				128,602		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				297,319		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS				22,549		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				646,606		73.00
76.00 03020 RENAL ACUTE				912,023		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC				8,440		90.00
90.05 09005 PATIENT NUTRITION				70,036		90.05
90.07 09007 WOUND CLINIC				161,907		90.07
91.00 09100 EMERGENCY				1,201,222		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	32,046,652	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				0		190.00
194.00 07950 RURAL HEALTH				89,558		194.00
194.01 07951 RENTAL PROPERTY				224,748		194.01
194.02 07954 FAMILY PRACTICE				1,668,718		194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

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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				476,040	0	194.03
194.04 07955 PHYSICIAN PRACTICES				152,623	0	194.04
194.06 07953 SYCAMORE SPORTS MED				7,875	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				681,316	0	194.07
200.00 Cross Foot Adjustments	6,083	461	28,038	39,273	0	200.00
201.00 Negative Cost Centers	0	0	0	288,441	0	201.00
202.00 TOTAL (sum lines 118-201)	6,083	461	28,038	35,675,244	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 4:13 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL PRGM		23.00
23.01	02341	OTHER MED ED		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	8,377,001	30.00
31.00	03100	INTENSIVE CARE UNIT	1,562,909	31.00
35.00	02040	INTENSIVE NURSERY	311,094	35.00
41.00	04100	SUBPROVIDER - I&R	581,047	41.00
43.00	04300	NURSERY	150,567	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,127,324	50.00
50.01	05001	CARDIAC SURGERY	304,889	50.01
50.02	05002	WVSC	1,798,683	50.02
51.00	05100	RECOVERY ROOM	119,920	51.00
51.02	05101	O/P TREATMENT ROOM	982,080	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,065,184	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,537,497	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,234,844	55.00
56.00	05600	RADIOISOTOPE	135,848	56.00
57.00	05700	CT SCAN	417,947	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	695,566	58.00
59.00	05900	CARDIAC CATHETERIZATION	919,415	59.00
60.00	06000	LABORATORY	48,287	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,605	62.00
65.00	06500	RESPIRATORY THERAPY	377,739	65.00
66.00	06600	PHYSICAL THERAPY	696,119	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	76,735	66.02
67.00	06700	OCCUPATIONAL THERAPY	74,425	67.00
68.00	06800	SPEECH PATHOLOGY	465,281	68.00
69.00	06900	ELECTROCARDIOLOGY	147,919	69.00
69.01	06901	CARDIAC REHAB	386,023	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	128,602	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	297,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	646,606	73.00
76.00	03020	RENAL ACUTE	912,023	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	8,440	90.00
90.05	09005	PATIENT NUTRITION	70,036	90.05
90.07	09007	WOUND CLINIC	161,907	90.07
91.00	09100	EMERGENCY	1,201,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,046,652	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	RURAL HEALTH	89,558	194.00
194.01	07951	RENTAL PROPERTY	224,748	194.01
194.02	07954	FAMILY PRACTICE	1,668,718	194.02
194.03	07952	WELLNESS	476,040	194.03
194.04	07955	PHYSICIAN PRACTICES	152,623	194.04
194.06	07953	SYCAMORE SPORTS MED	7,875	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	681,316	194.07
200.00		Cross Foot Adjustments	39,273	200.00
201.00		Negative Cost Centers	288,441	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 4:13 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	35,675,244	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
		NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	966,430				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		3,290,587			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,191	0	93,061,256		4.00
5.01	00540	NONPATIENT TELEPHONES	657	22,837	550,824	1,255	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	3,062	5,005	1,285,739	45	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	18,571	46,438	5,045,551	116	5.06
7.00	00700	OPERATION OF PLANT	334,876	102,246	1,744,166	71	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	67,186	605,594	18	8.00
9.00	00900	HOUSEKEEPING	5,313	56,667	1,979,545	8	9.00
10.00	01000	DIETARY	10,976	118,544	1,820,635	30	10.00
11.00	01100	CAFETERIA	7,832	8,780	112,416	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	4,700	1,431,928	9	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	6,812	1,978,913	30	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,336,242	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,289,792	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	7,544	0	23.00
23.01	02341	OTHER MEDICAL	720	928	219,947	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,046	392,590	19,764,193	171	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	163,110	5,337,517	29	31.00
35.00	02040	INTENSIVE NURSERY	2,880	53,603	1,930,109	18	35.00
41.00	04100	SUBPROVIDER - I&R	14,821	18,930	1,325,937	31	41.00
43.00	04300	NURSERY	3,927	3,330	1,024,983	4	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,735	683,560	4,488,896	82	50.00
50.01	05001	CARDIAC SURGERY	1,800	64,973	2,083,451	6	50.01
50.02	05002	WVSC	30,028	108,783	0	0	50.02
51.00	05100	RECOVERY ROOM	1,432	16,756	1,448,191	18	51.00
51.02	05101	O/P TREATMENT ROOM	21,344	69,101	2,164,596	27	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	113,857	3,239,760	23	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,635	340,967	3,685,141	108	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	165,770	433,771	41	55.00
56.00	05600	RADIOISOTOPE	2,914	3,980	336,716	0	56.00
57.00	05700	CT SCAN	2,172	237	1,058,360	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	16,257	567,600	4	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,694	57,020	740,616	34	59.00
60.00	06000	LABORATORY	0	0	0	8	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,134	107,576	2,610,209	14	65.00
66.00	06600	PHYSICAL THERAPY	10,150	14,696	0	23	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	23,183	0	1	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,658	4,696	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	3,288	831	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	1,305	18,546	1,468,226	4	69.00
69.01	06901	CARDIAC REHAB	7,200	14,145	284,076	6	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	25,944	2,079,554	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	29,873	0	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,842	22,185	3,536,280	50	73.00
76.00	03020	RENAL ACUTE	3,525	386	0	4	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	218	0	172,593	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	622	288,104	0	90.05
90.07	09007	WOUND CLINIC	3,899	7,707	330,179	13	90.07
91.00	09100	EMERGENCY	24,071	98,774	4,897,025	63	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	912,491	3,082,131	84,704,919	1,153	1,118
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	20,994	1,211,182	1	194.00
194.01	07951	RENTAL PROPERTY	0	3,187	0	0	194.01
194.02	07954	FAMILY PRACTICE	37,071	151,456	1,818,972	71	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
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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	14,002	0	333,271	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	27,393	4,680,402	22	2	194.04
194.06 07953 SYCAMORE SPORTS MED	0	2,900	9,781	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	2,526	302,729	8	4	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	20,345,462	8,650,158	21,956,599	1,048,745	11,672,578	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	21.052184	2.628758	0.235937	835.653386	10,384.855872	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			109,282	74,511	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001174	59.371315	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
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Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,147,315				5.03
5.04	00570	ADMITTING	3,690	523,033,103			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,306,588,269		5.05
5.06	00590	OTHER ADMIN AND GENERAL	205	0	0	-25,813,412	309,956,992
7.00	00700	OPERATION OF PLANT	2,032	0	0	0	17,135,332
8.00	00800	LAUNDRY & LINEN SERVICE	7,135	0	0	0	1,462,461
9.00	00900	HOUSEKEEPING	14,526	0	0	0	3,685,569
10.00	01000	DIETARY	305	0	0	0	4,462,187
11.00	01100	CAFETERIA	5	0	0	635,632	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,534,189
16.00	01600	MEDICAL RECORDS & LIBRARY	93	0	0	0	4,598,818
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,748,828
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,559,779
23.00	02300	PARAMED ED PRGM	0	0	0	0	253,012
23.01	02341	OTHER MED ED	0	0	0	0	342,091
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,160,430	89,896,038	100,187,261	0	43,261,710
31.00	03100	INTENSIVE CARE UNIT	619,067	25,240,315	25,271,663	0	10,211,236
35.00	02040	INTENSIVE NURSERY	80,044	15,215,931	15,215,931	0	3,388,904
41.00	04100	SUBPROVIDER - I&R	47,591	3,624,414	3,625,454	0	2,414,399
43.00	04300	NURSERY	0	5,245,733	5,245,733	0	1,611,032
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	209,058	97,039,847	167,969,127	0	15,948,527
50.01	05001	CARDIAC SURGERY	1,167,270	11,777,952	12,195,737	0	2,653,794
50.02	05002	WVSC	30,059	0	106,095,052	0	13,028,954
51.00	05100	RECOVERY ROOM	128,507	1,982,640	5,065,446	0	2,275,519
51.02	05101	O/P TREATMENT ROOM	109,230	1,383,483	10,360,970	0	3,747,278
52.00	05200	DELIVERY ROOM & LABOR ROOM	288,661	15,016,066	19,648,524	0	5,695,895
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,605	11,799,799	53,890,466	0	10,021,119
55.00	05500	RADIOLOGY-THERAPEUTIC	2,542	1,552,505	38,735,923	0	6,357,658
56.00	05600	RADIOISOTOPE	5,547	1,044,317	9,016,112	0	1,446,982
57.00	05700	CT SCAN	192,171	16,233,170	57,501,526	0	2,982,043
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,147	2,576,870	13,713,140	0	1,841,125
59.00	05900	CARDIAC CATHETERIZATION	34,866	31,841,019	110,857,918	0	17,018,885
60.00	06000	LABORATORY	0	43,227,570	92,236,841	0	9,823,289
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,596,659	3,216,828	0	1,313,409
65.00	06500	RESPIRATORY THERAPY	114,019	11,000,711	12,153,254	0	4,876,897
66.00	06600	PHYSICAL THERAPY	2,626	10,811,304	11,604,203	0	2,966,499
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	2,616	0	6,812,335	0	2,180,119
67.00	06700	OCCUPATIONAL THERAPY	0	4,953,921	7,752,483	0	1,657,015
68.00	06800	SPEECH PATHOLOGY	0	1,179,232	2,548,823	0	689,512
69.00	06900	ELECTROCARDIOLOGY	18,391	10,977,783	19,943,720	0	2,735,064
69.01	06901	CARDIAC REHAB	811	153,720	1,421,475	0	634,330
70.00	07000	ELECTROENCEPHALOGRAPHY	3,644	3,232,715	8,145,340	0	1,273,316
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,613	2,384,150	2,537,728	0	1,167,584
