

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN:150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 5:27 pm
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PART I - COST REPORT STATUS

Provider use only

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

Contractor use only

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

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

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

Date: 5/27/2015 Time: 5:27 pm

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNION HOSPITAL, INC. (150023) for the cost reporting period beginning 09/01/2014 and ending 12/31/2014 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.

Encryption Information

ECR: Date: 5/27/2015 Time: 5:27 pm
 XGD1VMtdiAvrktT2VVOJUHuA4bpdS0
 emtW:0gd1GGfaT8ps1yc38Qx1tudDD
 RGCq19EXvo0oITK3
 PI: Date: 5/27/2015 Time: 5:27 pm
 Ub.XY.PNVw3D1b:2zRi55nf13XXm10
 Ls3BN0rG4LLEFNHStLma5mEglWjQmXP
 dueJ01doB80iuf2w

(Signed)

Officer or Administrator of Provider(s)

Title

Date

[Handwritten Signature]
 OFFICE VP & CFO
 5/29/15

	Title XVIII					1.00
	Title V 1.00	Part A 2.00	Part B 3.00	HIT 4.00	Title XIX 5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	364,715	110,127	0	-149,526	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	9,354	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	374,069	110,127	0	-149,526	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023		Period: From 09/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 5:27 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1606 NORTH SEVENTH ST	PO Box:								1.00	
2.00	City: TERRE HAUTE	State: IN		Zip Code: 47804-		County: VIGO				2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00	9.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	UNION HOSPITAL, INC.		150023	45460	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF	MEDICAL REHAB		15T023	45460	5	09/01/1989	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2014	12/31/2014		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 §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,333	639	437	139	2,140	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.			75	127	7	0	10		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 5:27 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.		0				36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.		0				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	Y		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, § 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
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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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	0.81	6.21	0.115385	67.00
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00		
71.00	If line 70 yes: Column 1: Did the facility have 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, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	0			71.00		
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00		
76.00	If line 75 yes: Column 1: Did the facility have 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, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	Y N 0			76.00		
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00		
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00		

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				V	XIX				
				1.00	2.00				
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N			Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N			N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N			N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N			N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N			N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	97.00		
Rural Providers									
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00		
		Physical 1.00		Occupational 2.00		Speech 3.00		Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N		N	109.00
								1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A 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, §2208.1.	N					0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y						116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y						117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1						118.00	
		Premiums 1.00		Losses 2.00		Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:		161,957		0			0118.01	
								1.00	
								2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N						118.02	
119.00	DO NOT USE THIS LINE							119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N			N			120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y						121.00	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 5:27 pm				
		1.00	2.00					
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00			
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H043	140.00			
		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101	141.00			
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:			142.00			
143.00	City: TERRE HAUTE	State: IN	Zip Code: 47804		143.00			
			1.00					
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00			
			1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00			
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC	N	N	N	N	161.00		
					1.00			
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00		
		Name	County	State	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	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 5:27 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)		09/30/2014	12/31/2014	170.00
				1.00	
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. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 5:27 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/17/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 5:27 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LANDON		HACKETT	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7929		LHACKETT@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 5:27 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/17/2015		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR ACCOUNTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1. 00	2. 00	3. 00	4. 00	5. 00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	191	23,302	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	23,302	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	4,392	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	1,830	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		242	29,524	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	2,684		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		264				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)		8	976			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: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,208	1,333	15,868			1.00
2.00 HMO and other (see instructions)	976	3,342				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	144				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)	8,208	1,333	15,868			7.00
8.00 INTENSIVE CARE UNIT	1,927	0	3,220			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY	0	0	1,444			12.00
13.00 NURSERY		0	1,155			13.00
14.00 Total (see instructions)	10,135	1,333	21,687	21.00	490.98	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	767	75	1,243	0.00	0.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				21.00	490.98	27.00
28.00 Observation Bed Days		0	2,608			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	13	22			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			126			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,145	224	4,514	1.00
2.00 HMO and other (see instructions)			192	592		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,145	224	4,514	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	53	0	86	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
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: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 5:27 pm			
	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es 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	35,579,404	0	35,579,404	1,023,067.00	34.78	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		8,333	0	8,333	56.00	148.80	4.00
4.01	Physicians - Part A - Teaching		333,966	0	333,966	3,013.00	110.84	4.01
5.00	Physician-Part B		6,546,208	0	6,546,208	24,015.00	272.59	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	424,919	424,919	14,595.00	29.11	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,074,810	-849,664	3,225,146	67,884.00	47.51	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,556,365	0	1,556,365	29,811.00	52.21	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		264,583	0	264,583	2,162.00	122.38	13.00
14.00	Home office salaries & wage-related costs		6,032,845	0	6,032,845	132,171.00	45.64	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		9,890,203	0	9,890,203			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		969,634	0	969,634			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		2,234	0	2,234			22.00
22.01	Physician Part A - Teaching		93,057	0	93,057			22.01
23.00	Physician Part B		1,341,665	0	1,341,665			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		166,876	0	166,876			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	105,328	183,227	288,555	11,767.00	24.52	26.00
27.00	Administrative & General	5.00	2,278,276	-129,859	2,148,417	76,512.00	28.08	27.00
28.00	Administrative & General under contract (see inst.)		716,195	0	716,195	6,017.00	119.03	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	22,763	0	22,763	1,062.00	21.43	30.00
31.00	Laundry & Linen Service	8.00	258,607	0	258,607	16,757.00	15.43	31.00
32.00	Housekeeping	9.00	931,152	0	931,152	56,841.00	16.38	32.00
33.00	Housekeeping under contract (see instructions)		100,373	0	100,373	7,815.00	12.84	33.00
34.00	Dietary	10.00	467,957	-7,241	460,716	29,277.00	15.74	34.00
35.00	Dietary under contract (see instructions)		78,385	0	78,385	6,497.00	12.06	35.00
36.00	Cafeteria	11.00	166,606	0	166,606	12,599.00	13.22	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	583,653	0	583,653	14,329.00	40.73	38.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2015 5:27 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
39.00	Central Services and Supply	14.00	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	697,358	0	32,327.00	21.57	41.00
42.00	Social Service	17.00	52,292	0	1,503.00	34.79	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2015 5:27 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	29,594,183	-424,919	29,169,264	1,001,773.00	29.12	1.00
2.00	Excluded area salaries (see instructions)	4,074,810	-849,664	3,225,146	67,884.00	47.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25,519,373	424,745	25,944,118	933,889.00	27.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,853,793	0	7,853,793	164,144.00	47.85	4.00
5.00	Subtotal wage-related costs (see inst.)	9,892,437	0	9,892,437	0.00	38.13	5.00
6.00	Total (sum of lines 3 thru 5)	43,265,603	424,745	43,690,348	1,098,033.00	39.79	6.00
7.00	Total overhead cost (see instructions)	6,458,945	46,127	6,505,072	273,303.00	23.80	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 5:27 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,277,525	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)	4,426,733	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)	4,417,151	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	937	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	13,557	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)	28,272	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	113,471	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	2,109,028	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	36,671	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	40,324	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,463,669	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/27/2015 5:27 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 5:27 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.262358	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		9,372,305	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		47,906,769	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,568,724	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)		3,196,419	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,196,419	19.00	
			1.00		
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	10,657,734	0	10,657,734	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,796,142	0	2,796,142	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)	2,796,142	0	2,796,142	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?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,978,488	10,978,488	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		445,503	445,503	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		10,532,985	10,532,985	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,763,413	2,763,413	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,559,555	5,559,555	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,755,974	8,755,974	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet A

Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		4,749,005	4,749,005	4,067,580	8,816,585	1.00
2.00	00200		2,648,309	2,648,309	1,384,351	4,032,660	2.00
4.00	00400						
		105,328	9,303	114,631	707,993	822,624	4.00
5.01	00540	189,458	149,064	338,522	0	338,522	5.01
5.02	00550	0	0	0	0	0	5.02
5.03	00560	0	0	0	0	0	5.03
5.04	00570	409,925	212,864	622,789	0	622,789	5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00590	1,678,893	10,357,398	12,036,291	-5,456,403	6,579,888	5.06
7.00	00700	22,763	2,274,348	2,297,111	-199,926	2,097,185	7.00
8.00	00800	258,607	54,491	313,098	0	313,098	8.00
9.00	00900	931,152	928,231	1,859,383	0	1,859,383	9.00
10.00	01000	467,957	302,470	770,427	-20,298	750,129	10.00
11.00	01100	166,606	325,422	492,028	0	492,028	11.00
13.00	01300	583,653	75,749	659,402	0	659,402	13.00
16.00	01600	697,358	326,669	1,024,027	0	1,024,027	16.00
17.00	01700	52,292	5,787	58,079	0	58,079	17.00
21.00	02100	0	0	0	456,412	456,412	21.00
22.00	02200	0	0	0	957,195	957,195	22.00
23.00	02300	0	0	0	63,449	63,449	23.00
23.01	02341	159,453	21,886	181,339	36,507	217,846	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,352,022	1,361,783	8,713,805	-368,462	8,345,343	30.00
31.00	03100	1,873,650	430,637	2,304,287	39,345	2,343,632	31.00
35.00	02040	665,636	217,727	883,363	17,644	901,007	35.00
41.00	04100	444,699	105,807	550,506	15,188	565,694	41.00
43.00	04300	0	17,815	17,815	325,630	343,445	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,072,686	4,460,538	7,533,224	-2,018,995	5,514,229	50.00
50.01	05001	818,315	923,377	1,741,692	-241,327	1,500,365	50.01
50.02	05002	13,012	3,895,158	3,908,170	-210,749	3,697,421	50.02
51.00	05100	498,312	99,651	597,963	0	597,963	51.00
51.02	05101	755,868	121,677	877,545	0	877,545	51.02
52.00	05200	1,178,826	339,543	1,518,369	0	1,518,369	52.00
54.00	05400	3,415,027	1,012,109	4,427,136	-63,449	4,363,687	54.00
55.00	05500	125,869	1,534,787	1,660,656	0	1,660,656	55.00
56.00	05600	111,614	323,071	434,685	0	434,685	56.00
57.00	05700	331,236	372,152	703,388	0	703,388	57.00
58.00	05800	165,570	442,732	608,302	0	608,302	58.00
59.00	05900	220,926	7,098,390	7,319,316	-1,180,467	6,138,849	59.00
60.00	06000	0	3,081,985	3,081,985	0	3,081,985	60.00
62.00	06200	0	553,966	553,966	0	553,966	62.00
65.00	06500	930,106	346,761	1,276,867	0	1,276,867	65.00
66.00	06600	59,907	1,191,133	1,251,040	0	1,251,040	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	1,080,356	1,080,356	0	1,080,356	66.02
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	99,759	99,759	0	99,759	68.00
69.00	06900	466,481	167,856	634,337	0	634,337	69.00
69.01	06901	92,828	18,980	111,808	0	111,808	69.01
70.00	07000	804,268	240,336	1,044,604	0	1,044,604	70.00
71.00	07100	0	328,873	328,873	-9,047	319,826	71.00
72.00	07200	0	0	0	3,651,538	3,651,538	72.00
73.00	07300	1,285,383	9,812,495	11,097,878	-642,575	10,455,303	73.00
76.00	03020	0	431,018	431,018	0	431,018	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.05	09005	96,835	18,673	115,508	0	115,508	90.05
90.07	09007	114,011	294,292	408,303	0	408,303	90.07
91.00	09100	1,492,214	528,207	2,020,421	0	2,020,421	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00							
		32,108,746	63,392,640	95,501,386	1,311,134	96,812,520	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	469,571	477,366	946,937	22,499	969,436	194.00
194.01	07951	57,668	25,700	83,368	0	83,368	194.01
194.02	07954	1,521,411	484,039	2,005,450	-1,413,607	591,843	194.02
194.03	07952	0	0	0	108,776	108,776	194.03
194.04	07955	1,291,255	1,072,757	2,364,012	0	2,364,012	194.04
194.06	07953	4,100	320,864	324,964	0	324,964	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150023		Period: From 09/01/2014 To 12/31/2014		Worksheet A Date/Time Prepared: 5/27/2015 5:27 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	126,653	206,891	333,544	-28,802	304,742	194.07
200.00	TOTAL (SUM OF LINES 118-199)	35,579,404	65,980,257	101,559,661	0	101,559,661	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/27/2015 5:27 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	-477,682	8,338,903	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-227,663	3,804,997	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	10,097,839	10,920,463	4.00
5.01	00540 NONPATIENT TELEPHONES	-44,063	294,459	5.01
5.02	00550 DATA PROCESSING	3,711,928	3,711,928	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	285,632	285,632	5.03
5.04	00570 ADMINITTING	0	622,789	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	2,218,456	2,218,456	5.05
5.06	00590 OTHER ADMIN AND GENERAL	1,593,798	8,173,686	5.06
7.00	00700 OPERATION OF PLANT	46,129	2,143,314	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-1,665	311,433	8.00
9.00	00900 HOUSEKEEPING	-68,223	1,791,160	9.00
10.00	01000 DIETARY	-38,168	711,961	10.00
11.00	01100 CAFETERIA	-500,113	-8,085	11.00
13.00	01300 NURSING ADMINISTRATION	269,518	928,920	13.00
16.00	01600 MEDICAL RECORDS & LIBRARY	75,180	1,099,207	16.00
17.00	01700 SOCIAL SERVICE	0	58,079	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	456,412	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-85,683	871,512	22.00
23.00	02300 PARAMED ED PRGM	0	63,449	23.00
23.01	02341 OTHER MED ED	-119,385	98,461	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-1,127,872	7,217,471	30.00
31.00	03100 INTENSIVE CARE UNIT	0	2,343,632	31.00
35.00	02040 INTENSIVE NURSERY	-86,667	814,340	35.00
41.00	04100 SUBPROVIDER - I RF	0	565,694	41.00
43.00	04300 NURSERY	0	343,445	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-1,941,876	3,572,353	50.00
50.01	05001 CARDIAC SURGERY	-755,506	744,859	50.01
50.02	05002 WASC	34,539	3,731,960	50.02
51.00	05100 RECOVERY ROOM	1,438	599,401	51.00
51.02	05101 O/P TREATMENT ROOM	0	877,545	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	-416,671	1,101,698	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-2,207,400	2,156,287	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,660,656	55.00
56.00	05600 RADIOISOTOPE	-1,550	433,135	56.00
57.00	05700 CT SCAN	78,205	781,593	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	17,887	626,189	58.00
59.00	05900 CARDIAC CATHETERIZATION	80,341	6,219,190	59.00
60.00	06000 LABORATORY	-36,821	3,045,164	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	553,966	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,276,867	65.00
66.00	06600 PHYSICAL THERAPY	-724,763	526,277	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	-95,952	984,404	66.02
67.00	06700 OCCUPATIONAL THERAPY	328,161	328,161	67.00
68.00	06800 SPEECH PATHOLOGY	11,184	110,943	68.00
69.00	06900 ELECTROCARDIOLOGY	-17,904	616,433	69.00
69.01	06901 CARDIAC REHAB	1,328	113,136	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	-779,339	265,265	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-6,602	313,224	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,651,538	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	66,458	10,521,761	73.00
76.00	03020 RENAL ACUTE	0	431,018	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.05	09005 PATIENT NUTRITION	-3,937	111,571	90.05
90.07	09007 WOUND CLINIC	1,763	410,066	90.07
91.00	09100 EMERGENCY	0	2,020,421	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)	9,154,279	105,966,799	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 RURAL HEALTH	0	969,436	194.00
194.01	07951 RENTAL PROPERTY	0	83,368	194.01
194.02	07954 FAMILY PRACTICE	0	591,843	194.02
194.03	07952 WELLNESS	0	108,776	194.03
194.04	07955 PHYSICIAN PRACTICES	0	2,364,012	194.04
194.06	07953 SYCAMORE SPORTS MED	-189,645	135,319	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	304,742	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet A

Date/Time Prepared:
5/27/2015 5:27 pm

200.00	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	200.00
		6.00	7.00	
200.00	TOTAL (SUM OF LINES 118-199)	8,964,634	110,524,295	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	149,370	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	50,556	2.00
	O		0	199,926	
B - PARAMED					
1.00	PARAMED ED PRGM	23.00	52,154	11,295	1.00
	O		52,154	11,295	
C - FITNESS ACTIVITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	52,203	20,920	1.00
2.00	WELLNESS	194.03	77,656	31,120	2.00
	O		129,859	52,040	
D - CLAY CITY RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	14,598	1.00
	O		0	14,598	
E - CORK MEDICAL RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	7,901	1.00
	O		0	7,901	
F - HOUSE NURSE ASSISTANT					
1.00	INTENSIVE CARE UNIT	31.00	35,748	3,597	1.00
2.00	INTENSIVE NURSERY	35.00	16,031	1,613	2.00
3.00	SUBPROVIDER - IRF	41.00	13,799	1,389	3.00
	O		65,578	6,599	
G - EMPLOYEE ACCESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,074	4,728	1.00
	O		24,074	4,728	
H - TUBE FEEDING					
1.00	ADULTS & PEDIATRICS	30.00	7,241	13,057	1.00
	O		7,241	13,057	
I - FAMILY MEDICINE					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	424,919	31,493	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	577,652	379,543	2.00
	O		1,002,571	411,036	
J - LOBBY PHARMACY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	106,950	499,118	1.00
	O		106,950	499,118	
K - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,651,538	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	3,651,538	
L - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,940,709	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,333,795	2.00
	O		0	5,274,504	
M - PLUM PUMPS AND OTHER					
1.00	ADULTS & PEDIATRICS	30.00	0	9,047	1.00
	O		0	9,047	
N - NURSERY					
1.00	NURSERY	43.00	325,630	0	1.00
	O		325,630	0	
O - PHARMACY PARAMED					
1.00	OTHER MED ED	23.01	33,372	3,135	1.00
	O		33,372	3,135	
500.00	Grand Total: Increases		1,747,429	10,158,522	500.00

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - PROPERTY INSURANCE							
1.00	OPERATION OF PLANT	7.00	0	199,926	12		1.00
2.00		0.00	0	0	12		2.00
	O		0	199,926			
B - PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	52,154	11,295	0		1.00
	O		52,154	11,295			
C - FITNESS ACTIVITY							
1.00	OTHER ADMIN AND GENERAL	5.06	129,859	52,040	0		1.00
2.00		0.00	0	0	0		2.00
	O		129,859	52,040			
D - CLAY CITY RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	14,598	9		1.00
	O		0	14,598			
E - CORK MEDICAL RURAL HEALTH							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	7,901	9		1.00
	O		0	7,901			
F - HOUSE NURSE ASSISTANT							
1.00	ADULTS & PEDIATRICS	30.00	65,578	6,599	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		65,578	6,599			
G - EMPLOYEE ACCESS							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	24,074	4,728	0		1.00
	O		24,074	4,728			
H - TUBE FEEDING							
1.00	DIETARY	10.00	7,241	13,057	0		1.00
	O		7,241	13,057			
I - FAMILY MEDICINE							
1.00	FAMILY PRACTICE	194.02	1,002,571	411,036	0		1.00
2.00		0.00	0	0	0		2.00
	O		1,002,571	411,036			
J - LOBBY PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	106,950	499,118	0		1.00
	O		106,950	499,118			
K - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	2,018,995	0		1.00
2.00	CARDIAC SURGERY	50.01	0	241,327	0		2.00
3.00	WVSC	50.02	0	210,749	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,180,467	0		4.00
	O		0	3,651,538			
L - INTEREST							
1.00	OTHER ADMIN AND GENERAL	5.06	0	5,274,504	11		1.00
2.00		0.00	0	0	11		2.00
	O		0	5,274,504			
M - PLUM PUMPS AND OTHER							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,047	0		1.00
	O		0	9,047			
N - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	325,630	0	0		1.00
	O		325,630	0			
O - PHARMACY PARAMED							
1.00	DRUGS CHARGED TO PATIENTS	73.00	33,372	3,135	0		1.00
	O		33,372	3,135			
500.00	Grand Total: Decreases		1,747,429	10,158,522			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,361,649	75,000	0	75,000	0	1.00
2.00	Land Improvements	19,483,029	30,590	0	30,590	0	2.00
3.00	Buildings and Fixtures	325,807,101	169,770	0	169,770	1,631	3.00
4.00	Building Improvements	1,526,209	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	126,715,324	3,135,210	0	3,135,210	262,858	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	490,893,312	3,410,570	0	3,410,570	264,489	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	490,893,312	3,410,570	0	3,410,570	264,489	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,436,649	0				1.00
2.00	Land Improvements	19,513,619	0				2.00
3.00	Buildings and Fixtures	325,975,240	0				3.00
4.00	Building Improvements	1,526,209	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	129,587,676	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	494,039,393	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	494,039,393	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2015 5:27 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	4,749,005	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,648,309	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,397,314	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	4,749,005				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,648,309				2.00
3.00	Total (sum of lines 1-2)	0	7,397,314				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2015 5:27 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	371,567,209	0	371,567,209	0.752100	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	122,472,185	0	122,472,185	0.247900	0	2.00
3.00	Total (sum of lines 1-2)	494,039,394	0	494,039,394	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	4,284,495	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,432,719	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,717,214	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	3,905,038	149,370	0	0	8,338,903	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,321,722	50,556	0	0	3,804,997	2.00
3.00	Total (sum of lines 1-2)	5,226,760	199,926	0	0	12,143,900	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-35,671	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-12,073	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	-1,618	PURCHASING RECEIVING AND STORES	5.03	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-130,021	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	-6,273	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	-7,131,991			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	23,732,160			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-456,486	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	A	-6,602	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients	A	-8,253	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-7,099	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	-16,408	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	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	31.00
				Cost Center	Line #		
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00	TELEPHONE DEPRECIATION	A	-238	NEW CAP REL COSTS-MVBLE EQUIP		2.00	33.00
34.00	VENDING HOUSEKEEPING	A	-20,982	HOUSEKEEPING		9.00	34.00
35.00	MEALS SOLD	B	-16,105	DIETARY		10.00	35.00
36.00	VISITORS MEALS	A	-124,438	CAFETERIA		11.00	36.00
38.00	LAB - BLDG	B	-49,266	NEW CAP REL COSTS-BLDG & FIXT		1.00	38.00
39.00	LAB - ADMINISTRATION	B	-165	OTHER ADMIN AND GENERAL		5.06	39.00
40.00	LAB - LAUNDRY	B	-1,665	LAUNDRY & LINEN SERVICE		8.00	40.00
41.00	LAB - HOUSEKEEPING	B	-26,470	HOUSEKEEPING		9.00	41.00
42.00	LAB - OPERATION OF PLANT	B	-72,407	OPERATION OF PLANT		7.00	42.00
42.01	CRNA	A	-59,933	DELIVERY ROOM & LABOR ROOM		52.00	42.01
45.00	HAMILTON CENTER OPERATION OF PLANT	A	-76,092	OPERATION OF PLANT		7.00	45.00
45.02	HAMILTON CENTER NUTRITION	A	-72,956	DIETARY		10.00	45.02
45.03	FITNESS ACTIVITY	B	-55,150	EMPLOYEE BENEFITS DEPARTMENT		4.00	45.03
45.04	EQUIPMENT RENTAL	B	-2,511	NEW CAP REL COSTS-MVBLE EQUIP		2.00	45.04
45.08	UHF - HOUSEKEEPING	A	-1,015	HOUSEKEEPING		9.00	45.08
45.09	MISCELLANEOUS	B	-77,986	OTHER ADMIN AND GENERAL		5.06	45.09
45.24	CATERING	B	-1,980	CAFETERIA		11.00	45.24
45.26	MANAGEMENT SERVICES	B	-8,000	OTHER ADMIN AND GENERAL		5.06	45.26
45.27	PHYSICIAN MEALS	B	954	CAFETERIA		11.00	45.27
45.29	OTHER RENTAL	B	-12,795	OPERATION OF PLANT		7.00	45.29
45.32	UHF - ADMINISTRATION	A	-1,580	OTHER ADMIN AND GENERAL		5.06	45.32
45.37	LOBBY PHARMACY	B	-97,999	EMPLOYEE BENEFITS DEPARTMENT		4.00	45.37
45.38	LOBBYING COSTS	A	-6,550	OTHER ADMIN AND GENERAL		5.06	45.38
45.39	AP&S REVENUE	B	-23,550	NONPATIENT TELEPHONES		5.01	45.39
45.40	AP&S REVENUE	B	-50,113	NEW CAP REL COSTS-BLDG & FIXT		1.00	45.40
45.42	AP&S REVENUE	B	-183,016	DATA PROCESSING		5.02	45.42
45.43	AP&S REVENUE	B	-1,140	OTHER ADMIN AND GENERAL		5.06	45.43
45.44	COH REVENUE	B	-14,153	NEW CAP REL COSTS-BLDG & FIXT		1.00	45.44
45.45	COH REVENUE	B	-4,650	NONPATIENT TELEPHONES		5.01	45.45
45.47	PHYSICIAN RENTAL	A	-211,090	NEW CAP REL COSTS-BLDG & FIXT		1.00	45.47
45.48	PHYSICIAN RENTAL	A	-180,171	OPERATION OF PLANT		7.00	45.48
45.49	ACCELERATED DEPRECIATION	A	-51,651	NEW CAP REL COSTS-BLDG & FIXT		1.00	45.49
46.00	CHILD BIRTH CLASS	B	-5,060	DELIVERY ROOM & LABOR ROOM		52.00	46.00
46.01	CONTINUING EDUCATION	B	-2,100	OTHER ADMIN AND GENERAL		5.06	46.01
46.02	EDUCATION SERVICES	B	-9,283	OTHER ADMIN AND GENERAL		5.06	46.02
46.03	TRANSCRIPTION	B	-5,590	MEDICAL RECORDS & LIBRARY		16.00	46.03
46.04	VHA	B	-63,022	DRUGS CHARGED TO PATIENTS		73.00	46.04
46.07	TIME SAVERS	B	-30,902	EMPLOYEE BENEFITS DEPARTMENT		4.00	46.07
46.08	HOUSEKEEPING	B	-2,000	HOUSEKEEPING		9.00	46.08
46.09	LANDSBAUM	B	-27,973	OPERATION OF PLANT		7.00	46.09
46.10	MAPLE CENTER	B	-95,435	OTHER ADMIN AND GENERAL		5.06	46.10
46.11	PROF SUPPORT UHS	B	-431	OTHER ADMIN AND GENERAL		5.06	46.11
46.12	HAF EXPENSE	A	-4,801,558	OTHER ADMIN AND GENERAL		5.06	46.12
46.13	CRNA S&W/BENEFITS	A	-399,432	DELIVERY ROOM & LABOR ROOM		52.00	46.13
46.14	PHYSICIAN EQUIPMENT REVENUE	B	-7,382	OPERATION OF PLANT		7.00	46.14
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		8,964,634				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.