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,632,757
73.00	07300	DRUGS CHARGED TO PATIENTS	83,109	68,167,958	248,055,913	0	45,922,400
76.00	03020	RENAL ACUTE	48,171	3,525,499	3,970,687	0	1,642,518
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,104	797,668	0	260,304
90.05	09005	PATIENT NUTRITION	170	0	223,008	0	434,083
90.07	09007	WOUND CLINIC	59,719	0	5,820,246	0	1,537,120
91.00	09100	EMERGENCY	597,517	29,350,678	124,751,734	0	11,891,699
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,117,192	523,033,103	1,306,588,269	-25,177,780	287,325,241
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	10,761	0	0	0	3,673,279
194.01	07951	RENTAL PROPERTY	0	0	0	0	173,661
194.02	07954	FAMILY PRACTICE	49	0	0	0	4,418,446
194.03	07952	WELLNESS	0	0	0	0	826,235
194.04	07955	PHYSICIAN PRACTICES	19,163	0	0	0	12,858,688

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 4:13 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	134,748	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	150	0	0	0	546,694	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)	1,407,606	2,349,069	6,230,243		25,813,412	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.273464	0.004491	0.004768		0.083281	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	145,766	0		553,238	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000279	0.000000		0.001785	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 4:13 pm

Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	604,073				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,111,064			8.00
9.00	00900	HOUSEKEEPING	5,313	79,581	592,772		9.00
10.00	01000	DIETARY	10,976	5,912	10,976	183,353	10.00
11.00	01100	CAFETERIA	7,832	0	7,832	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	0	2,376	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	0	16.00
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	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01	02341	OTHER MEDICAL	720	0	720	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,046	343,919	188,046	137,024	3,629
31.00	03100	INTENSIVE CARE UNIT	22,990	63,318	22,990	23,279	759
35.00	02040	INTENSIVE NURSERY	2,880	5,537	2,880	10,198	258
41.00	04100	SUBPROVIDER - I&R	14,821	9,485	14,821	0	221
43.00	04300	NURSERY	3,927	0	3,927	0	169
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,735	71,275	40,735	0	560
50.01	05001	CARDIAC SURGERY	1,800	59	1,800	0	77
50.02	05002	WVSC	30,028	83,163	30,028	0	0
51.00	05100	RECOVERY ROOM	1,432	41,895	1,432	0	225
51.02	05101	O/P TREATMENT ROOM	21,344	36,260	21,344	12,011	366
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	50,279	20,805	4	443
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,635	33,736	32,635	0	384
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	18,160	26,393	0	62
56.00	05600	RADIOISOTOPE	2,914	5,219	2,914	0	51
57.00	05700	CT SCAN	2,172	0	2,172	0	146
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	36,266	2,593	0	70
59.00	05900	CARDIAC CATHETERIZATION	16,694	10,409	16,694	837	101
60.00	06000	LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,134	0	2,134	0	388
66.00	06600	PHYSICAL THERAPY	10,150	9,594	10,150	0	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	19,450	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,658	0	1,658	0	0
68.00	06800	SPEECH PATHOLOGY	3,288	0	3,288	0	0
69.00	06900	ELECTROCARDIOLOGY	1,305	6,425	1,305	0	267
69.01	06901	CARDIAC REHAB	7,200	461	7,200	0	44
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	1,934	1,505	0	77
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	437
76.00	03020	RENAL ACUTE	3,525	5,556	3,525	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	218	0	218	0	20
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	46
90.07	09007	WOUND CLINIC	3,899	11,703	3,899	0	52
91.00	09100	EMERGENCY	24,071	155,302	24,071	0	823
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	550,134	1,104,898	538,833	183,353	10,810
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	878	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	37,071	1,171	37,071	0	143
194.03	07952	WELLNESS	14,002	0	14,002	0	0
194.04	07955	PHYSICIAN PRACTICES	0	4,117	0	0	287
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 4:13 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	44	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)	18,562,380	1,768,259	4,282,422	5,259,784	-338,383	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.728703	1.591501	7.224400	28.686654	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,372,104	385,908	360,721	700,801	288,441	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.203995	0.347332	0.608532	3.822141	25.561946	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
5/25/2017 4:13 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 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION	8,158					13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,306,588,269				16.00	
17.00 01700 SOCIAL SERVICE	0	0	0			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	0	0	0	0		23.00	
23.01 02341 OTHER MED ED	27	0	0	0		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	3,423	100,187,261	0	367	367	30.00	
31.00 03100 INTENSIVE CARE UNIT	759	25,271,663	0	0	0	31.00	
35.00 02040 INTENSIVE NURSERY	258	15,215,931	0	9	9	35.00	
41.00 04100 SUBPROVIDER - IRF	221	3,625,454	0	0	0	41.00	
43.00 04300 NURSERY	169	5,245,733	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	541	167,969,127	0	43	43	50.00	
50.01 05001 CARDIAC SURGERY	49	12,195,737	0	0	0	50.01	
50.02 05002 WVSC	0	106,095,052	0	0	0	50.02	
51.00 05100 RECOVERY ROOM	225	5,065,446	0	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	366	10,360,970	0	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	430	19,648,524	0	98	98	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	53,890,466	0	15	15	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	38,735,923	0	7	7	55.00	
56.00 05600 RADIOISOTOPE	0	9,016,112	0	0	0	56.00	
57.00 05700 CT SCAN	0	57,501,526	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,713,140	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	110,857,918	0	5	5	59.00	
60.00 06000 LABORATORY	0	92,236,841	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,216,828	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	388	12,153,254	0	15	15	65.00	
66.00 06600 PHYSICAL THERAPY	0	11,604,203	0	1	1	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	6,812,335	0	32	32	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	7,752,483	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	2,548,823	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	19,943,720	0	1	1	69.00	
69.01 06901 CARDIAC REHAB	0	1,421,475	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	8,145,340	0	3	3	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,537,728	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	361	248,055,913	0	14	14	73.00	
76.00 03020 RENAL ACUTE	0	3,970,687	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	20	797,668	0	156	156	90.00	
90.05 09005 PATIENT NUTRITION	46	223,008	0	2	2	90.05	
90.07 09007 WOUND CLINIC	52	5,820,246	0	17	17	90.07	
91.00 09100 EMERGENCY	823	124,751,734	0	105	105	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,158	1,306,588,269	0	890	890	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	0	0	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	0	0	194.01	
194.02 07954 FAMILY PRACTICE	0	0	0	110	110	194.02	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 4:13 pm

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	0	0	0	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,918,696	5,182,319	0	1,894,472	2,772,960	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	480.350086	0.003966	0.000000	1,894.472000	2,772.960000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	104,754	218,067	0	4,691	6,083	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	12.840647	0.000167	0.000000	4.691000	6.083000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
5/25/2017 4:13 pm

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	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM	100	23.00
23.01	02341	OTHER MED ED		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: 15-0023

Period:
From 01/01/2016
To 12/31/2016

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)	274,083	410,877	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,740.830000	4,108.770000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	461	28,038	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.610000	280.380000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 4:13 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		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		60,521,204	0	60,521,204	30.00
31.00	03100	INTENSIVE CARE UNIT		13,167,561	0	13,167,561	31.00
35.00	02040	INTENSIVE NURSERY		4,266,074	0	4,266,074	35.00
41.00	04100	SUBPROVIDER - IRF		3,313,607	0	3,313,607	41.00
43.00	04300	NURSERY		1,996,226	0	1,996,226	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		19,862,225	0	19,862,225	50.00
50.01	05001	CARDIAC SURGERY		3,015,120	0	3,015,120	50.01
50.02	05002	WVSC		15,806,800	0	15,806,800	50.02
51.00	05100	RECOVERY ROOM		2,714,220	0	2,714,220	51.00
51.02	05101	O/P TREATMENT ROOM		5,488,589	0	5,488,589	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM		7,324,481	0	7,324,481	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		12,635,791	0	12,635,791	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		8,071,356	0	8,071,356	55.00
56.00	05600	RADIOISOTOPE		1,722,147	0	1,722,147	56.00
57.00	05700	CT SCAN		3,540,876	0	3,540,876	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		2,204,972	0	2,204,972	58.00
59.00	05900	CARDIAC CATHETERIZATION		19,550,064	0	19,550,064	59.00
60.00	06000	LABORATORY		11,007,193	183,070	11,190,263	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,435,549	0	1,435,549	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,598,618	0	5,598,618	65.00
66.00	06600	PHYSICAL THERAPY	0	3,660,067	0	3,660,067	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	2,419,654	0	2,419,654	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,888,685	0	1,888,685	67.00
68.00	06800	SPEECH PATHOLOGY	0	881,834	0	881,834	68.00
69.00	06900	ELECTROCARDIOLOGY		3,101,694	0	3,101,694	69.00
69.01	06901	CARDIAC REHAB		966,793	0	966,793	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,471,861	0	1,471,861	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,491,675	0	1,491,675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		13,684,826	0	13,684,826	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		51,802,600	0	51,802,600	73.00
76.00	03020	RENAL ACUTE		1,937,684	0	1,937,684	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		303,027	0	303,027	90.00
90.05	09005	PATIENT NUTRITION		566,463	3,365	569,828	90.05
90.07	09007	WOUND CLINIC		1,879,798	0	1,879,798	90.07