Provider CCN: 150023

Period:
 From 09/01/2014
 To 12/31/2014

Worksheet A-8
 Date/Time Prepared:
 5/27/2015 5:27 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	

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: 150023

Period: From 09/01/2014 To 12/31/2014

Worksheet A-8-1

Date/Time Prepared: 5/27/2015 5:27 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	119,385 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	718,850 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	1,867,652 3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	72,435 4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	421,759 4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	194,166 4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	653,112	0 4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	1,654,811	0 4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	10,281,890	0 4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	62,845	0 4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	3,894,944	0 4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	417,271	0 4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	2,218,456	0 4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	6,598,026	0 4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	861,116	0 4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	176,410	0 4.12
4.13	10.00	DIETARY	HOME OFFICE	50,893	0 4.13
4.14	11.00	CAFETERIA	HOME OFFICE	81,837	0 4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	269,518	0 4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	87,869	0 4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	54,524	0 4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	4,713	0 4.18
4.19	50.02	WVSC	HOME OFFICE	34,539	0 4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	1,438	0 4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	54,384	0 4.21
4.22	57.00	CT SCAN	HOME OFFICE	78,205	0 4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (HOME OFFICE	17,887	0 4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	80,341	0 4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	-46,211	0 4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	12,445	0 4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	12,961	0 4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	3,761	0 4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	14,816	0 4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	1,328	0 4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	6,753	0 4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	137,733	0 4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	1,763	0 4.33
4.34	66.00	PHYSICAL THERAPY	UNION THERAPIES	446,113	1,124,665 4.34
4.35	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	743,931	852,328 4.35
4.36	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	315,200	0 4.36
4.37	68.00	SPEECH PATHOLOGY	UNION THERAPIES	82,137	74,714 4.37
4.38	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	189,645 4.38
5.00	0			29,367,759	5,635,599 5.00

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

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

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

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

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

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

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 5:27 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: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet A-8-1
Date/Time Prepared:
5/27/2015 5:27 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	-119,385	0		1.00
2.00	-718,850	9		2.00
3.00	-1,867,652	9		3.00
4.00	-72,435	0		4.00
4.01	-421,759	0		4.01
4.02	-194,166	0		4.02
4.03	653,112	9		4.03
4.04	1,654,811	9		4.04
4.05	10,281,890	0		4.05
4.06	62,845	0		4.06
4.07	3,894,944	0		4.07
4.08	417,271	0		4.08
4.09	2,218,456	0		4.09
4.10	6,598,026	0		4.10
4.11	861,116	0		4.11
4.12	176,410	0		4.12
4.13	50,893	0		4.13
4.14	81,837	0		4.14
4.15	269,518	0		4.15
4.16	87,869	0		4.16
4.17	54,524	0		4.17
4.18	4,713	0		4.18
4.19	34,539	0		4.19
4.20	1,438	0		4.20
4.21	54,384	0		4.21
4.22	78,205	0		4.22
4.23	17,887	0		4.23
4.24	80,341	0		4.24
4.25	-46,211	0		4.25
4.26	12,445	0		4.26
4.27	12,961	0		4.27
4.28	3,761	0		4.28
4.29	14,816	0		4.29
4.30	1,328	0		4.30
4.31	6,753	0		4.31
4.32	137,733	0		4.32
4.33	1,763	0		4.33
4.34	-678,552	0		4.34
4.35	-108,397	0		4.35
4.36	315,200	0		4.36
4.37	7,423	0		4.37
4.38	-189,645	0		4.38
5.00	23,732,160			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: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 5:27 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				Provi der CCN: 150023	Peri od: From 09/01/2014 To 12/31/2014	Worksheet A-8-2 Date/Time Prepared: 5/27/2015 5:27 pm
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	Wkst. A Line #	Cost Center/Physi ci an Identifier	Total Remunerati on	Professi onal Component	Provi der Component	RCE Amount	Physi ci an/Provi der Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDI ATRI CS	1,132,341	1,115,674	16,667	136,700	67	1.00
2.00	35.00	INTENSI VE NURSERY	86,667	86,667	0	152,100	0	2.00
3.00	41.00	SUBPROVI DER - IRF	33,750	0	33,750	171,400	433	3.00
4.00	50.00	OPERATI NG ROOM	1,996,400	1,996,400	0	204,100	0	4.00
5.00	50.01	CARDI AC SURGERY	760,219	760,219	0	204,100	0	5.00
6.00	52.00	DELI VERY ROOM & LABOR ROOM	-47,754	-47,754	0	194,500	0	6.00
7.00	54.00	RADI OLOGY-DI AGNOSTI C	2,268,055	2,259,722	8,333	231,100	56	7.00
8.00	56.00	RADI OI SOTOPE	1,550	1,550	0	231,100	0	8.00
9.00	60.00	LABORATORY	205,667	0	205,667	219,500	1,600	9.00
10.00	69.00	ELECTROCARDI OLOGY	35,470	32,720	2,750	231,100	40	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	786,092	786,092	0	231,100	0	11.00
12.00	90.05	PATI ENT NUTRI TI ON	5,750	0	5,750	171,400	22	12.00
13.00	22.00	I&R SERVI CES-OTHER PRGM COSTS APPRVD	333,966	0	333,966	171,400	3,013	13.00
200.00			7,598,173	6,991,290	606,883		5,231	200.00
	Wkst. A Line #	Cost Center/Physi ci an Identifier	Unadj uted RCE Li mi t	5 Percent of Unadj uted RCE Li mi t	Cost of Memberships & Conti nui ng Educati on	Provi der Component Share of col. 12	Physi ci an Cost of Mal practi ce Insuranc e	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDI ATRI CS	4,403	220	0	0	4,493	1.00
2.00	35.00	INTENSI VE NURSERY	0	0	0	0	0	2.00
3.00	41.00	SUBPROVI DER - IRF	35,681	1,784	0	0	0	3.00
4.00	50.00	OPERATI NG ROOM	0	0	0	0	12,575	4.00
5.00	50.01	CARDI AC SURGERY	0	0	0	0	8,017	5.00
6.00	52.00	DELI VERY ROOM & LABOR ROOM	0	0	0	0	2,085	6.00
7.00	54.00	RADI OLOGY-DI AGNOSTI C	6,222	311	0	0	13,243	7.00
8.00	56.00	RADI OI SOTOPE	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	168,846	8,442	0	0	0	9.00
10.00	69.00	ELECTROCARDI OLOGY	4,444	222	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	14,492	11.00
12.00	90.05	PATI ENT NUTRI TI ON	1,813	91	0	0	0	12.00
13.00	22.00	I&R SERVI CES-OTHER PRGM COSTS APPRVD	248,283	12,414	0	0	0	13.00
200.00			469,692	23,484	0	0	54,905	200.00
	Wkst. A Line #	Cost Center/Physi ci an Identifier	Provi der Component Share of col. 14	Adj uted RCE Li mi t	RCE Di sal lowanc e	Adj ument		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDI ATRI CS	66	4,469	12,198	1,127,872		1.00
2.00	35.00	INTENSI VE NURSERY	0	0	0	86,667		2.00
3.00	41.00	SUBPROVI DER - IRF	0	35,681	0	0		3.00
4.00	50.00	OPERATI NG ROOM	0	0	0	1,996,400		4.00
5.00	50.01	CARDI AC SURGERY	0	0	0	760,219		5.00
6.00	52.00	DELI VERY ROOM & LABOR ROOM	0	0	0	-47,754		6.00
7.00	54.00	RADI OLOGY-DI AGNOSTI C	49	6,271	2,062	2,261,784		7.00
8.00	56.00	RADI OI SOTOPE	0	0	0	1,550		8.00
9.00	60.00	LABORATORY	0	168,846	36,821	36,821		9.00
10.00	69.00	ELECTROCARDI OLOGY	0	4,444	0	32,720		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	786,092		11.00
12.00	90.05	PATI ENT NUTRI TI ON	0	1,813	3,937	3,937		12.00
13.00	22.00	I&R SERVI CES-OTHER PRGM COSTS APPRVD	0	248,283	85,683	85,683		13.00
200.00			115	469,807	140,701	7,131,991		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 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			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	8,338,903	8,338,903			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	3,804,997		3,804,997		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,920,463	65,990	0	10,986,453	4.00
5.01 00540	NONPATIENT TELEPHONES	294,459	5,619	24,029	59,163	383,270 5.01
5.02 00550	DATA PROCESSING	3,711,928	0	0	0	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	285,632	0	0	0	0 5.03
5.04 00570	ADMITTING	622,789	26,187	6,581	128,009	7,226 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,218,456	0	0	0	0 5.05
5.06 00590	OTHER ADMIN AND GENERAL	8,173,686	153,035	47,091	483,725	28,588 5.06
7.00 00700	OPERATION OF PLANT	2,143,314	2,896,791	102,381	7,108	15,708 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	311,433	51,211	62,321	80,757	1,885 8.00
9.00 00900	HOUSEKEEPING	1,791,160	45,439	111,340	290,776	1,571 9.00
10.00 01000	DIETARY	711,961	93,870	124,882	143,870	10,367 10.00
11.00 01100	CAFETERIA	-8,085	66,982	10,352	52,027	0 11.00
13.00 01300	NURSING ADMINISTRATION	928,920	20,320	2,806	182,260	2,199 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,099,207	45,182	16,199	217,768	12,880 16.00
17.00 01700	SOCIAL SERVICE	58,079	1,676	0	16,330	1,257 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	456,412	0	0	132,692	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	871,512	0	0	180,386	0 22.00
23.00 02300	PARAMED ED PRGM	63,449	0	0	16,286	0 23.00
23.01 02341	OTHER MED ED	98,461	6,158	840	26,219	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,217,471	1,608,231	505,180	2,175,942	59,690 30.00
31.00 03100	INTENSIVE CARE UNIT	2,343,632	196,618	181,567	596,258	11,938 31.00
35.00 02040	INTENSIVE NURSERY	814,340	24,631	51,338	212,868	5,969 35.00
41.00 04100	SUBPROVIDER - IRF	565,694	168,660	19,799	143,178	11,310 41.00
43.00 04300	NURSERY	343,445	33,585	3,583	101,686	1,257 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,572,353	348,379	657,818	959,524	25,761 50.00
50.01 05001	CARDIAC SURGERY	744,859	15,394	65,733	255,540	2,199 50.01
50.02 05002	WVSC	3,731,960	256,809	114,482	4,063	0 50.02
51.00 05100	RECOVERY ROOM	599,401	12,247	38,126	155,611	5,969 51.00
51.02 05101	O/P TREATMENT ROOM	877,545	182,541	62,180	236,039	9,425 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,101,698	177,931	139,437	368,118	8,168 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,156,287	296,424	381,272	1,050,142	25,447 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,660,656	225,696	211,354	39,306	14,765 55.00
56.00 05600	RADIOISOTOPE	433,135	12,555	3,602	34,854	0 56.00
57.00 05700	CT SCAN	781,593	18,576	228	103,437	2,199 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	626,189	22,176	18,498	51,703	1,571 58.00
59.00 05900	CARDIAC CATHETERIZATION	6,219,190	142,773	31,485	68,990	10,681 59.00
60.00 06000	LABORATORY	3,045,164	0	0	0	2,513 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	553,966	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	1,276,867	18,251	85,922	290,449	4,712 65.00
66.00 06600	PHYSICAL THERAPY	526,277	86,806	16,776	18,707	7,226 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 66.01
66.02 06602	O/P PHYSICAL THERAPY	984,404	0	20,424	0	628 66.02
67.00 06700	OCCUPATIONAL THERAPY	328,161	14,180	4,404	0	1,885 67.00
68.00 06800	SPEECH PATHOLOGY	110,943	28,120	4,385	0	628 68.00
69.00 06900	ELECTROCARDIOLOGY	616,433	11,161	75,354	145,670	2,827 69.00
69.01 06901	CARDIAC REHAB	113,136	61,577	19,035	28,988	2,199 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	265,265	12,871	24,064	251,153	5,969 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	313,224	48,851	46,796	0	4,398 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,651,538	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,521,761	109,829	34,343	357,574	16,022 73.00
76.00 03020	RENAL ACUTE	431,018	30,147	349	0	1,885 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.05 09005	PATIENT NUTRITION	111,571	16,506	563	30,239	0 90.05
90.07 09007	WOUND CLINIC	410,066	33,346	7,435	35,603	4,084 90.07
91.00 09100	EMERGENCY	2,020,421	205,863	224,317	465,981	20,734 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	105,966,799	7,899,194	3,558,671	10,198,999	353,740 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00 07950	RURAL HEALTH	969,436	0	18,000	146,635	314 194.00
194.01 07951	RENTAL PROPERTY	83,368	0	4,071	18,008	0 194.01
194.02 07954	FAMILY PRACTICE	591,843	317,043	145,494	162,021	21,048 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 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	108,776	98,155	0	24,250	0	194.03
194.04 07955 PHYSICIAN PRACTICES	2,364,012	0	73,953	403,227	7,540	194.04
194.06 07953 SYCAMORE SPORTS MED	135,319	0	2,806	1,280	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	304,742	24,511	2,002	32,033	628	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)	110,524,295	8,338,903	3,804,997	10,986,453	383,270	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 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	3,711,928				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	285,632			5.03
5.04	00570	ADMINITTING	41,785	334	832,911		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	2,218,456	5.05
5.06	00590	OTHER ADMIN AND GENERAL	222,855	25	0	0	9,109,005
7.00	00700	OPERATION OF PLANT	66,160	7	0	0	5,231,469
8.00	00800	LAUNDRY & LINEN SERVICE	13,928	435	0	0	521,970
9.00	00900	HOUSEKEEPING	3,482	10,497	0	0	2,254,265
10.00	01000	DIETARY	48,750	19	0	0	1,133,719
11.00	01100	CAFETERIA	17,411	0	0	0	138,687
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,136,505
16.00	01600	MEDICAL RECORDS & LIBRARY	201,962	40	0	0	1,593,238
17.00	01700	SOCIAL SERVICE	10,446	0	0	0	87,788
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	589,104
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,051,898
23.00	02300	PARAMED ED PRGM	0	0	0	0	79,735
23.01	02341	OTHER MED ED	0	0	0	0	131,678
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	633,746	61,264	142,295	185,710	12,589,529
31.00	03100	INTENSIVE CARE UNIT	83,571	33,483	49,466	54,383	3,550,916
35.00	02040	INTENSIVE NURSERY	17,411	5,243	26,263	28,873	1,186,936
41.00	04100	SUBPROVIDER - IRF	149,731	2,508	6,129	6,738	1,073,747
43.00	04300	NURSERY	13,928	0	8,515	9,362	515,361
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	146,249	10,943	154,596	305,387	6,181,010
50.01	05001	CARDIAC SURGERY	13,928	69,781	23,126	26,187	1,216,747
50.02	05002	WVSC	0	1,972	0	189,519	4,298,805
51.00	05100	RECOVERY ROOM	24,375	6,368	2,861	7,723	852,681
51.02	05101	O/P TREATMENT ROOM	0	6,724	3,242	22,888	1,400,584
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,411	15,433	22,989	38,222	1,889,407
54.00	05400	RADIOLOGY-DIAGNOSTIC	271,604	3,196	19,703	119,657	4,323,732
55.00	05500	RADIOLOGY-THERAPEUTIC	13,928	126	3,100	76,832	2,245,763
56.00	05600	RADIOISOTOPE	0	322	1,721	18,510	504,699
57.00	05700	CT SCAN	0	10,371	34,471	141,630	1,092,505
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,928	246	6,103	32,395	772,809
59.00	05900	CARDIAC CATHETERIZATION	66,160	2,064	46,224	179,939	6,767,506
60.00	06000	LABORATORY	6,964	0	59,203	138,185	3,252,029
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,664	4,896	562,526
65.00	06500	RESPIRATORY THERAPY	24,375	6,909	23,873	28,445	1,759,803
66.00	06600	PHYSICAL THERAPY	76,606	88	17,448	28,484	778,418
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	27,857	347	0	13,433	1,047,093
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	348,630
68.00	06800	SPEECH PATHOLOGY	3,482	0	0	1,239	148,797
69.00	06900	ELECTROCARDIOLOGY	41,785	856	14,826	29,917	938,829
69.01	06901	CARDIAC REHAB	6,964	32	354	2,682	234,967
70.00	07000	ELECTROENCEPHALOGRAPHY	13,928	60	4,234	13,635	591,179
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	332	4,089	4,770	422,460
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,651,538
73.00	07300	DRUGS CHARGED TO PATIENTS	55,714	2,261	113,337	297,989	11,508,830
76.00	03020	RENAL ACUTE	0	1,172	4,737	5,690	474,998
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	0	9	0	505	159,393
90.07	09007	WOUND CLINIC	13,928	1,332	0	9,468	515,262
91.00	09100	EMERGENCY	588,476	28,483	36,342	195,163	3,785,780
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,952,828	283,282	832,911	2,218,456	103,702,330
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,446	0	0	0	10,446
194.00	07950	RURAL HEALTH	215,891	633	0	0	1,350,909
194.01	07951	RENTAL PROPERTY	0	0	0	0	105,447
194.02	07954	FAMILY PRACTICE	389,996	374	0	0	1,627,819
194.03	07952	WELLNESS	0	0	0	0	231,181
194.04	07955	PHYSICIAN PRACTICES	114,910	1,338	0	0	2,964,980
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	139,405
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	27,857	5	0	0	391,778

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
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)	3,711,928	285,632	832,911	2,218,456	110,524,295	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 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	9,109,005					5.06
7.00	00700	OPERATION OF PLANT	469,885	5,701,354				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,883	56,243	625,096			8.00
9.00	00900	HOUSEKEEPING	202,476	49,903	1,533	2,508,177		9.00
10.00	01000	DIETARY	101,830	103,094	0	46,214	1,384,857	10.00
11.00	01100	CAFETERIA	12,457	73,563	0	32,976	0	11.00
13.00	01300	NURSING ADMINISTRATION	102,080	22,317	0	10,004	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	143,103	49,621	0	22,244	0	16.00
17.00	01700	SOCIAL SERVICE	7,885	1,841	0	825	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	52,913	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	94,480	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	7,162	0	0	0	0	23.00
23.01	02341	OTHER MED ED	11,827	6,763	0	3,032	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,130,761	1,766,251	200,877	791,761	1,029,025	30.00
31.00	03100	INTENSIVE CARE UNIT	318,940	215,937	41,696	96,799	183,440	31.00
35.00	02040	INTENSIVE NURSERY	106,609	27,051	4,074	12,126	0	35.00
41.00	04100	SUBPROVIDER - IRF	96,443	185,232	8,797	83,035	70,804	41.00
43.00	04300	NURSERY	46,289	36,885	0	16,534	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	555,172	382,609	39,321	171,513	0	50.00
50.01	05001	CARDIAC SURGERY	109,287	16,907	30	7,579	0	50.01
50.02	05002	WVSC	386,114	282,042	51,111	126,432	0	50.02
51.00	05100	RECOVERY ROOM	76,587	13,450	25,467	6,029	0	51.00
51.02	05101	O/P TREATMENT ROOM	125,799	200,477	24,821	89,868	94,731	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	169,705	195,414	31,330	87,599	997	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	388,353	325,549	20,234	145,935	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	201,712	247,872	11,631	111,114	0	55.00
56.00	05600	RADIOISOTOPE	45,332	13,788	4,263	6,181	0	56.00
57.00	05700	CT SCAN	98,128	20,401	0	9,145	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	69,413	24,355	20,605	10,918	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	607,851	156,801	6,096	70,289	5,860	59.00
60.00	06000	LABORATORY	292,094	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	50,526	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	158,064	20,044	0	8,985	0	65.00
66.00	06600	PHYSICAL THERAPY	69,917	95,335	5,094	42,736	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	94,049	0	13,312	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	31,314	15,573	0	6,981	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,365	30,883	0	13,844	0	68.00
69.00	06900	ELECTROCARDIOLOGY	84,325	12,257	4,409	5,495	0	69.00
69.01	06901	CARDIAC REHAB	21,105	67,627	427	30,315	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	53,099	14,136	1,337	6,337	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,945	53,651	0	24,050	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	327,977	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,033,712	120,620	0	54,071	0	73.00
76.00	03020	RENAL ACUTE	42,664	33,109	2,142	14,842	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	14,317	18,128	0	8,126	0	90.05
90.07	09007	WOUND CLINIC	46,280	36,622	6,562	16,417	0	90.07
91.00	09100	EMERGENCY	340,035	226,090	96,362	101,350	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,496,264	5,218,441	621,531	2,291,701	1,384,857	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	938	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	121,337	0	556	0	0	194.00
194.01	07951	RENTAL PROPERTY	9,471	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	146,209	348,195	782	156,086	0	194.02
194.03	07952	WELLNESS	20,764	107,799	0	48,323	0	194.03
194.04	07955	PHYSICIAN PRACTICES	266,312	0	2,227	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	12,521	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	35,189	26,919	0	12,067	0	194.07
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 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	201.00
202.00	TOTAL (sum lines 118-201)	9,109,005	5,701,354	625,096	2,508,177	1,384,857	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES		
	11.00	13.00	16.00	17.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 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	257,683					11.00	
13.00 01300 NURSING ADMINISTRATION	4,569	1,275,475				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	10,314	0	1,818,520			16.00	
17.00 01700 SOCIAL SERVICE	488	3,456	0	102,283		17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	4,658	0	0	0	646,675	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,375	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	510	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	1,331	9,425	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	74,709	477,203	152,233	55,110	314,998	30.00	
31.00 03100 INTENSIVE CARE UNIT	20,939	148,282	44,579	10,432	0	31.00	
35.00 02040 INTENSIVE NURSERY	6,699	47,438	23,668	5,897	9,829	35.00	
41.00 04100 SUBPROVIDER - IRF	5,146	36,442	5,523	227	0	41.00	
43.00 04300 NURSERY	3,771	26,703	7,674	9,298	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	15,217	107,756	250,311	0	60,981	50.00	
50.01 05001 CARDIAC SURGERY	1,996	9,425	21,466	0	0	50.01	
50.02 05002 WVSC	200	1,414	155,356	0	0	50.02	
51.00 05100 RECOVERY ROOM	4,924	34,871	6,331	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	8,629	61,103	18,762	6,804	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,137	64,873	31,332	227	84,779	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,773	0	98,087	0	10,605	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	1,331	0	62,982	227	0	55.00	
56.00 05600 RADIOISOTOPE	1,353	0	15,173	0	0	56.00	
57.00 05700 CT SCAN	2,795	0	116,099	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,420	0	26,555	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	2,174	6,283	147,503	227	0	59.00	
60.00 06000 LABORATORY	0	0	113,276	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	4,013	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	9,294	65,816	23,317	0	6,337	65.00	
66.00 06600 PHYSICAL THERAPY	577	4,084	23,349	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	11,012	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	1,016	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	5,678	0	24,524	0	5,561	69.00	
69.01 06901 CARDIAC REHAB	909	0	2,198	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	1,619	0	11,177	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,910	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	9,405	35,028	244,273	0	0	73.00	
76.00 03020 RENAL ACUTE	0	0	4,664	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.05 09005 PATIENT NUTRITION	1,065	7,540	414	0	0	90.05	
90.07 09007 WOUND CLINIC	1,131	8,011	7,761	0	5,949	90.07	
91.00 09100 EMERGENCY	17,324	120,008	159,982	13,834	73,204	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	246,460	1,275,161	1,818,520	102,283	572,243	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	6,410	0	0	0	74,432	194.02	
194.03 07952 WELLNESS	0	0	0	0	0	194.03	
194.04 07955 PHYSICIAN PRACTICES	3,771	0	0	0	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
					SERVICES-SALARY & FRINGES	
	11.00	13.00	16.00	17.00	21.00	
194.06 07953 SYCAMORE SPORTS MED	44	314	0	0	0	0 194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	998	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	257,683	1,275,475	1,818,520	102,283	646,675	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

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	1,147,753				22.00	
23.00	02300	PARAMED PRGM	0	87,407			23.00	
23.01	02341	OTHER MED ED	0	0	164,056		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	559,071	0	0	19,141,528	-874,069	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	4,631,960	0	31.00
35.00	02040	INTENSIVE NURSERY	17,446	0	0	1,447,773	-27,275	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,565,396	0	41.00
43.00	04300	NURSERY	0	0	0	662,515	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108,233	0	0	7,872,123	-169,214	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	1,383,437	0	50.01
50.02	05002	WVSC	0	0	0	5,301,474	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	1,020,340	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,031,578	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	150,470	0	0	2,716,270	-235,249	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,823	87,407	0	5,433,498	-29,428	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,882,632	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	590,789	0	56.00
57.00	05700	CT SCAN	0	0	0	1,339,073	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	926,075	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	7,770,590	0	59.00
60.00	06000	LABORATORY	0	0	0	3,657,399	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	617,065	0	62.00
65.00	06500	RESPIRATORY THERAPY	11,248	0	0	2,062,908	-17,585	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,019,510	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	1,165,466	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	402,498	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	207,905	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,871	0	0	1,090,949	-15,432	69.00
69.01	06901	CARDIAC REHAB	0	0	0	357,548	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	678,884	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	542,016	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,979,515	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	164,056	13,169,995	0	73.00
76.00	03020	RENAL ACUTE	0	0	0	572,419	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	208,983	0	90.05
90.07	09007	WOUND CLINIC	10,559	0	0	654,554	-16,508	90.07
91.00	09100	EMERGENCY	129,926	0	0	5,063,895	-203,130	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)	1,015,647	87,407	164,056	102,168,560	-1,587,890	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	11,384	0	190.00
194.00	07950	RURAL HEALTH	0	0	0	1,472,802	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	114,918	0	194.01
194.02	07954	FAMILY PRACTICE	132,106	0	0	2,492,039	-206,538	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

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	408,067	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	0	0	3,237,290	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	152,284	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	466,951	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,147,753	87,407	164,056	110,524,295	-1,794,428	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 5:27 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	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	18,267,459	30.00
31.00	03100 INTENSIVE CARE UNIT	4,631,960	31.00
35.00	02040 INTENSIVE NURSERY	1,420,498	35.00
41.00	04100 SUBPROVIDER - IRF	1,565,396	41.00
43.00	04300 NURSERY	662,515	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	7,702,909	50.00
50.01	05001 CARDIAC SURGERY	1,383,437	50.01
50.02	05002 WVSC	5,301,474	50.02
51.00	05100 RECOVERY ROOM	1,020,340	51.00
51.02	05101 O/P TREATMENT ROOM	2,031,578	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,481,021	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,404,070	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,882,632	55.00
56.00	05600 RADIOISOTOPE	590,789	56.00
57.00	05700 CT SCAN	1,339,073	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	926,075	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,770,590	59.00
60.00	06000 LABORATORY	3,657,399	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	617,065	62.00
65.00	06500 RESPIRATORY THERAPY	2,045,323	65.00
66.00	06600 PHYSICAL THERAPY	1,019,510	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	1,165,466	66.02
67.00	06700 OCCUPATIONAL THERAPY	402,498	67.00
68.00	06800 SPEECH PATHOLOGY	207,905	68.00
69.00	06900 ELECTROCARDIOLOGY	1,075,517	69.00
69.01	06901 CARDIAC REHAB	357,548	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	678,884	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	542,016	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,979,515	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,169,995	73.00
76.00	03020 RENAL ACUTE	572,419	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.05	09005 PATIENT NUTRITION	208,983	90.05
90.07	09007 WOUND CLINIC	638,046	90.07
91.00	09100 EMERGENCY	4,860,765	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	100,580,670	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,384	190.00
194.00	07950 RURAL HEALTH	1,472,802	194.00
194.01	07951 RENTAL PROPERTY	114,918	194.01
194.02	07954 FAMILY PRACTICE	2,285,501	194.02
194.03	07952 WELLNESS	408,067	194.03
194.04	07955 PHYSICIAN PRACTICES	3,237,290	194.04
194.06	07953 SYCAMORE SPORTS MED	152,284	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	466,951	194.07
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118-201)	108,729,867	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 5:27 pm