91.00	09100	EMERGENCY		14,932,878	0	14,932,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		9,646,008	0	9,646,008	92.00
200.00		Subtotal (see instructions)	0	313,878,220	186,435	314,064,655	200.00
201.00		Less Observation Beds		9,646,008	0	9,646,008	201.00
202.00		Total (see instructions)	0	304,232,212	186,435	304,418,647	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 4:13 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	89,896,038		89,896,038		30.00
31.00	03100	INTENSIVE CARE UNIT	25,240,315		25,240,315		31.00
35.00	02040	INTENSIVE NURSERY	15,215,931		15,215,931		35.00
41.00	04100	SUBPROVIDER - I RF	3,624,414		3,624,414		41.00
43.00	04300	NURSERY	5,245,733		5,245,733		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90,256,022	66,748,464	157,004,486	0.126507	50.00
50.01	05001	CARDIAC SURGERY	9,481,312	417,785	9,899,097	0.304585	50.01
50.02	05002	WVSC	87,966	103,807,278	103,895,244	0.152142	50.02
51.00	05100	RECOVERY ROOM	1,982,640	3,082,806	5,065,446	0.535830	51.00
51.02	05101	O/P TREATMENT ROOM	37,907	2,710,425	2,748,332	1.997062	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,016,066	3,149,164	18,165,230	0.403214	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,796,754	41,550,645	53,347,399	0.236859	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,552,505	37,131,616	38,684,121	0.208648	55.00
56.00	05600	RADIOISOTOPE	1,044,317	7,971,795	9,016,112	0.191008	56.00
57.00	05700	CT SCAN	16,233,170	41,268,356	57,501,526	0.061579	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,576,870	11,136,270	13,713,140	0.160793	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,038,154	75,040,061	106,078,215	0.184299	59.00
60.00	06000	LABORATORY	43,227,570	49,009,271	92,236,841	0.119336	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,596,659	620,169	3,216,828	0.446262	62.00
65.00	06500	RESPIRATORY THERAPY	11,000,711	1,152,543	12,153,254	0.460668	65.00
66.00	06600	PHYSICAL THERAPY	10,811,304	792,899	11,604,203	0.315409	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,812,335	6,812,335	0.355187	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,953,921	2,798,562	7,752,483	0.243623	67.00
68.00	06800	SPEECH PATHOLOGY	1,179,232	1,369,591	2,548,823	0.345977	68.00
69.00	06900	ELECTROCARDIOLOGY	10,977,783	8,623,229	19,601,012	0.158242	69.00
69.01	06901	CARDIAC REHAB	153,720	1,267,755	1,421,475	0.680134	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,232,715	1,331,312	4,564,027	0.322492	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,384,150	153,578	2,537,728	0.587799	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,827,041	7,548,071	15,375,112	0.890064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,167,958	178,146,392	246,314,350	0.210311	73.00
76.00	03020	RENAL ACUTE	3,525,499	445,188	3,970,687	0.487997	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,104	796,564	797,668	0.379891	90.00
90.05	09005	PATIENT NUTRITION	0	223,008	223,008	2.540102	90.05
90.07	09007	WOUND CLINIC	5,000	5,773,097	5,778,097	0.325332	90.07
91.00	09100	EMERGENCY	29,350,678	95,401,056	124,751,734	0.119701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,345,576	16,492,131	17,837,707	0.540765	92.00
200.00		Subtotal (see instructions)	521,066,735	772,771,416	1,293,838,151		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	521,066,735	772,771,416	1,293,838,151		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 4:13 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	0.126507		50.00
50.01	05001 CARDIAC SURGERY	0.304585		50.01
50.02	05002 WVSC	0.152142		50.02
51.00	05100 RECOVERY ROOM	0.535830		51.00
51.02	05101 O/P TREATMENT ROOM	1.997062		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.403214		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.236859		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.208648		55.00
56.00	05600 RADIOISOTOPE	0.191008		56.00
57.00	05700 CT SCAN	0.061579		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.160793		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.184299		59.00
60.00	06000 LABORATORY	0.121321		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446262		62.00
65.00	06500 RESPIRATORY THERAPY	0.460668		65.00
66.00	06600 PHYSICAL THERAPY	0.315409		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.355187		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.243623		67.00
68.00	06800 SPEECH PATHOLOGY	0.345977		68.00
69.00	06900 ELECTROCARDIOLOGY	0.158242		69.00
69.01	06901 CARDIAC REHAB	0.680134		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.322492		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.587799		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.890064		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210311		73.00
76.00	03020 RENAL ACUTE	0.487997		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.379891		90.00
90.05	09005 PATIENT NUTRITION	2.555191		90.05
90.07	09007 WOUND CLINIC	0.325332		90.07
91.00	09100 EMERGENCY	0.119701		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.540765		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 4:13 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	60,521,204	60,521,204	0	60,521,204	30.00
31.00	03100 INTENSIVE CARE UNIT	13,167,561	13,167,561	0	13,167,561	31.00
35.00	02040 INTENSIVE NURSERY	4,266,074	4,266,074	0	4,266,074	35.00
41.00	04100 SUBPROVIDER - IRF	3,313,607	3,313,607	0	3,313,607	41.00
43.00	04300 NURSERY	1,996,226	1,996,226	0	1,996,226	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	19,862,225	19,862,225	0	19,862,225	50.00
50.01	05001 CARDIAC SURGERY	3,015,120	3,015,120	0	3,015,120	50.01
50.02	05002 WVSC	15,806,800	15,806,800	0	15,806,800	50.02
51.00	05100 RECOVERY ROOM	2,714,220	2,714,220	0	2,714,220	51.00
51.02	05101 O/P TREATMENT ROOM	5,488,589	5,488,589	0	5,488,589	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,324,481	7,324,481	0	7,324,481	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,635,791	12,635,791	0	12,635,791	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,071,356	8,071,356	0	8,071,356	55.00
56.00	05600 RADIOISOTOPE	1,722,147	1,722,147	0	1,722,147	56.00
57.00	05700 CT SCAN	3,540,876	3,540,876	0	3,540,876	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,204,972	2,204,972	0	2,204,972	58.00
59.00	05900 CARDIAC CATHETERIZATION	19,550,064	19,550,064	0	19,550,064	59.00
60.00	06000 LABORATORY	11,007,193	11,007,193	183,070	11,190,263	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,435,549	1,435,549	0	1,435,549	62.00
65.00	06500 RESPIRATORY THERAPY	5,598,618	5,598,618	0	5,598,618	65.00
66.00	06600 PHYSICAL THERAPY	3,660,067	3,660,067	0	3,660,067	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,419,654	2,419,654	0	2,419,654	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,888,685	1,888,685	0	1,888,685	67.00
68.00	06800 SPEECH PATHOLOGY	881,834	881,834	0	881,834	68.00
69.00	06900 ELECTROCARDIOLOGY	3,101,694	3,101,694	0	3,101,694	69.00
69.01	06901 CARDIAC REHAB	966,793	966,793	0	966,793	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,471,861	1,471,861	0	1,471,861	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,491,675	1,491,675	0	1,491,675	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,684,826	13,684,826	0	13,684,826	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	51,802,600	51,802,600	0	51,802,600	73.00
76.00	03020 RENAL ACUTE	1,937,684	1,937,684	0	1,937,684	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	303,027	303,027	0	303,027	90.00
90.05	09005 PATIENT NUTRITION	566,463	566,463	3,365	569,828	90.05
90.07	09007 WOUND CLINIC	1,879,798	1,879,798	0	1,879,798	90.07
91.00	09100 EMERGENCY	14,932,878	14,932,878	0	14,932,878	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,646,008	9,646,008	0	9,646,008	92.00
200.00	Subtotal (see instructions)	313,878,220	313,878,220	186,435	314,064,655	200.00
201.00	Less Observation Beds	9,646,008	9,646,008	0	9,646,008	201.00
202.00	Total (see instructions)	304,232,212	304,232,212	186,435	304,418,647	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 4:13 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	89,896,038		89,896,038		30.00
31.00	03100	INTENSIVE CARE UNIT	25,240,315		25,240,315		31.00
35.00	02040	INTENSIVE NURSERY	15,215,931		15,215,931		35.00
41.00	04100	SUBPROVIDER - I RF	3,624,414		3,624,414		41.00
43.00	04300	NURSERY	5,245,733		5,245,733		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90,256,022	66,748,464	157,004,486	0.126507	50.00
50.01	05001	CARDIAC SURGERY	9,481,312	417,785	9,899,097	0.304585	50.01
50.02	05002	WVSC	87,966	103,807,278	103,895,244	0.152142	50.02
51.00	05100	RECOVERY ROOM	1,982,640	3,082,806	5,065,446	0.535830	51.00
51.02	05101	O/P TREATMENT ROOM	37,907	2,710,425	2,748,332	1.997062	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,016,066	3,149,164	18,165,230	0.403214	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,796,754	41,550,645	53,347,399	0.236859	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,552,505	37,131,616	38,684,121	0.208648	55.00
56.00	05600	RADIOISOTOPE	1,044,317	7,971,795	9,016,112	0.191008	56.00
57.00	05700	CT SCAN	16,233,170	41,268,356	57,501,526	0.061579	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,576,870	11,136,270	13,713,140	0.160793	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,038,154	75,040,061	106,078,215	0.184299	59.00
60.00	06000	LABORATORY	43,227,570	49,009,271	92,236,841	0.119336	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,596,659	620,169	3,216,828	0.446262	62.00
65.00	06500	RESPIRATORY THERAPY	11,000,711	1,152,543	12,153,254	0.460668	65.00
66.00	06600	PHYSICAL THERAPY	10,811,304	792,899	11,604,203	0.315409	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,812,335	6,812,335	0.355187	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,953,921	2,798,562	7,752,483	0.243623	67.00
68.00	06800	SPEECH PATHOLOGY	1,179,232	1,369,591	2,548,823	0.345977	68.00
69.00	06900	ELECTROCARDIOLOGY	10,977,783	8,623,229	19,601,012	0.158242	69.00
69.01	06901	CARDIAC REHAB	153,720	1,267,755	1,421,475	0.680134	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,232,715	1,331,312	4,564,027	0.322492	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,384,150	153,578	2,537,728	0.587799	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,827,041	7,548,071	15,375,112	0.890064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,167,958	178,146,392	246,314,350	0.210311	73.00
76.00	03020	RENAL ACUTE	3,525,499	445,188	3,970,687	0.487997	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,104	796,564	797,668	0.379891	90.00
90.05	09005	PATIENT NUTRITION	0	223,008	223,008	2.540102	90.05
90.07	09007	WOUND CLINIC	5,000	5,773,097	5,778,097	0.325332	90.07
91.00	09100	EMERGENCY	29,350,678	95,401,056	124,751,734	0.119701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,345,576	16,492,131	17,837,707	0.540765	92.00