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	65,990	0	65,990	4.00
5.01 00540	NONPATIENT TELEPHONES	0	5,619	24,029	29,648	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	ADMINITTING	2,004	26,187	6,581	34,772	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	20,683	153,035	47,091	220,809	5.06
7.00 00700	OPERATION OF PLANT	8,000	2,896,791	102,381	3,007,172	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	51,211	62,321	113,532	8.00
9.00 00900	HOUSEKEEPING	1,003	45,439	111,340	157,782	9.00
10.00 01000	DIETARY	8,306	93,870	124,882	227,058	10.00
11.00 01100	CAFETERIA	0	66,982	10,352	77,334	11.00
13.00 01300	NURSING ADMINISTRATION	1,097	20,320	2,806	24,223	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,312	45,182	16,199	63,693	16.00
17.00 01700	SOCIAL SERVICE	0	1,676	0	1,676	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	23.00
23.01 02341	OTHER MED ED	0	6,158	840	6,998	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	40,478	1,608,231	505,180	2,153,889	30.00
31.00 03100	INTENSIVE CARE UNIT	27,454	196,618	181,567	405,639	31.00
35.00 02040	INTENSIVE NURSERY	1,110	24,631	51,338	77,079	35.00
41.00 04100	SUBPROVIDER - IRF	4,381	168,660	19,799	192,840	41.00
43.00 04300	NURSERY	1,136	33,585	3,583	38,304	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	297,748	348,379	657,818	1,303,945	50.00
50.01 05001	CARDIAC SURGERY	13,631	15,394	65,733	94,758	50.01
50.02 05002	WVSC	145,814	256,809	114,482	517,105	50.02
51.00 05100	RECOVERY ROOM	534	12,247	38,126	50,907	51.00
51.02 05101	O/P TREATMENT ROOM	1,436	182,541	62,180	246,157	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	16,024	177,931	139,437	333,392	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	256,607	296,424	381,272	934,303	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	322,839	225,696	211,354	759,889	55.00
56.00 05600	RADIOISOTOPE	498	12,555	3,602	16,655	56.00
57.00 05700	CT SCAN	113,545	18,576	228	132,349	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	247,471	22,176	18,498	288,145	58.00
59.00 05900	CARDIAC CATHETERIZATION	965,330	142,773	31,485	1,139,588	59.00
60.00 06000	LABORATORY	162,119	0	0	162,119	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	89,182	18,251	85,922	193,355	65.00
66.00 06600	PHYSICAL THERAPY	1,341	86,806	16,776	104,923	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	111,882	0	20,424	132,306	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	14,180	4,404	18,584	67.00
68.00 06800	SPEECH PATHOLOGY	12,696	28,120	4,385	45,201	68.00
69.00 06900	ELECTROCARDIOLOGY	33,997	11,161	75,354	120,512	69.00
69.01 06901	CARDIAC REHAB	666	61,577	19,035	81,278	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	2,764	12,871	24,064	39,699	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,048	48,851	46,796	104,695	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	193,600	109,829	34,343	337,772	73.00
76.00 03020	RENAL ACUTE	434	30,147	349	30,930	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.05 09005	PATIENT NUTRITION	692	16,506	563	17,761	90.05
90.07 09007	WOUND CLINIC	721	33,346	7,435	41,502	90.07
91.00 09100	EMERGENCY	9,020	205,863	224,317	439,200	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)	3,127,603	7,899,194	3,558,671	14,585,468	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	69,421	0	18,000	87,421	194.00
194.01 07951	RENTAL PROPERTY	178	0	4,071	4,249	194.01
194.02 07954	FAMILY PRACTICE	6,367	317,043	145,494	468,904	194.02
194.03 07952	WELLNESS	0	98,155	0	98,155	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
194.04 07955 PHYSICIAN PRACTICES	114,178	0	73,953	188,131	2,422	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	2,806	2,806	8	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,517	24,511	2,002	28,030	192	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)	3,319,264	8,338,903	3,804,997	15,463,164	65,990	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 5:27 pm			
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES	30,003				5.01
5.02	00550	DATA PROCESSING	0	0			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0		5.03
5.04	00570	ADMINISTRATIVE	566	0	0	36,107	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	2,238	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	1,230	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	148	0	0	0	8.00
9.00	00900	HOUSEKEEPING	123	0	0	0	9.00
10.00	01000	DIETARY	812	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	172	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,008	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	98	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,672	0	0	6,170	30.00
31.00	03100	INTENSIVE CARE UNIT	935	0	0	2,145	31.00
35.00	02040	INTENSIVE NURSERY	467	0	0	1,139	35.00
41.00	04100	SUBPROVIDER - IRF	885	0	0	266	41.00
43.00	04300	NURSERY	98	0	0	369	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,017	0	0	6,695	50.00
50.01	05001	CARDIAC SURGERY	172	0	0	1,003	50.01
50.02	05002	WVSC	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	467	0	0	124	51.00
51.02	05101	O/P TREATMENT ROOM	738	0	0	141	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	639	0	0	997	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,992	0	0	854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,156	0	0	134	55.00
56.00	05600	RADIOISOTOPE	0	0	0	75	56.00
57.00	05700	CT SCAN	172	0	0	1,495	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	123	0	0	265	58.00
59.00	05900	CARDIAC CATHETERIZATION	836	0	0	2,004	59.00
60.00	06000	LABORATORY	197	0	0	2,567	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	159	62.00
65.00	06500	RESPIRATORY THERAPY	369	0	0	1,035	65.00
66.00	06600	PHYSICAL THERAPY	566	0	0	756	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	49	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	148	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	49	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	221	0	0	643	69.00
69.01	06901	CARDIAC REHAB	172	0	0	15	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	467	0	0	184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	344	0	0	177	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,254	0	0	4,914	73.00
76.00	03020	RENAL ACUTE	148	0	0	205	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	320	0	0	0	90.07
91.00	09100	EMERGENCY	1,623	0	0	1,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,691	0	0	36,107	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	25	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	1,648	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	590	0	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	49	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023			Period: From 09/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 5:27 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	30,003	0	0	36,107	0	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 5:27 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					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590	225,953				5.06
7.00	00700	11,656	3,020,101			7.00
8.00	00800	1,163	29,793	145,121		8.00
9.00	00900	5,023	26,435	356	191,466	9.00
10.00	01000	2,526	54,610	0	3,528	289,398
11.00	01100	309	38,968	0	2,517	0
13.00	01300	2,532	11,822	0	764	0
16.00	01600	3,550	26,285	0	1,698	0
17.00	01700	196	975	0	63	0
21.00	02100	1,313	0	0	0	0
22.00	02200	2,344	0	0	0	0
23.00	02300	178	0	0	0	0
23.01	02341	293	3,582	0	231	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	28,045	935,610	46,636	60,441	215,039
31.00	03100	7,911	114,385	9,680	7,389	38,334
35.00	02040	2,644	14,329	946	926	0
41.00	04100	2,392	98,121	2,042	6,339	14,796
43.00	04300	1,148	19,539	0	1,262	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	13,771	202,674	9,129	13,093	0
50.01	05001	2,711	8,956	7	579	0
50.02	05002	9,578	149,402	11,866	9,651	0
51.00	05100	1,900	7,125	5,912	460	0
51.02	05101	3,121	106,196	5,762	6,860	19,796
52.00	05200	4,210	103,514	7,274	6,687	208
54.00	05400	9,633	172,449	4,697	11,140	0
55.00	05500	5,004	131,302	2,700	8,482	0
56.00	05600	1,124	7,304	990	472	0
57.00	05700	2,434	10,807	0	698	0
58.00	05800	1,722	12,901	4,784	833	0
59.00	05900	15,078	83,060	1,415	5,366	1,225
60.00	06000	7,246	0	0	0	0
62.00	06200	1,253	0	0	0	0
65.00	06500	3,921	10,618	0	686	0
66.00	06600	1,734	50,501	1,183	3,262	0
66.01	06601	0	0	0	0	0
66.02	06602	2,333	0	3,091	0	0
67.00	06700	777	8,249	0	533	0
68.00	06800	332	16,359	0	1,057	0
69.00	06900	2,092	6,493	1,024	419	0
69.01	06901	524	35,823	99	2,314	0
70.00	07000	1,317	7,488	310	484	0
71.00	07100	941	28,420	0	1,836	0
72.00	07200	8,136	0	0	0	0
73.00	07300	25,642	63,895	0	4,128	0
76.00	03020	1,058	17,538	497	1,133	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	0
90.05	09005	355	9,603	0	620	0
90.07	09007	1,148	19,399	1,523	1,253	0
91.00	09100	8,435	119,764	22,371	7,737	0
92.00	09200					
SPECIAL PURPOSE COST CENTERS						
118.00		210,753	2,764,294	144,294	174,941	289,398
NONREIMBURSABLE COST CENTERS						
190.00	19000	23	0	0	0	0
194.00	07950	3,010	0	129	0	0
194.01	07951	235	0	0	0	0
194.02	07954	3,627	184,444	181	11,915	0
194.03	07952	515	57,103	0	3,689	0
194.04	07955	6,606	0	517	0	0
194.06	07953	311	0	0	0	0
194.07	07956	873	14,260	0	921	0
200.00						

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023			Period: From 09/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 5:27 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)	225,953	3,020,101	145,121	191,466	289,398		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 5:27 pm		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
		11.00	13.00	16.00	17.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100	115,807				11.00
13.00	01300	2,054	42,662			13.00
16.00	01600	4,635	0	102,177		16.00
17.00	01700	219	116	0	3,441	17.00
21.00	02100	2,093	0	0	0	4,203
22.00	02200	618	0	0	0	22.00
23.00	02300	229	0	0	0	23.00
23.01	02341	598	315	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	33,572	15,961	8,561	1,853	30.00
31.00	03100	9,411	4,960	2,507	351	31.00
35.00	02040	3,011	1,587	1,331	198	35.00
41.00	04100	2,313	1,219	311	8	41.00
43.00	04300	1,695	893	432	313	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	6,839	3,604	13,985	0	50.00
50.01	05001	897	315	1,207	0	50.01
50.02	05002	90	47	8,737	0	50.02
51.00	05100	2,213	1,166	356	0	51.00
51.02	05101	3,878	2,044	1,055	229	51.02
52.00	05200	4,556	2,170	1,762	8	52.00
54.00	05400	6,639	0	5,516	0	54.00
55.00	05500	598	0	3,542	8	55.00
56.00	05600	608	0	853	0	56.00
57.00	05700	1,256	0	6,529	0	57.00
58.00	05800	638	0	1,493	0	58.00
59.00	05900	977	210	8,295	8	59.00
60.00	06000	0	0	6,371	0	60.00
62.00	06200	0	0	226	0	62.00
65.00	06500	4,177	2,201	1,311	0	65.00
66.00	06600	259	137	1,313	0	66.00
66.01	06601	0	0	0	0	66.01
66.02	06602	0	0	619	0	66.02
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	57	0	68.00
69.00	06900	2,552	0	1,379	0	69.00
69.01	06901	409	0	124	0	69.01
70.00	07000	728	0	629	0	70.00
71.00	07100	0	0	220	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	4,227	1,172	13,738	0	73.00
76.00	03020	0	0	262	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
90.05	09005	479	252	23	0	90.05
90.07	09007	508	268	436	0	90.07
91.00	09100	7,786	4,014	8,997	465	91.00
92.00	09200					92.00
SPECIAL PURPOSE COST CENTERS						
118.00		110,762	42,651	102,177	3,441	0
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07954	2,881	0	0	0	194.02
194.03	07952	0	0	0	0	194.03
194.04	07955	1,695	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
							SERVICES-SALARY & FRINGES	
			11.00	13.00	16.00	17.00	21.00	
194.06	07953	SYCAMORE SPORTS MED	20	11	0	0		194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	449	0	0	0		194.07
200.00		Cross Foot Adjustments					4,203	200.00
201.00		Negative Cost Centers	3,634	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	119,441	42,662	102,177	3,441	4,203	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 5:27 pm

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	4,046				22.00
23.00 02300	PARAMED PRGM		505			23.00
23.01 02341	OTHER MED ED			12,174		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			3,523,514		0 30.00
31.00 03100	INTENSIVE CARE UNIT			607,229		0 31.00
35.00 02040	INTENSIVE NURSERY			104,936		0 35.00
41.00 04100	SUBPROVIDER - IRF			322,392		0 41.00
43.00 04300	NURSERY			64,664		0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			1,581,516		0 50.00
50.01 05001	CARDIAC SURGERY			112,140		0 50.01
50.02 05002	WVSC			706,500		0 50.02
51.00 05100	RECOVERY ROOM			71,565		0 51.00
51.02 05101	O/P TREATMENT ROOM			397,395		0 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM			467,628		0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			1,153,531		0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			913,051		0 55.00
56.00 05600	RADIOISOTOPE			28,290		0 56.00
57.00 05700	CT SCAN			156,361		0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			311,215		0 58.00
59.00 05900	CARDIAC CATHETERIZATION			1,258,476		0 59.00
60.00 06000	LABORATORY			178,500		0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			1,638		0 62.00
65.00 06500	RESPIRATORY THERAPY			219,418		0 65.00
66.00 06600	PHYSICAL THERAPY			164,746		0 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			0		0 66.01
66.02 06602	O/P PHYSICAL THERAPY			138,398		0 66.02
67.00 06700	OCCUPATIONAL THERAPY			28,291		0 67.00
68.00 06800	SPEECH PATHOLOGY			63,055		0 68.00
69.00 06900	ELECTROCARDIOLOGY			136,210		0 69.00
69.01 06901	CARDIAC REHAB			120,932		0 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY			52,815		0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			136,633		0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			8,136		0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			458,890		0 73.00
76.00 03020	RENAL ACUTE			51,771		0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC			0		0 90.00
90.05 09005	PATIENT NUTRITION			29,275		0 90.05
90.07 09007	WOUND CLINIC			66,571		0 90.07
91.00 09100	EMERGENCY			624,767		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)	0	0	0	14,260,449	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN				23	0 190.00
194.00 07950	RURAL HEALTH				91,466	0 194.00
194.01 07951	RENTAL PROPERTY				4,592	0 194.01
194.02 07954	FAMILY PRACTICE				674,573	0 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
194.03	07952	WELLNESS				159,608	0	194.03
194.04	07955	PHYSICIAN PRACTICES				199,961	0	194.04
194.06	07953	SYCAMORE SPORTS MED				3,156	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				44,774	0	194.07
200.00		Cross Foot Adjustments	4,046	505	12,174	20,928	0	200.00
201.00		Negative Cost Centers	0	0	0	3,634	0	201.00
202.00		TOTAL (sum lines 118-201)	4,046	505	12,174	15,463,164	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 5:27 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	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	3,523,514	30.00
31.00	03100 INTENSIVE CARE UNIT	607,229	31.00
35.00	02040 INTENSIVE NURSERY	104,936	35.00
41.00	04100 SUBPROVIDER - IRF	322,392	41.00
43.00	04300 NURSERY	64,664	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,581,516	50.00
50.01	05001 CARDIAC SURGERY	112,140	50.01
50.02	05002 WVSC	706,500	50.02
51.00	05100 RECOVERY ROOM	71,565	51.00
51.02	05101 O/P TREATMENT ROOM	397,395	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	467,628	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,153,531	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	913,051	55.00
56.00	05600 RADIOISOTOPE	28,290	56.00
57.00	05700 CT SCAN	156,361	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	311,215	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,258,476	59.00
60.00	06000 LABORATORY	178,500	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,638	62.00
65.00	06500 RESPIRATORY THERAPY	219,418	65.00
66.00	06600 PHYSICAL THERAPY	164,746	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	138,398	66.02
67.00	06700 OCCUPATIONAL THERAPY	28,291	67.00
68.00	06800 SPEECH PATHOLOGY	63,055	68.00
69.00	06900 ELECTROCARDIOLOGY	136,210	69.00
69.01	06901 CARDIAC REHAB	120,932	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	52,815	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136,633	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,136	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	458,890	73.00
76.00	03020 RENAL ACUTE	51,771	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.05	09005 PATIENT NUTRITION	29,275	90.05
90.07	09007 WOUND CLINIC	66,571	90.07
91.00	09100 EMERGENCY	624,767	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,260,449	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	23	190.00
194.00	07950 RURAL HEALTH	91,466	194.00
194.01	07951 RENTAL PROPERTY	4,592	194.01
194.02	07954 FAMILY PRACTICE	674,573	194.02
194.03	07952 WELLNESS	159,608	194.03
194.04	07955 PHYSICIAN PRACTICES	199,961	194.04
194.06	07953 SYCAMORE SPORTS MED	3,156	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	44,774	194.07
200.00	Cross Foot Adjustments	20,928	200.00
201.00	Negative Cost Centers	3,634	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 5:27 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	15,463,164	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
		NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	975,045				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,404,878			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,716	0	35,290,846		4.00
5.01	00540	NONPATIENT TELEPHONES	657	8,872	190,044	1,220	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	3,062	2,430	411,193	23	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	17,894	17,387	1,553,827	91	5.06
7.00	00700	OPERATION OF PLANT	338,714	37,801	22,833	50	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	23,010	259,407	6	8.00
9.00	00900	HOUSEKEEPING	5,313	41,109	934,033	5	9.00
10.00	01000	DIETARY	10,976	46,109	462,142	33	10.00
11.00	01100	CAFETERIA	7,832	3,822	167,122	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	1,036	585,459	7	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	5,981	699,516	41	16.00
17.00	01700	SOCIAL SERVICE	196	0	52,454	4	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	426,234	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	579,439	0	22.00
23.00	02300	PARAMED PRGM	0	0	52,315	0	23.00
23.01	02341	OTHER MED ED	720	310	84,221	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,046	186,522	6,989,616	190	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	67,038	1,915,306	38	31.00
35.00	02040	INTENSIVE NURSERY	2,880	18,955	683,776	19	35.00
41.00	04100	SUBPROVIDER - IRF	19,721	7,310	459,917	36	41.00
43.00	04300	NURSERY	3,927	1,323	326,638	4	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,735	242,879	3,082,194	82	50.00
50.01	05001	CARDIAC SURGERY	1,800	24,270	820,847	7	50.01
50.02	05002	WVSC	30,028	42,269	13,052	0	50.02
51.00	05100	RECOVERY ROOM	1,432	14,077	499,854	19	51.00
51.02	05101	O/P TREATMENT ROOM	21,344	22,958	758,207	30	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	51,483	1,182,474	26	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,660	140,773	3,373,279	81	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,390	78,036	126,258	47	55.00
56.00	05600	RADIOISOTOPE	1,468	1,330	111,959	0	56.00
57.00	05700	CT SCAN	2,172	84	332,261	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	6,830	166,082	5	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,694	11,625	221,610	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	31,724	932,984	15	65.00
66.00	06600	PHYSICAL THERAPY	10,150	6,194	60,092	23	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	7,541	0	2	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,658	1,626	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,288	1,619	0	2	68.00
69.00	06900	ELECTROCARDIOLOGY	1,305	27,822	467,924	9	69.00
69.01	06901	CARDIAC REHAB	7,200	7,028	93,115	7	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	8,885	806,757	19	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	17,278	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	12,680	1,148,604	51	73.00
76.00	03020	RENAL ACUTE	3,525	129	0	6	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	208	97,135	0	90.05
90.07	09007	WOUND CLINIC	3,899	2,745	114,364	13	90.07
91.00	09100	EMERGENCY	24,071	82,822	1,496,831	66	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	923,631	1,313,930	32,761,375	1,126	848
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3
194.00	07950	RURAL HEALTH	0	6,646	471,024	1	62
194.01	07951	RENTAL PROPERTY	0	1,503	57,846	0	0
194.02	07954	FAMILY PRACTICE	37,071	53,719	520,445	67	112

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
			NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
			1.00	2.00	4.00	5.01	5.02	
194.03	07952	WELLNESS	11,477	0	77,896	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	27,305	1,295,251	24	33	194.04
194.06	07953	SYCAMORE SPORTS MED	0	1,036	4,113	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	739	102,896	2	8	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,338,903	3,804,997	10,986,453	383,270	3,711,928	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.552326	2.708418	0.311312	314.155738	3,482.108818	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			65,990	30,003	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001870	24.592623	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period: From 09/01/2014 To 12/31/2014

Worksheet B-1

Date/Time Prepared: 5/27/2015 5:27 pm

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	1,765,151					5.03
5.04	00570 ADMITTING	2,062	164,908,077				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	399,521,471			5.05
5.06	00590 OTHER ADMIN AND GENERAL	155	0	0	-9,109,005	101,415,290	5.06
7.00	00700 OPERATION OF PLANT	46	0	0	0	5,231,469	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	2,690	0	0	0	521,970	8.00
9.00	00900 HOUSEKEEPING	64,868	0	0	0	2,254,265	9.00
10.00	01000 DIETARY	119	0	0	0	1,133,719	10.00
11.00	01100 CAFETERIA	0	0	0	0	138,687	11.00
13.00	01300 NURSING ADMINISTRATION	0	0	0	0	1,136,505	13.00
16.00	01600 MEDICAL RECORDS & LIBRARY	250	0	0	0	1,593,238	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	87,788	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	589,104	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,051,898	22.00
23.00	02300 PARAMED ED PRGM	0	0	0	0	79,735	23.00
23.01	02341 OTHER MED ED	0	0	0	0	131,678	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	378,600	28,171,657	33,443,122	0	12,589,529	30.00
31.00	03100 INTENSIVE CARE UNIT	206,920	9,793,368	9,793,368	0	3,550,916	31.00
35.00	02040 INTENSIVE NURSERY	32,400	5,199,473	5,199,473	0	1,186,936	35.00
41.00	04100 SUBPROVIDER - IRF	15,501	1,213,420	1,213,420	0	1,073,747	41.00
43.00	04300 NURSERY	0	1,685,853	1,685,853	0	515,361	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	67,628	30,614,970	55,010,694	0	6,181,010	50.00
50.01	05001 CARDIAC SURGERY	431,223	4,578,498	4,715,753	0	1,216,747	50.01
50.02	05002 WVSC	12,184	0	34,129,185	0	4,298,805	50.02
51.00	05100 RECOVERY ROOM	39,351	566,399	1,390,839	0	852,681	51.00
51.02	05101 O/P TREATMENT ROOM	41,556	641,897	4,121,665	0	1,400,584	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	95,376	4,551,468	6,883,175	0	1,889,407	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,752	3,900,773	21,548,218	0	4,323,732	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	779	613,793	13,836,101	0	2,245,763	55.00
56.00	05600 RADIO SOTOPE	1,989	340,796	3,333,284	0	504,699	56.00
57.00	05700 CT SCAN	64,090	6,824,551	25,505,151	0	1,092,505	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,519	1,208,241	5,833,787	0	772,809	58.00
59.00	05900 CARDIAC CATHETERIZATION	12,755	9,151,399	32,403,953	0	6,767,506	59.00
60.00	06000 LABORATORY	0	11,721,071	24,884,783	0	3,252,029	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	725,305	881,643	0	562,526	62.00
65.00	06500 RESPIRATORY THERAPY	42,695	4,726,350	5,122,443	0	1,759,803	65.00
66.00	06600 PHYSICAL THERAPY	544	3,454,301	5,129,396	0	778,418	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,144	0	2,419,052	0	1,047,093	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	348,630	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	223,197	0	148,797	68.00
69.00	06900 ELECTROCARDIOLOGY	5,288	2,935,212	5,387,614	0	938,829	69.00
69.01	06901 CARDIAC REHAB	196	70,042	482,963	0	234,967	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	373	838,238	2,455,489	0	591,179	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,053	809,502	859,024	0	422,460	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,651,538	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,972	22,438,573	53,662,711	0	11,508,830	73.00
76.00	03020 RENAL ACUTE	7,240	937,915	1,024,674	0	474,998	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	58	0	90,967	0	159,393	90.05
90.07	09007 WOUND CLINIC	8,233	0	1,705,008	0	515,262	90.07
91.00	09100 EMERGENCY	176,022	7,195,012	35,145,466	0	3,785,780	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,750,631	164,908,077	399,521,471	-9,109,005	94,593,325	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10,446	190.00
194.00	07950 RURAL HEALTH	3,911	0	0	0	1,350,909	194.00
194.01	07951 RENTAL PROPERTY	0	0	0	0	105,447	194.01
194.02	07954 FAMILY PRACTICE	2,311	0	0	0	1,627,819	194.02
194.03	07952 WELLNESS	0	0	0	0	231,181	194.03
194.04	07955 PHYSICIAN PRACTICES	8,269	0	0	0	2,964,980	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/AC COUNTS 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	139,405	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	29	0	0	0	391,778	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)	285,632	832,911	2,218,456		9,109,005	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.161817	0.005051	0.005553		0.089819	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	36,107	0		225,953	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000219	0.000000		0.002228	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	607,002				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	354,285			8.00
9.00	00900	HOUSEKEEPING	5,313	869	595,701		9.00
10.00	01000	DIETARY	10,976	0	10,976	68,065	10.00
11.00	01100	CAFETERIA	7,832	0	7,832	0	11,617
13.00	01300	NURSING ADMINISTRATION	2,376	0	2,376	0	206
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	0	465
17.00	01700	SOCIAL SERVICE	196	0	196	0	22
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	210
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	62
23.00	02300	PARAMED PRGM	0	0	0	0	23
23.01	02341	OTHER MED ED	720	0	720	0	60
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,046	113,851	188,046	50,576	3,368
31.00	03100	INTENSIVE CARE UNIT	22,990	23,632	22,990	9,016	944
35.00	02040	INTENSIVE NURSERY	2,880	2,309	2,880	0	302
41.00	04100	SUBPROVIDER - IRF	19,721	4,986	19,721	3,480	232
43.00	04300	NURSERY	3,927	0	3,927	0	170
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,735	22,286	40,735	0	686
50.01	05001	CARDIAC SURGERY	1,800	17	1,800	0	90
50.02	05002	WVSC	30,028	28,968	30,028	0	9
51.00	05100	RECOVERY ROOM	1,432	14,434	1,432	0	222
51.02	05101	O/P TREATMENT ROOM	21,344	14,068	21,344	4,656	389
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	17,757	20,805	49	457
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,660	11,468	34,660	0	666
55.00	05500	RADIOLOGY-THERAPEUTIC	26,390	6,592	26,390	0	60
56.00	05600	RADIOISOTOPE	1,468	2,416	1,468	0	61
57.00	05700	CT SCAN	2,172	0	2,172	0	126
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	11,678	2,593	0	64
59.00	05900	CARDIAC CATHETERIZATION	16,694	3,455	16,694	288	98
60.00	06000	LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,134	0	2,134	0	419
66.00	06600	PHYSICAL THERAPY	10,150	2,887	10,150	0	26
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	7,545	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	2,499	1,305	0	256
69.01	06901	CARDIAC REHAB	7,200	242	7,200	0	41
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	758	1,505	0	73
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	424
76.00	03020	RENAL ACUTE	3,525	1,214	3,525	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	48
90.07	09007	WOUND CLINIC	3,899	3,719	3,899	0	51
91.00	09100	EMERGENCY	24,071	54,615	24,071	0	781
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	555,588	352,265	544,287	68,065	11,111
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	315	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	37,071	443	37,071	0	289
194.03	07952	WELLNESS	11,477	0	11,477	0	0
194.04	07955	PHYSICIAN PRACTICES	0	1,262	0	0	170
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	2