200.00		Subtotal (see instructions)	521,066,735	772,771,416	1,293,838,151		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	521,066,735	772,771,416	1,293,838,151		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 4:13 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: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/25/2017 4:13 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		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	8,377,001	0	8,377,001	58,018	144.39	30.00	
31.00	INTENSIVE CARE UNIT	1,562,909		1,562,909	8,314	187.99	31.00	
35.00	INTENSIVE NURSERY	311,094		311,094	3,852	80.76	35.00	
41.00	SUBPROVIDER - IRF	581,047	0	581,047	3,642	159.54	41.00	
43.00	NURSERY	150,567		150,567	3,565	42.23	43.00	
200.00	Total (lines 30-199)	10,982,618		10,982,618	77,391		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	24,958	3,603,686					30.00
31.00	INTENSIVE CARE UNIT	4,836	909,120					31.00
35.00	INTENSIVE NURSERY	0	0					35.00
41.00	SUBPROVIDER - IRF	2,511	400,605					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	32,305	4,913,411					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/25/2017 4:13 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		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	4,127,324	157,004,486	0.026288	44,324,653	1,165,206	50.00
50.01	05001	CARDIAC SURGERY	304,889	9,899,097	0.030800	5,883,938	181,225	50.01
50.02	05002	WVSC	1,798,683	103,895,244	0.017312	85,384	1,478	50.02
51.00	05100	RECOVERY ROOM	119,920	5,065,446	0.023674	1,106,860	26,204	51.00
51.02	05101	O/P TREATMENT ROOM	982,080	2,748,332	0.357337	22,432	8,016	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,065,184	18,165,230	0.058639	2,093,333	122,751	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,537,497	53,347,399	0.047566	6,651,442	316,382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,234,844	38,684,121	0.057772	783,933	45,289	55.00
56.00	05600	RADIOISOTOPE	135,848	9,016,112	0.015067	476,378	7,178	56.00
57.00	05700	CT SCAN	417,947	57,501,526	0.007268	8,996,678	65,388	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	695,566	13,713,140	0.050723	1,224,230	62,097	58.00
59.00	05900	CARDIAC CATHETERIZATION	919,415	106,078,215	0.008667	12,889,976	111,717	59.00
60.00	06000	LABORATORY	48,287	92,236,841	0.000524	23,453,438	12,290	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,605	3,216,828	0.001121	1,519,853	1,704	62.00
65.00	06500	RESPIRATORY THERAPY	377,739	12,153,254	0.031081	5,685,131	176,700	65.00
66.00	06600	PHYSICAL THERAPY	696,119	11,604,203	0.059989	3,053,409	183,171	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	76,735	6,812,335	0.011264	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	74,425	7,752,483	0.009600	1,858,388	17,841	67.00
68.00	06800	SPEECH PATHOLOGY	465,281	2,548,823	0.182547	453,057	82,704	68.00
69.00	06900	ELECTROCARDIOLOGY	147,919	19,601,012	0.007546	6,363,222	48,017	69.00
69.01	06901	CARDIAC REHAB	386,023	1,421,475	0.271565	80,992	21,995	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	128,602	4,564,027	0.028177	592,574	16,697	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	297,319	2,537,728	0.117160	1,513,959	177,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,549	15,375,112	0.001467	6,279,338	9,212	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	646,606	246,314,350	0.002625	34,872,784	91,541	73.00
76.00	03020	RENAL ACUTE	912,023	3,970,687	0.229689	2,461,881	565,467	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,440	797,668	0.010581	0	0	90.00
90.05	09005	PATIENT NUTRITION	70,036	223,008	0.314052	0	0	90.05
90.07	09007	WOUND CLINIC	161,907	5,778,097	0.028021	4,324	121	90.07
91.00	09100	EMERGENCY	1,201,222	124,751,734	0.009629	16,214,121	156,126	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,335,143	17,837,707	0.074849	20,557	1,539	92.00
200.00		Total (Lines 50-199)	22,399,177	1,154,615,720		188,966,265	3,675,431	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/25/2017 4:13 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			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	58,018	0.00	24,958	0		30.00
31.00	03100	INTENSIVE CARE UNIT	8,314	0.00	4,836	0		31.00
35.00	02040	INTENSIVE NURSERY	3,852	0.00	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	3,642	0.00	2,511	0		41.00
43.00	04300	NURSERY	3,565	0.00	0	0		43.00
200.00		Total (lines 30-199)	77,391		32,305	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 4:13 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	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	274,083	0	274,083	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	410,877	0	410,877	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	684,960	0	684,960	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 4:13 pm
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Cost Center Description		Title XVIII				Hospital		
		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	PPS	
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	157,004,486	0.000000	0.000000	44,324,653	50.00
50.01	05001	CARDIAC SURGERY	0	9,899,097	0.000000	0.000000	5,883,938	50.01
50.02	05002	WVSC	0	103,895,244	0.000000	0.000000	85,384	50.02
51.00	05100	RECOVERY ROOM	0	5,065,446	0.000000	0.000000	1,106,860	51.00
51.02	05101	O/P TREATMENT ROOM	0	2,748,332	0.000000	0.000000	22,432	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,165,230	0.000000	0.000000	2,093,333	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	274,083	53,347,399	0.005138	0.005138	6,651,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	38,684,121	0.000000	0.000000	783,933	55.00
56.00	05600	RADIOISOTOPE	0	9,016,112	0.000000	0.000000	476,378	56.00
57.00	05700	CT SCAN	0	57,501,526	0.000000	0.000000	8,996,678	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,713,140	0.000000	0.000000	1,224,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	106,078,215	0.000000	0.000000	12,889,976	59.00
60.00	06000	LABORATORY	0	92,236,841	0.000000	0.000000	23,453,438	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,216,828	0.000000	0.000000	1,519,853	62.00
65.00	06500	RESPIRATORY THERAPY	0	12,153,254	0.000000	0.000000	5,685,131	65.00
66.00	06600	PHYSICAL THERAPY	0	11,604,203	0.000000	0.000000	3,053,409	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	6,812,335	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7,752,483	0.000000	0.000000	1,858,388	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,548,823	0.000000	0.000000	453,057	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,601,012	0.000000	0.000000	6,363,222	69.00
69.01	06901	CARDIAC REHAB	0	1,421,475	0.000000	0.000000	80,992	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,564,027	0.000000	0.000000	592,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,537,728	0.000000	0.000000	1,513,959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,375,112	0.000000	0.000000	6,279,338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	410,877	246,314,350	0.001668	0.001668	34,872,784	73.00
76.00	03020	RENAL ACUTE	0	3,970,687	0.000000	0.000000	2,461,881	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	797,668	0.000000	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	0	223,008	0.000000	0.000000	0	90.05
90.07	09007	WOUND CLINIC	0	5,778,097	0.000000	0.000000	4,324	90.07
91.00	09100	EMERGENCY	0	124,751,734	0.000000	0.000000	16,214,121	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,837,707	0.000000	0.000000	20,557	92.00
200.00		Total (Lines 50-199)	684,960	1,154,615,720			188,966,265	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 4:13 pm
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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	18,789,094	0	50.00
50.01	05001	CARDIAC SURGERY	0	26,121	0	50.01
50.02	05002	WVSC	0	32,351,362	0	50.02
51.00	05100	RECOVERY ROOM	0	10,353	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	878,978	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	295,282	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,175	9,613,009	49,392	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,148,750	0	55.00
56.00	05600	RADIOISOTOPE	0	2,606,189	0	56.00
57.00	05700	CT SCAN	0	14,480,535	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,239,644	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,041,640	0	59.00
60.00	06000	LABORATORY	0	11,371,571	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	456,688	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	939,990	0	65.00
66.00	06600	PHYSICAL THERAPY	0	100,924	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	50,613	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	16,181	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,225,814	0	69.00
69.01	06901	CARDIAC REHAB	0	698,302	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	897,828	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	75,195	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,274,575	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,168	62,143,086	103,655	73.00
76.00	03020	RENAL ACUTE	0	172,431	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	2,647,355	0	90.07
91.00	09100	EMERGENCY	0	21,012,709	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,268,145	0	92.00
200.00		Total (Lines 50-199)	92,343	243,832,364	153,047	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 4:13 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	0.126507	18,789,094	0	0	2,376,952	50.00	
50.01 05001 CARDIAC SURGERY	0.304585	26,121	0	0	7,956	50.01	
50.02 05002 WVSC	0.152142	32,351,362	0	0	4,922,001	50.02	
51.00 05100 RECOVERY ROOM	0.535830	10,353	0	0	5,547	51.00	
51.02 05101 O/P TREATMENT ROOM	1.997062	878,978	0	0	1,755,374	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.403214	295,282	0	0	119,062	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.236859	9,613,009	0	0	2,276,928	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.208648	18,148,750	0	0	3,786,700	55.00	
56.00 05600 RADIOISOTOPE	0.191008	2,606,189	0	0	497,803	56.00	
57.00 05700 CT SCAN	0.061579	14,480,535	0	0	891,697	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.160793	3,239,644	0	0	520,912	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.184299	27,041,640	0	0	4,983,747	59.00	
60.00 06000 LABORATORY	0.119336	11,371,571	3,120	0	1,357,038	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446262	456,688	0	0	203,803	62.00	
65.00 06500 RESPIRATORY THERAPY	0.460668	939,990	0	0	433,023	65.00	
66.00 06600 PHYSICAL THERAPY	0.315409	100,924	0	0	31,832	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0.355187	0	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0.243623	50,613	0	0	12,330	67.00	
68.00 06800 SPEECH PATHOLOGY	0.345977	16,181	0	0	5,598	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.158242	4,225,814	0	0	668,701	69.00	
69.01 06901 CARDIAC REHAB	0.680134	698,302	0	0	474,939	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.322492	897,828	0	0	289,542	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.587799	75,195	0	0	44,200	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.890064	6,274,575	0	0	5,584,773	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.210311	62,143,086	0	59,426	13,069,375	73.00	
76.00 03020 RENAL ACUTE	0.487997	172,431	0	0	84,146	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.379891	0	0	0	0	90.00	
90.05 09005 PATIENT NUTRITION	2.540102	0	0	0	0	90.05	
90.07 09007 WOUND CLINIC	0.325332	2,647,355	0	0	861,269	90.07	
91.00 09100 EMERGENCY	0.119701	21,012,709	0	0	2,515,242	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.540765	5,268,145	0	0	2,848,828	92.00	
200.00		Subtotal (see instructions)	243,832,364	3,120	59,426	50,629,318	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	243,832,364	3,120	59,426	50,629,318	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 CARDIAC SURGERY	0	0		50.01
50.02 05002 WVSC	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
51.02 05101 O/P TREATMENT ROOM	0	0		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	372	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	12,498		73.00
76.00 03020 RENAL ACUTE	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.05 09005 PATIENT NUTRITION	0	0		90.05
90.07 09007 WOUND CLINIC	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	372	12,498		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	372	12,498		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/25/2017 4:13 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	4,127,324	157,004,486	0.026288	95,828	2,519	50.00
50.01	05001 CARDIAC SURGERY	304,889	9,899,097	0.030800	12,221	376	50.01
50.02	05002 WVSC	1,798,683	103,895,244	0.017312	148	3	50.02
51.00	05100 RECOVERY ROOM	119,920	5,065,446	0.023674	3,190	76	51.00
51.02	05101 O/P TREATMENT ROOM	982,080	2,748,332	0.357337	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,065,184	18,165,230	0.058639	1,936	114	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,537,497	53,347,399	0.047566	58,609	2,788	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,234,844	38,684,121	0.057772	20,158	1,165	55.00
56.00	05600 RADIOISOTOPE	135,848	9,016,112	0.015067	3,475	52	56.00
57.00	05700 CT SCAN	417,947	57,501,526	0.007268	79,257	576	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	695,566	13,713,140	0.050723	6,040	306	58.00
59.00	05900 CARDIAC CATHETERIZATION	919,415	106,078,215	0.008667	59,768	518	59.00
60.00	06000 LABORATORY	48,287	92,236,841	0.000524	335,769	176	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,605	3,216,828	0.001121	11,500	13	62.00
65.00	06500 RESPIRATORY THERAPY	377,739	12,153,254	0.031081	95,116	2,956	65.00
66.00	06600 PHYSICAL THERAPY	696,119	11,604,203	0.059989	1,303,528	78,197	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	76,735	6,812,335	0.011264	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	74,425	7,752,483	0.009600	1,252,733	12,026	67.00
68.00	06800 SPEECH PATHOLOGY	465,281	2,548,823	0.182547	318,937	58,221	68.00
69.00	06900 ELECTROCARDIOLOGY	147,919	19,601,012	0.007546	45,678	345	69.00
69.01	06901 CARDIAC REHAB	386,023	1,421,475	0.271565	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	128,602	4,564,027	0.028177	15,613	440	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	297,319	2,537,728	0.117160	10,813	1,267	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,549	15,375,112	0.001467	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	646,606	246,314,350	0.002625	701,468	1,841	73.00
76.00	03020 RENAL ACUTE	912,023	3,970,687	0.229689	202,309	46,468	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	8,440	797,668	0.010581	0	0	90.00
90.05	09005 PATIENT NUTRITION	70,036	223,008	0.314052	0	0	90.05
90.07	09007 WOUND CLINIC	161,907	5,778,097	0.028021	0	0	90.07
91.00	09100 EMERGENCY	1,201,222	124,751,734	0.009629	11,742	113	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,837,707	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	21,064,034	1,154,615,720		4,645,836	210,556	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 4:13 pm
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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	274,083	274,083	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	410,877	410,877	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	684,960	684,960	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 4:13 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	157,004,486	0.000000	0.000000	95,828	50.00
50.01	05001 CARDIAC SURGERY	0	9,899,097	0.000000	0.000000	12,221	50.01
50.02	05002 WVSC	0	103,895,244	0.000000	0.000000	148	50.02
51.00	05100 RECOVERY ROOM	0	5,065,446	0.000000	0.000000	3,190	51.00
51.02	05101 O/P TREATMENT ROOM	0	2,748,332	0.000000	0.000000	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	18,165,230	0.000000	0.000000	1,936	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	274,083	53,347,399	0.005138	0.005138	58,609	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	38,684,121	0.000000	0.000000	20,158	55.00
56.00	05600 RADIOISOTOPE	0	9,016,112	0.000000	0.000000	3,475	56.00
57.00	05700 CT SCAN	0	57,501,526	0.000000	0.000000	79,257	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,713,140	0.000000	0.000000	6,040	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	106,078,215	0.000000	0.000000	59,768	59.00
60.00	06000 LABORATORY	0	92,236,841	0.000000	0.000000	335,769	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,216,828	0.000000	0.000000	11,500	62.00
65.00	06500 RESPIRATORY THERAPY	0	12,153,254	0.000000	0.000000	95,116	65.00
66.00	06600 PHYSICAL THERAPY	0	11,604,203	0.000000	0.000000	1,303,528	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	6,812,335	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	7,752,483	0.000000	0.000000	1,252,733	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,548,823	0.000000	0.000000	318,937	68.00
69.00	06900 ELECTROCARDIOLOGY	0	19,601,012	0.000000	0.000000	45,678	69.00
69.01	06901 CARDIAC REHAB	0	1,421,475	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,564,027	0.000000	0.000000	15,613	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,537,728	0.000000	0.000000	10,813	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,375,112	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	410,877	246,314,350	0.001668	0.001668	701,468	73.00
76.00	03020 RENAL ACUTE	0	3,970,687	0.000000	0.000000	202,309	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	797,668	0.000000	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	0	223,008	0.000000	0.000000	0	90.05
90.07	09007 WOUND CLINIC	0	5,778,097	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	0	124,751,734	0.000000	0.000000	11,742	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,837,707	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	684,960	1,154,615,720			4,645,836	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 4:13 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	301	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	1,170	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	212	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	1,471	212	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.126507	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0.304585	0	0	0	50.01
50.02	05002	WVSC	0.152142	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.535830	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	1.997062	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.403214	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236859	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.208648	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.191008	0	0	0	56.00
57.00	05700	CT SCAN	0.061579	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.160793	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.184299	0	0	0	59.00
60.00	06000	LABORATORY	0.119336	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446262	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.460668	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.315409	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.355187	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243623	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.345977	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158242	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0.680134	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.322492	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.587799	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.890064	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210311	0	0	295	73.00
76.00	03020	RENAL ACUTE	0.487997	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.379891	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	2.540102	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.325332	0	0	0	90.07
91.00	09100	EMERGENCY	0.119701	212	0	0	25 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.540765	0	0	0	0 92.00
200.00		Subtotal (see instructions)		212	0	295	25 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		212	0	295	25 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 4:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 CARDIAC SURGERY	0	0		50.01
50.02 05002 WVSC	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
51.02 05101 O/P TREATMENT ROOM	0	0		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	62		73.00
76.00 03020 RENAL ACUTE	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.05 09005 PATIENT NUTRITION	0	0		90.05
90.07 09007 WOUND CLINIC	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	62		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	62		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2017 4:13 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,018	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,018	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)		48,771	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		24,958	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)		60,521,204	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)		60,521,204	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)		60,521,204	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)		1,043.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,034,938	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		26,034,938	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 4:13 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	13,167,561	8,314	1,583.78	4,836	7,659,160	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	4,266,074	3,852	1,107.50	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					39,787,046	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					73,481,144	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)					4,512,806	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,767,774	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,280,580	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					65,200,564	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,247	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,043.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,646,008	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 4:13 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,377,001	60,521,204	0.138414	9,646,008	1,335,143	90.00