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/27/2015 5:27 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	45	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)	5,701,354	625,096	2,508,177	1,384,857	257,683	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.392645	1.764387	4.210463	20.346096	22.181544	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,020,101	145,121	191,466	289,398	119,441	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.975438	0.409617	0.321413	4.251789	9.968753	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/27/2015 5:27 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	8,120					13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	399,521,471				16.00	
17.00 01700 SOCIAL SERVICE	22	0	451			17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	10,000		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	10,000	22.00	
23.00 02300 PARAMEDICAL PRGM	0	0	0	0	0	23.00	
23.01 02341 OTHER MEDICAL	60	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	3,038	33,443,122	243	4,871	4,871	30.00	
31.00 03100 INTENSIVE CARE UNIT	944	9,793,368	46	0	0	31.00	
35.00 02040 INTENSIVE NURSERY	302	5,199,473	26	152	152	35.00	
41.00 04100 SUBPROVIDER - I&R	232	1,213,420	1	0	0	41.00	
43.00 04300 NURSERY	170	1,685,853	41	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	686	55,010,694	0	943	943	50.00	
50.01 05001 CARDIAC SURGERY	60	4,715,753	0	0	0	50.01	
50.02 05002 WVSC	9	34,129,185	0	0	0	50.02	
51.00 05100 RECOVERY ROOM	222	1,390,839	0	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	389	4,121,665	30	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	413	6,883,175	1	1,311	1,311	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	21,548,218	0	164	164	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	13,836,101	1	0	0	55.00	
56.00 05600 RADIOLOGY-SOTOPE	0	3,333,284	0	0	0	56.00	
57.00 05700 CT SCAN	0	25,505,151	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,833,787	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	40	32,403,953	1	0	0	59.00	
60.00 06000 LABORATORY	0	24,884,783	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	881,643	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	419	5,122,443	0	98	98	65.00	
66.00 06600 PHYSICAL THERAPY	26	5,129,396	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	2,419,052	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	223,197	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	5,387,614	0	86	86	69.00	
69.01 06901 CARDIAC REHAB	0	482,963	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,455,489	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	859,024	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	223	53,662,711	0	0	0	73.00	
76.00 03020 RENAL ACUTE	0	1,024,674	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	48	90,967	0	0	0	90.05	
90.07 09007 WOUND CLINIC	51	1,705,008	0	92	92	90.07	
91.00 09100 EMERGENCY	764	35,145,466	61	1,132	1,132	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,118	399,521,471	451	8,849	8,849	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	1,151	1,151	194.02	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/27/2015 5:27 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	
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	2	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)	1,275,475	1,818,520	102,283	646,675	1,147,753	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	157.078202	0.004552	226.791574	64.667500	114.775300	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	42,662	102,177	3,441	4,203	4,046	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	5.253941	0.000256	7.629712	0.420300	0.404600	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/27/2015 5:27 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	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM	100	23.00
23.01	02341	OTHER MED ED	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02040	INTENSIVE NURSERY	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	CARDIAC SURGERY	0	50.01
50.02	05002	WVSC	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CARDIAC REHAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020	RENAL ACUTE	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.05	09005	PATIENT NUTRITION	0	90.05
90.07	09007	WOUND CLINIC	0	90.07
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	RURAL HEALTH	0	194.00
194.01	07951	RENTAL PROPERTY	0	194.01
194.02	07954	FAMILY PRACTICE	0	194.02
194.03	07952	WELLNESS	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/27/2015 5:27 pm