91.00	Nursing School cost	0	60,521,204	0.000000	9,646,008	0	91.00
92.00	Allied health cost	0	60,521,204	0.000000	9,646,008	0	92.00
93.00	All other Medical Education	0	60,521,204	0.000000	9,646,008	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,642	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,642	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,642	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)		2,511	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,313,607	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)		3,313,607	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)		3,313,607	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)		909.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,284,583	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)		2,284,583	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
					Component CCN: 15-T023		Date/Time Prepared: 5/25/2017 4:13 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	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	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,236,623		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,521,206		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)					400,605		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					212,027		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					612,632		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,908,574		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 4:13 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	581,047	3,313,607	0.175352	0	0	90.00
91.00	Nursing School cost	0	3,313,607	0.000000	0	0	91.00
92.00	Allied health cost	0	3,313,607	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,313,607	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 4:13 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,018	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,018	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)		48,771	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)		789	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)		3,565	15.00
16.00	Nursery days (title V or XIX only)		292	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)		60,521,204	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)		60,521,204	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)		60,521,204	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)		1,043.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		823,045	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)		823,045	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 4:13 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,996,226	3,565	559.95	292	163,505	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,167,561	8,314	1,583.78	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	4,266,074	3,852	1,107.50	162	179,415	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,043,580	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,209,545	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,247	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,043.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,646,008	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 4:13 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,377,001	60,521,204	0.138414	9,646,008	1,335,143	90.00
91.00	Nursing School cost	0	60,521,204	0.000000	9,646,008	0	91.00
92.00	Allied health cost	0	60,521,204	0.000000	9,646,008	0	92.00
93.00	All other Medical Education	0	60,521,204	0.000000	9,646,008	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 4:13 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		47,151,378	30.00
31.00	03100	INTENSIVE CARE UNIT		14,533,965	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	0.126507	44,324,653	5,607,379 50.00
50.01	05001	CARDIAC SURGERY	0.304585	5,883,938	1,792,159 50.01
50.02	05002	WVSC	0.152142	85,384	12,990 50.02
51.00	05100	RECOVERY ROOM	0.535830	1,106,860	593,089 51.00
51.02	05101	O/P TREATMENT ROOM	1.997062	22,432	44,798 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.403214	2,093,333	844,061 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236859	6,651,442	1,575,454 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.208648	783,933	163,566 55.00
56.00	05600	RADIOISOTOPE	0.191008	476,378	90,992 56.00
57.00	05700	CT SCAN	0.061579	8,996,678	554,006 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.160793	1,224,230	196,848 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.184299	12,889,976	2,375,610 59.00
60.00	06000	LABORATORY	0.121321	23,453,438	2,845,395 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446262	1,519,853	678,253 62.00
65.00	06500	RESPIRATORY THERAPY	0.460668	5,685,131	2,618,958 65.00
66.00	06600	PHYSICAL THERAPY	0.315409	3,053,409	963,073 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.355187	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243623	1,858,388	452,746 67.00
68.00	06800	SPEECH PATHOLOGY	0.345977	453,057	156,747 68.00
69.00	06900	ELECTROCARDIOLOGY	0.158242	6,363,222	1,006,929 69.00
69.01	06901	CARDIAC REHAB	0.680134	80,992	55,085 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.322492	592,574	191,100 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.587799	1,513,959	889,904 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.890064	6,279,338	5,589,013 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210311	34,872,784	7,334,130 73.00
76.00	03020	RENAL ACUTE	0.487997	2,461,881	1,201,391 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.379891	0	0 90.00
90.05	09005	PATIENT NUTRITION	2.555191	0	0 90.05
90.07	09007	WOUND CLINIC	0.325332	4,324	1,407 90.07
91.00	09100	EMERGENCY	0.119701	16,214,121	1,940,846 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.540765	20,557	11,117 92.00
200.00		Total (sum of lines 50-94 and 96-98)		188,966,265	39,787,046 200.00
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)		188,966,265	39,787,046 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 4:13 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		2,498,110	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126507	95,828	50.00
50.01	05001	CARDIAC SURGERY	0.304585	12,221	50.01
50.02	05002	WVSC	0.152142	148	50.02
51.00	05100	RECOVERY ROOM	0.535830	3,190	51.00
51.02	05101	O/P TREATMENT ROOM	1.997062	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.403214	1,936	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236859	58,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.208648	20,158	55.00
56.00	05600	RADIOISOTOPE	0.191008	3,475	56.00
57.00	05700	CT SCAN	0.061579	79,257	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.160793	6,040	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.184299	59,768	59.00
60.00	06000	LABORATORY	0.121321	335,769	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446262	11,500	62.00
65.00	06500	RESPIRATORY THERAPY	0.460668	95,116	65.00
66.00	06600	PHYSICAL THERAPY	0.315409	1,303,528	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.355187	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243623	1,252,733	67.00
68.00	06800	SPEECH PATHOLOGY	0.345977	318,937	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158242	45,678	69.00
69.01	06901	CARDIAC REHAB	0.680134	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.322492	15,613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.587799	10,813	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.890064	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210311	701,468	73.00
76.00	03020	RENAL ACUTE	0.487997	202,309	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.379891	0	90.00
90.05	09005	PATIENT NUTRITION	2.555191	0	90.05
90.07	09007	WOUND CLINIC	0.325332	0	90.07
91.00	09100	EMERGENCY	0.119701	11,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.540765	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,645,836	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)		4,645,836	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 4:13 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		1,307,153	30.00
31.00	03100	INTENSIVE CARE UNIT		365,262	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - I RF		82,905	41.00
43.00	04300	NURSERY		1,123,107	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126507	755,973	50.00
50.01	05001	CARDIAC SURGERY	0.304585	0	50.01
50.02	05002	WVSC	0.152142	0	50.02
51.00	05100	RECOVERY ROOM	0.535830	28,864	51.00
51.02	05101	O/P TREATMENT ROOM	1.997062	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.403214	215,026	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236859	139,207	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.208648	10,946	55.00
56.00	05600	RADIOISOTOPE	0.191008	15,401	56.00
57.00	05700	CT SCAN	0.061579	169,177	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.160793	33,750	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.184299	94,264	59.00
60.00	06000	LABORATORY	0.119336	693,307	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.446262	34,612	62.00
65.00	06500	RESPIRATORY THERAPY	0.460668	169,696	65.00
66.00	06600	PHYSICAL THERAPY	0.315409	81,390	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.355187	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243623	72,984	67.00
68.00	06800	SPEECH PATHOLOGY	0.345977	16,906	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158242	156,065	69.00
69.01	06901	CARDIAC REHAB	0.680134	2,488	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.322492	39,092	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.587799	242,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.890064	58,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210311	1,182,745	73.00
76.00	03020	RENAL ACUTE	0.487997	42,300	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.379891	0	90.00
90.05	09005	PATIENT NUTRITION	2.540102	0	90.05
90.07	09007	WOUND CLINIC	0.325332	143	90.07
91.00	09100	EMERGENCY	0.119701	382,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.540765	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,637,983	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)		4,637,983	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		45,706,728	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,897,449	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		574,758	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		6,465,509	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		215.60	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), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under 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		21.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		12.22	12.00
13.00	Total allowable FTE count for the prior year.		12.22	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		12.22	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.22	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		12.22	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.056679	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.052489	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.052489	21.00
22.00	IME payment adjustment (see instructions)		1,684,533	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		182,728	22.01
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)		8.78	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		8.45	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.039193	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010357	27.00
28.00	IME add-on adjustment amount (see instructions)		617,320	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		66,963	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,301,853	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		249,691	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.52	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.20	31.00
32.00	Sum of lines 30 and 31		27.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.08	33.00
34.00	Disproportionate share adjustment (see instructions)		1,800,046	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 4:13 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000460744	0.000431893	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,951,593	2,581,633	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,209,663	650,714	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,860,377		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		67,141,211		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			67,390,902	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			5,414,836	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			779,170	52.00
53.00	Nursing and Allied Health Managed Care payment			4,107	53.00
54.00	Special add-on payments for new technologies			3,107	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			92,343	58.00
59.00	Total (sum of amounts on lines 49 through 58)			73,684,465	59.00
60.00	Primary payer payments			65,912	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			73,618,553	61.00
62.00	Deductibles billed to program beneficiaries			5,920,404	62.00
63.00	Coinurance billed to program beneficiaries			199,885	63.00
64.00	Allowable bad debts (see instructions)			666,558	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			433,263	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			77,503	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			67,931,527	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			116,038	70.93
70.94	HRR adjustment amount (see instructions)			-294,486	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 4:13 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			67,753,079	71.00
71.01	Sequestration adjustment (see instructions)			1,355,062	71.01
72.00	Interim payments			66,319,957	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)			78,060	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			792,445	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2017 4:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	45,706,728	0	45,706,728		45,706,728	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,897,449	0		13,897,449	13,897,449	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	574,758	0	452,560	122,198	574,758	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,465,509	0	0	6,465,509	6,465,509	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.052489	0.052489	0.052489	0.052489		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,684,533	0	1,291,763	392,770	1,684,533	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	182,728	0	182,728	0	182,728	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.010357	0.010357	0.010357	0.010357		7.00
8.00	IME adjustment (see instructions)	28.00	617,320	0	473,384	143,936	617,320	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	66,963	0	0	66,963	66,963	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,301,853	0	1,765,147	536,706	2,301,853	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	249,691	0	182,728	66,963	249,691	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1208	0.1208	0.1208	0.1208		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,800,046	0	1,380,343	419,703	1,800,046	11.00
11.01	Uncompensated care payments	36.00	2,860,377	0	2,209,663	650,714	2,860,377	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	67,141,211	0	51,514,441	15,626,770	67,141,211	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	67,390,902	0	51,697,169	15,693,733	67,390,902	15.00
16.00	Payment for inpatient program capital	50.00	5,414,836	0	4,150,185	1,264,651	5,414,836	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	0	3,107	0	3,107	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2017 4:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	55,850,461	16,958,384	72,808,845	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,787,082	0	3,661,804	1,125,278	4,787,082	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	181,119	0	146,735	34,384	181,119	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0356	0.0356	0.0356	0.0356		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	170,420	0	130,360	40,060	170,420	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0577	0.0577	0.0577	0.0577		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	276,215	0	211,286	64,929	276,215	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,414,836	0	4,150,185	1,264,651	5,414,836	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2017 4:13 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	45,706,728	45,706,728		45,706,728	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,897,449		13,897,449	13,897,449	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	574,758	452,560	122,198	574,758	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,465,509	0	6,465,509	6,465,509	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.052489	0.052489	0.052489		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,684,533	1,291,763	392,770	1,684,533	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	182,728	0	182,728	182,728	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.010357	0.010357	0.010357		7.00
8.00	IME adjustment (see instructions)	28.00	617,320	473,384	143,936	617,320	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	66,963	0	66,963	66,963	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,301,853	1,765,147	536,706	2,301,853	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	249,691	0	249,691	249,691	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1208	0.1208	0.1208		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,800,046	1,380,343	419,703	1,800,046	11.00
11.01	Uncompensated care payments	36.00	2,860,377	2,209,663	650,714	2,860,377	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	67,141,211	51,514,441	15,626,770	67,141,211	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	67,390,902	51,514,441	15,876,461	67,390,902	15.00
16.00	Payment for inpatient program capital	50.00	5,414,836	4,150,185	1,264,651	5,414,836	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	3,107	0	3,107	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			55,667,733	17,141,112	72,808,845	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2017 4:13 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,787,082	3,661,804	1,125,278	4,787,082	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	181,119	146,735	34,384	181,119	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0356	0.0356	0.0356		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	170,420	130,360	40,060	170,420	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0577	0.0577	0.0577		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	276,215	211,286	64,929	276,215	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,414,836	4,150,185	1,264,651	5,414,836	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	116,038	107,991	8,047	116,038	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-294,486	-251,403	-43,083	-294,486	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,870	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		50,476,271	2.00
3.00	PPS payments		50,749,981	3.00
4.00	Outlier payment (see instructions)		101,159	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 Wkst. D, Pt. IV, col. 13, line 200		153,047	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,870	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		62,546	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		62,546	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)		62,546	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		49,676	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)		12,870	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		51,004,187	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,618,473	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		41,398,584	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		512,823	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		41,911,407	30.00
31.00	Primary payer payments		5,276	31.00
32.00	Subtotal (line 30 minus line 31)		41,906,131	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,368,231	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		889,350	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		922,386	36.00
37.00	Subtotal (see instructions)		42,795,481	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-115	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		50,665	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		42,795,596	40.00
40.01	Sequestration adjustment (see instructions)		855,912	40.01
41.00	Interim payments		41,915,289	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		24,395	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		62	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25	2.00
3.00	PPS payments		116	3.00
4.00	Outlier payment (see instructions)		0	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 Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		62	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		295	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		295	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)		295	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		233	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		62	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		116	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		178	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		178	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		178	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		178	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		178	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
41.00	Interim payments		180	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-6	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2017 4:13 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		65,027,658		40,407,896	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/31/2016	1,292,299	12/31/2016	1,507,393	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)		1,292,299		1,507,393	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)		66,319,957		41,915,289	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		78,060		24,395	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		66,398,017		41,939,684	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2017 4:13 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,804,519		180	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)		3,804,519		180	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		18,906		6	6.02
7.00	Total Medicare program liability (see instructions)		3,785,613		174	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		14,901	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		29,794	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,423	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		60,937	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,293,838,151	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		20,039,871	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		657,574	8.00
9.00	Sequestration adjustment amount (see instructions)		13,151	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		644,423	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		642,486	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)		1,937	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,497,144 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0336 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			162,267 3.00
4.00	Outlier Payments			246,746 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			21.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.950820 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,906,157 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,906,157 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,906,157 19.00
20.00	Deductibles			6,440 20.00
21.00	Subtotal (line 19 minus line 20)			3,899,717 21.00
22.00	Coinsurance			38,318 22.00
23.00	Subtotal (line 21 minus line 22)			3,861,399 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,861,399 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,471 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,862,870 32.00
32.01	Sequestration adjustment (see instructions)			77,257 32.01
33.00	Interim payments			3,804,519 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)			-18,906 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,169 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			246,746 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2017 4:13 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,209,545		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,209,545	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,209,545	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,878,428		8.00
9.00	Ancillary service charges		4,637,983	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)		7,516,411	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)		7,516,411	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,306,866	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,209,545	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,209,545	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,209,545	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,209,545	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		2,209,545	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,209,545	0	40.00
41.00	Interim payments		2,980,532	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-770,987	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/25/2017 4:13 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.00	6.00
7.00	Enter the lesser of line 5 or line 6			14.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.00	0.00	21.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.92	0.00	14.92	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.92	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.92	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.92	0.00		17.00
18.00	Per resident amount	121,554.53	0.00		18.00
19.00	Approved amount for resident costs	1,813,594	0	1,813,594	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.75	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			96,605.30	23.00
24.00	Multiply line 22 time line 23			555,480	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,369,074	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,305	3,423		26.00
27.00	Total Inpatient Days (see instructions)	64,626	64,626		27.00
28.00	Ratio of inpatient days to total inpatient days	0.499876	0.052966		28.00
29.00	Program direct GME amount	1,184,243	125,480		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		17,730		30.00
31.00	Net Program direct GME amount			1,291,993	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		77,002,350	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		65,912	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		76,936,438	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		50,642,275	42.00
43.00	Primary payer payments (see instructions)		5,276	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		50,636,999	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		127,573,437	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.603076	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.396924	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,291,993	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		779,170	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		512,823	50.00

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

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet G

Date/Time Prepared:
5/25/2017 4:13 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	65,345,825	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	49,643,813	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	4,468,365	0	0	0	7.00
8.00	Prepaid expenses	-18,595,321	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	100,862,682	0	0	0	11.00
FIXED ASSETS						
12.00	Land	37,266,965	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	332,148,831	0	0	0	15.00
16.00	Accumulated depreciation	-264,245,226	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	145,655,146	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	250,825,716	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	77,099,664	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	77,099,664	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	428,788,062	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	34,406,282	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,882,194	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	14,576,253	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	70,864,729	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	266,582,443	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	266,582,443	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	337,447,172	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	91,340,890				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)	91,340,890	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	428,788,062	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-1

Date/Time Prepared:
5/25/2017 4:13 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		102,900,227		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-11,559,337			2.00
3.00	Total (sum of line 1 and line 2)		91,340,890		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		91,340,890		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		91,340,890		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2017 4:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	95,141,771		95,141,771	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,624,414		3,624,414	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	98,766,185		98,766,185	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,240,315		25,240,315	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	15,215,931		15,215,931	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	40,456,246		40,456,246	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	139,222,431		139,222,431	17.00
18.00	Ancillary services	353,311,053	651,916,453	1,005,227,506	18.00
19.00	Outpatient services	30,697,358	118,690,856	149,388,214	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES/LOBBY PHARMAACY	0	29,840,073	29,840,073	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	523,230,842	800,447,382	1,323,678,224	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		314,502,686		29.00
30.00	HOME OFFICE	68,467,744			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)		68,467,744		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		382,970,430		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-3

Date/Time Prepared:
5/25/2017 4:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,323,678,224	1.00
2.00	Less contractual allowances and discounts on patients' accounts	907,343,301	2.00
3.00	Net patient revenues (line 1 minus line 2)	416,334,923	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	382,970,430	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,364,493	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	11,966,039	24.00
24.01	NON OPERATING EXPENSES	4,117,319	24.01
25.00	Total other income (sum of lines 6-24)	16,083,358	25.00
26.00	Total (line 5 plus line 25)	49,447,851	26.00
27.00	OTHER EXPENSES	61,007,188	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	61,007,188	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-11,559,337	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/25/2017 4:13 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,787,082	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		181,119	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		166.62	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.56	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		170,420	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.52	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.20	8.00
9.00	Sum of lines 7 and 8		27.72	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.77	10.00
11.00	Disproportionate share adjustment (see instructions)		276,215	11.00
12.00	Total prospective capital payments (see instructions)		5,414,836	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