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)	87,407	164,056	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	874.070000	1,640.560000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	505	12,174	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.050000	121.740000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	18,267,459	18,267,459	12,198	18,279,657	30.00
31.00	03100 INTENSIVE CARE UNIT	4,631,960	4,631,960	0	4,631,960	31.00
35.00	02040 INTENSIVE NURSERY	1,420,498	1,420,498	0	1,420,498	35.00
41.00	04100 SUBPROVIDER - IRF	1,565,396	1,565,396	0	1,565,396	41.00
43.00	04300 NURSERY	662,515	662,515	0	662,515	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,702,909	7,702,909	0	7,702,909	50.00
50.01	05001 CARDIAC SURGERY	1,383,437	1,383,437	0	1,383,437	50.01
50.02	05002 WVSC	5,301,474	5,301,474	0	5,301,474	50.02
51.00	05100 RECOVERY ROOM	1,020,340	1,020,340	0	1,020,340	51.00
51.02	05101 O/P TREATMENT ROOM	2,031,578	2,031,578	0	2,031,578	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,481,021	2,481,021	0	2,481,021	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,404,070	5,404,070	2,062	5,406,132	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,882,632	2,882,632	0	2,882,632	55.00
56.00	05600 RADIOISOTOPE	590,789	590,789	0	590,789	56.00
57.00	05700 CT SCAN	1,339,073	1,339,073	0	1,339,073	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	926,075	926,075	0	926,075	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,770,590	7,770,590	0	7,770,590	59.00
60.00	06000 LABORATORY	3,657,399	3,657,399	36,821	3,694,220	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	617,065	617,065	0	617,065	62.00
65.00	06500 RESPIRATORY THERAPY	2,045,323	2,045,323	0	2,045,323	65.00
66.00	06600 PHYSICAL THERAPY	1,019,510	1,019,510	0	1,019,510	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	1,165,466	1,165,466	0	1,165,466	66.02
67.00	06700 OCCUPATIONAL THERAPY	402,498	402,498	0	402,498	67.00
68.00	06800 SPEECH PATHOLOGY	207,905	207,905	0	207,905	68.00
69.00	06900 ELECTROCARDIOLOGY	1,075,517	1,075,517	0	1,075,517	69.00
69.01	06901 CARDIAC REHAB	357,548	357,548	0	357,548	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	678,884	678,884	0	678,884	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	542,016	542,016	0	542,016	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,979,515	3,979,515	0	3,979,515	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,169,995	13,169,995	0	13,169,995	73.00
76.00	03020 RENAL ACUTE	572,419	572,419	0	572,419	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	208,983	208,983	3,937	212,920	90.05
90.07	09007 WOUND CLINIC	638,046	638,046	0	638,046	90.07
91.00	09100 EMERGENCY	4,860,765	4,860,765	0	4,860,765	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,580,277	2,580,277	0	2,580,277	92.00
200.00	Subtotal (see instructions)	103,160,947	103,160,947	55,018	103,215,965	200.00
201.00	Less Observation Beds	2,580,277	2,580,277	0	2,580,277	201.00
202.00	Total (see instructions)	100,580,670	100,580,670	55,018	100,635,688	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 5:27 pm
		Title XVII	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	27,020,264		27,020,264	30.00
31.00	03100	INTENSIVE CARE UNIT	9,793,368		9,793,368	31.00
35.00	02040	INTENSIVE NURSERY	5,199,473		5,199,473	35.00
41.00	04100	SUBPROVIDER - IRF	1,213,420		1,213,420	41.00
43.00	04300	NURSERY	1,685,853		1,685,853	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,668,654	21,736,279	48,404,933	50.00
50.01	05001	CARDIAC SURGERY	3,477,031	26,500	3,503,531	50.01
50.02	05002	WVSC	1,855	33,401,476	33,403,331	50.02
51.00	05100	RECOVERY ROOM	566,399	824,440	1,390,839	51.00
51.02	05101	O/P TREATMENT ROOM	91,490	1,294,110	1,385,600	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,401,771	875,011	5,276,782	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,103,393	12,553,100	15,656,493	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	613,793	13,214,995	13,828,788	55.00
56.00	05600	RADIOISOTOPE	340,796	2,992,488	3,333,284	56.00
57.00	05700	CT SCAN	6,824,551	18,680,600	25,505,151	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,208,241	4,625,546	5,833,787	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,190,576	21,023,541	29,214,117	59.00
60.00	06000	LABORATORY	11,721,071	13,163,712	24,884,783	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	725,305	156,338	881,643	62.00
65.00	06500	RESPIRATORY THERAPY	4,726,350	396,093	5,122,443	65.00
66.00	06600	PHYSICAL THERAPY	1,872,678	1,280,133	3,152,811	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	1,970,687	1,970,687	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,231,901	820,559	2,052,460	67.00
68.00	06800	SPEECH PATHOLOGY	348,488	247,200	595,688	68.00
69.00	06900	ELECTROCARDIOLOGY	2,863,116	2,392,165	5,255,281	69.00
69.01	06901	CARDIAC REHAB	70,042	412,921	482,963	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	322,292	1,121,407	1,443,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	809,502	49,522	859,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,923,052	3,478,166	6,401,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,438,573	30,618,995	53,057,568	73.00
76.00	03020	RENAL ACUTE	937,915	86,759	1,024,674	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	90,967	90,967	90.05
90.07	09007	WOUND CLINIC	5,000	1,675,138	1,680,138	90.07
91.00	09100	EMERGENCY	7,195,012	27,950,454	35,145,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	550,407	7,071,293	7,621,700	92.00
200.00		Subtotal (see instructions)	159,141,632	224,230,595	383,372,227	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	159,141,632	224,230,595	383,372,227	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 5:27 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 INTENSIVE NURSERY			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.159135		50.00
50.01	05001 CARDIAC SURGERY	0.394869		50.01
50.02	05002 WVSC	0.158711		50.02
51.00	05100 RECOVERY ROOM	0.733615		51.00
51.02	05101 O/P TREATMENT ROOM	1.466208		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.470177		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.345296		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.208452		55.00
56.00	05600 RADIOISOTOPE	0.177239		56.00
57.00	05700 CT SCAN	0.052502		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.158743		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.265988		59.00
60.00	06000 LABORATORY	0.148453		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.699903		62.00
65.00	06500 RESPIRATORY THERAPY	0.399287		65.00
66.00	06600 PHYSICAL THERAPY	0.323365		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.591401		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.196105		67.00
68.00	06800 SPEECH PATHOLOGY	0.349017		68.00
69.00	06900 ELECTROCARDIOLOGY	0.204655		69.00
69.01	06901 CARDIAC REHAB	0.740322		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.470239		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.630967		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.621681		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.248221		73.00
76.00	03020 RENAL ACUTE	0.558635		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.05	09005 PATIENT NUTRITION	2.340629		90.05
90.07	09007 WOUND CLINIC	0.379758		90.07
91.00	09100 EMERGENCY	0.138304		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.338544		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 5:27 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	18,267,459		18,267,459	12,198	18,279,657	30.00
31.00	03100 INTENSIVE CARE UNIT	4,631,960		4,631,960	0	4,631,960	31.00
35.00	02040 INTENSIVE NURSERY	1,420,498		1,420,498	0	1,420,498	35.00
41.00	04100 SUBPROVIDER - IRF	1,565,396		1,565,396	0	1,565,396	41.00
43.00	04300 NURSERY	662,515		662,515	0	662,515	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,702,909		7,702,909	0	7,702,909	50.00
50.01	05001 CARDIAC SURGERY	1,383,437		1,383,437	0	1,383,437	50.01
50.02	05002 WVSC	5,301,474		5,301,474	0	5,301,474	50.02
51.00	05100 RECOVERY ROOM	1,020,340		1,020,340	0	1,020,340	51.00
51.02	05101 O/P TREATMENT ROOM	2,031,578		2,031,578	0	2,031,578	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,481,021		2,481,021	0	2,481,021	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,404,070		5,404,070	2,062	5,406,132	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,882,632		2,882,632	0	2,882,632	55.00
56.00	05600 RADIOISOTOPE	590,789		590,789	0	590,789	56.00
57.00	05700 CT SCAN	1,339,073		1,339,073	0	1,339,073	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	926,075		926,075	0	926,075	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,770,590		7,770,590	0	7,770,590	59.00
60.00	06000 LABORATORY	3,657,399		3,657,399	36,821	3,694,220	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	617,065		617,065	0	617,065	62.00
65.00	06500 RESPIRATORY THERAPY	2,045,323	0	2,045,323	0	2,045,323	65.00
66.00	06600 PHYSICAL THERAPY	1,019,510	0	1,019,510	0	1,019,510	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	1,165,466	0	1,165,466	0	1,165,466	66.02
67.00	06700 OCCUPATIONAL THERAPY	402,498	0	402,498	0	402,498	67.00
68.00	06800 SPEECH PATHOLOGY	207,905	0	207,905	0	207,905	68.00
69.00	06900 ELECTROCARDIOLOGY	1,075,517		1,075,517	0	1,075,517	69.00
69.01	06901 CARDIAC REHAB	357,548		357,548	0	357,548	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	678,884		678,884	0	678,884	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	542,016		542,016	0	542,016	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,979,515		3,979,515	0	3,979,515	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,169,995		13,169,995	0	13,169,995	73.00
76.00	03020 RENAL ACUTE	572,419		572,419	0	572,419	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.05	09005 PATIENT NUTRITION	208,983		208,983	3,937	212,920	90.05
90.07	09007 WOUND CLINIC	638,046		638,046	0	638,046	90.07
91.00	09100 EMERGENCY	4,860,765		4,860,765	0	4,860,765	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,580,277		2,580,277	0	2,580,277	92.00
200.00	Subtotal (see instructions)	103,160,947	0	103,160,947	55,018	103,215,965	200.00
201.00	Less Observation Beds	2,580,277		2,580,277	0	2,580,277	201.00
202.00	Total (see instructions)	100,580,670	0	100,580,670	55,018	100,635,688	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 5:27 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	27,020,264		27,020,264	30.00
31.00	03100	INTENSIVE CARE UNIT	9,793,368		9,793,368	31.00
35.00	02040	INTENSIVE NURSERY	5,199,473		5,199,473	35.00
41.00	04100	SUBPROVIDER - IRF	1,213,420		1,213,420	41.00
43.00	04300	NURSERY	1,685,853		1,685,853	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,668,654	21,736,279	48,404,933	50.00
50.01	05001	CARDIAC SURGERY	3,477,031	26,500	3,503,531	50.01
50.02	05002	WVSC	1,855	33,401,476	33,403,331	50.02
51.00	05100	RECOVERY ROOM	566,399	824,440	1,390,839	51.00
51.02	05101	O/P TREATMENT ROOM	91,490	1,294,110	1,385,600	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,401,771	875,011	5,276,782	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,103,393	12,553,100	15,656,493	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	613,793	13,214,995	13,828,788	55.00
56.00	05600	RADIOISOTOPE	340,796	2,992,488	3,333,284	56.00
57.00	05700	CT SCAN	6,824,551	18,680,600	25,505,151	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,208,241	4,625,546	5,833,787	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,190,576	21,023,541	29,214,117	59.00
60.00	06000	LABORATORY	11,721,071	13,163,712	24,884,783	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	725,305	156,338	881,643	62.00
65.00	06500	RESPIRATORY THERAPY	4,726,350	396,093	5,122,443	65.00
66.00	06600	PHYSICAL THERAPY	1,872,678	1,280,133	3,152,811	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	1,970,687	1,970,687	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,231,901	820,559	2,052,460	67.00
68.00	06800	SPEECH PATHOLOGY	348,488	247,200	595,688	68.00
69.00	06900	ELECTROCARDIOLOGY	2,863,116	2,392,165	5,255,281	69.00
69.01	06901	CARDIAC REHAB	70,042	412,921	482,963	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	322,292	1,121,407	1,443,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	809,502	49,522	859,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,923,052	3,478,166	6,401,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,438,573	30,618,995	53,057,568	73.00
76.00	03020	RENAL ACUTE	937,915	86,759	1,024,674	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	90,967	90,967	90.05
90.07	09007	WOUND CLINIC	5,000	1,675,138	1,680,138	90.07
91.00	09100	EMERGENCY	7,195,012	27,950,454	35,145,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	550,407	7,071,293	7,621,700	92.00
200.00		Subtotal (see instructions)	159,141,632	224,230,595	383,372,227	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	159,141,632	224,230,595	383,372,227	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 5:27 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 - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 CARDIAC SURGERY	0.000000		50.01
50.02	05002 WWSC	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.000000		51.00
51.02	05101 O/P TREATMENT ROOM	0.000000		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 RENAL ACUTE	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.05	09005 PATIENT NUTRITION	0.000000		90.05
90.07	09007 WOUND CLINIC	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150023		Period: From 09/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/27/2015 5:27 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,523,514	0	3,523,514	18,476	190.71	30.00
31.00	INTENSIVE CARE UNIT	607,229		607,229	3,220	188.58	31.00
35.00	INTENSIVE NURSERY	104,936		104,936	1,444	72.67	35.00
41.00	SUBPROVIDER - IRF	322,392	0	322,392	1,243	259.37	41.00
43.00	NURSERY	64,664		64,664	1,155	55.99	43.00
200.00	Total (Lines 30-199)	4,622,735		4,622,735	25,538		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	8,208	1,565,348				
31.00	INTENSIVE CARE UNIT	1,927	363,394				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	767	198,937				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	10,902	2,127,679				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 5:27 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,581,516	48,404,933	0.032673	2,227,988	72,795	50.00
50.01	05001 CARDIAC SURGERY	112,140	3,503,531	0.032008	0	0	50.01
50.02	05002 WVSC	706,500	33,403,331	0.021151	400	8	50.02
51.00	05100 RECOVERY ROOM	71,565	1,390,839	0.051455	340,473	17,519	51.00
51.02	05101 O/P TREATMENT ROOM	397,395	1,385,600	0.286804	236	68	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	467,628	5,276,782	0.088620	27,745	2,459	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,153,531	15,656,493	0.073677	1,739,541	128,164	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	913,051	13,828,788	0.066025	303,963	20,069	55.00
56.00	05600 RADIOISOTOPE	28,290	3,333,284	0.008487	163,873	1,391	56.00
57.00	05700 CT SCAN	156,361	25,505,151	0.006131	3,674,531	22,529	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	311,215	5,833,787	0.053347	578,803	30,877	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,258,476	29,214,117	0.043078	2,574,845	110,919	59.00
60.00	06000 LABORATORY	178,500	24,884,783	0.007173	6,926,029	49,680	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,638	881,643	0.001858	472,021	877	62.00
65.00	06500 RESPIRATORY THERAPY	219,418	5,122,443	0.042835	1,888,698	80,902	65.00
66.00	06600 PHYSICAL THERAPY	164,746	3,152,811	0.052254	807,683	42,205	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	138,398	1,970,687	0.070228	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	28,291	2,052,460	0.013784	397,636	5,481	67.00
68.00	06800 SPEECH PATHOLOGY	63,055	595,688	0.105852	147,127	15,574	68.00
69.00	06900 ELECTROCARDIOLOGY	136,210	5,255,281	0.025919	2,229,329	57,782	69.00
69.01	06901 CARDIAC REHAB	120,932	482,963	0.250396	42,902	10,742	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	52,815	1,443,699	0.036583	193,769	7,089	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136,633	859,024	0.159056	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,136	6,401,218	0.001271	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	458,890	53,057,568	0.008649	11,776,728	101,857	73.00
76.00	03020 RENAL ACUTE	51,771	1,024,674	0.050524	638,857	32,278	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.05	09005 PATIENT NUTRITION	29,275	90,967	0.321820	0	0	90.05
90.07	09007 WOUND CLINIC	66,571	1,680,138	0.039622	1,408	56	90.07
91.00	09100 EMERGENCY	624,767	35,145,466	0.017777	3,991,176	70,951	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	497,364	7,621,700	0.065256	0	0	92.00
200.00	Total (lines 50-199)	10,135,078	338,459,849		41,145,761	882,272	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150023		Period: From 09/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/27/2015 5:27 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,476	0.00	8,208	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,220	0.00	1,927	0	0	31.00
35.00	02040	INTENSIVE NURSERY	1,444	0.00	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	1,243	0.00	767	0	0	41.00
43.00	04300	NURSERY	1,155	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	25,538		10,902	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:27 pm
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Cost Center Description	Title XVIII				Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	87,407	0	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	164,056	0	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	251,463	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:27 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)	Hospital 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	48,404,933	0.000000	0.000000	2,227,988	50.00
50.01	05001 CARDIAC SURGERY	0	3,503,531	0.000000	0.000000	0	50.01
50.02	05002 WVSC	0	33,403,331	0.000000	0.000000	400	50.02
51.00	05100 RECOVERY ROOM	0	1,390,839	0.000000	0.000000	340,473	51.00
51.02	05101 O/P TREATMENT ROOM	0	1,385,600	0.000000	0.000000	236	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,276,782	0.000000	0.000000	27,745	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	87,407	15,656,493	0.005583	0.005583	1,739,541	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,828,788	0.000000	0.000000	303,963	55.00
56.00	05600 RADIOISOTOPE	0	3,333,284	0.000000	0.000000	163,873	56.00
57.00	05700 CT SCAN	0	25,505,151	0.000000	0.000000	3,674,531	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,833,787	0.000000	0.000000	578,803	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	29,214,117	0.000000	0.000000	2,574,845	59.00
60.00	06000 LABORATORY	0	24,884,783	0.000000	0.000000	6,926,029	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	881,643	0.000000	0.000000	472,021	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,122,443	0.000000	0.000000	1,888,698	65.00
66.00	06600 PHYSICAL THERAPY	0	3,152,811	0.000000	0.000000	807,683	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	1,970,687	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	2,052,460	0.000000	0.000000	397,636	67.00
68.00	06800 SPEECH PATHOLOGY	0	595,688	0.000000	0.000000	147,127	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,255,281	0.000000	0.000000	2,229,329	69.00
69.01	06901 CARDIAC REHAB	0	482,963	0.000000	0.000000	42,902	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,443,699	0.000000	0.000000	193,769	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	859,024	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,401,218	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	164,056	53,057,568	0.003092	0.003092	11,776,728	73.00
76.00	03020 RENAL ACUTE	0	1,024,674	0.000000	0.000000	638,857	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	0	90,967	0.000000	0.000000	0	90.05
90.07	09007 WOUND CLINIC	0	1,680,138	0.000000	0.000000	1,408	90.07
91.00	09100 EMERGENCY	0	35,145,466	0.000000	0.000000	3,991,176	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,621,700	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	251,463	338,459,849			41,145,761	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:27 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	168,850	0	50.00
50.01	05001 CARDIAC SURGERY	0	0	0	50.01
50.02	05002 WVSC	0	3,387,544	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	6,197	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,965	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,712	2,576,142	14,383	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,087,228	0	55.00
56.00	05600 RADIOISOTOPE	0	1,023,960	0	56.00
57.00	05700 CT SCAN	0	5,989,354	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,300,905	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,424,009	0	59.00
60.00	06000 LABORATORY	0	3,288,633	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	105,867	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	67,892	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,214	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	1,758	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	798,310	0	69.00
69.01	06901 CARDIAC REHAB	0	178,822	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	274,113	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	36,414	16,793,859	51,927	73.00
76.00	03020 RENAL ACUTE	0	49,721	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	379,925	0	90.07
91.00	09100 EMERGENCY	0	5,324,945	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,542,678	0	92.00
200.00	Total (lines 50-199)	46,126	55,776,891	66,310	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 5:27 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	0.159135	168,850	0	0	26,870 50.00
50.01 05001 CARDIAC SURGERY	0.394869	0	0	0	0 50.01
50.02 05002 WVSC	0.158711	3,387,544	0	0	537,640 50.02
51.00 05100 RECOVERY ROOM	0.733615	0	0	0	0 51.00
51.02 05101 O/P TREATMENT ROOM	1.466208	6,197	0	0	9,086 51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.470177	3,965	0	0	1,864 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.345165	2,576,142	0	0	889,194 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.208452	6,087,228	0	0	1,268,895 55.00
56.00 05600 RADIO SOTOP	0.177239	1,023,960	0	0	181,486 56.00
57.00 05700 CT SCAN	0.052502	5,989,354	0	0	314,453 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.158743	1,300,905	0	0	206,510 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.265988	6,424,009	0	0	1,708,709 59.00
60.00 06000 LABORATORY	0.146973	3,288,633	0	0	483,340 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.699903	105,867	0	0	74,097 62.00
65.00 06500 RESPIRATORY THERAPY	0.399287	67,892	0	0	27,108 65.00
66.00 06600 PHYSICAL THERAPY	0.323365	2,214	0	0	716 66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0 66.01
66.02 06602 O/P PHYSICAL THERAPY	0.591401	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0.196105	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.349017	1,758	0	0	614 68.00
69.00 06900 ELECTROCARDIOLOGY	0.204655	798,310	0	0	163,378 69.00
69.01 06901 CARDIAC REHAB	0.740322	178,822	0	0	132,386 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.470239	274,113	0	0	128,899 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.630967	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.621681	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.248221	16,793,859	0	40,625	4,168,588 73.00
76.00 03020 RENAL ACUTE	0.558635	49,721	0	0	27,776 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.05 09005 PATIENT NUTRITION	2.297350	0	0	0	0 90.05
90.07 09007 WOUND CLINIC	0.379758	379,925	0	0	144,280 90.07
91.00 09100 EMERGENCY	0.138304	5,324,945	0	0	736,461 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.338544	1,542,678	0	0	522,264 92.00
200.00	Subtotal (see instructions)	55,776,891	0	40,625	11,754,614 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)	55,776,891	0	40,625	11,754,614 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 5:27 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 CARDIAC SURGERY	0	0	50.01
50.02	05002 WVSC	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,084	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	10,084	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	10,084	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150023 Component CCN: 15T023		Period: From 09/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 5:27 pm	
		Title XVII		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	1,581,516	48,404,933	0.032673	28	1 50.00
50.01	05001	CARDIAC SURGERY	112,140	3,503,531	0.032008	0	0 50.01
50.02	05002	WVSC	706,500	33,403,331	0.021151	0	0 50.02
51.00	05100	RECOVERY ROOM	71,565	1,390,839	0.051455	424	22 51.00
51.02	05101	O/P TREATMENT ROOM	397,395	1,385,600	0.286804	0	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	467,628	5,276,782	0.088620	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,153,531	15,656,493	0.073677	19,089	1,406 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	913,051	13,828,788	0.066025	0	0 55.00
56.00	05600	RADIOISOTOPE	28,290	3,333,284	0.008487	907	8 56.00
57.00	05700	CT SCAN	156,361	25,505,151	0.006131	16,140	99 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	311,215	5,833,787	0.053347	3,200	171 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,258,476	29,214,117	0.043078	0	0 59.00
60.00	06000	LABORATORY	178,500	24,884,783	0.007173	78,700	565 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,638	881,643	0.001858	4,050	8 62.00
65.00	06500	RESPIRATORY THERAPY	219,418	5,122,443	0.042835	36,929	1,582 65.00
66.00	06600	PHYSICAL THERAPY	164,746	3,152,811	0.052254	369,181	19,291 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	138,398	1,970,687	0.070228	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	28,291	2,052,460	0.013784	339,335	4,677 67.00
68.00	06800	SPEECH PATHOLOGY	63,055	595,688	0.105852	82,592	8,743 68.00
69.00	06900	ELECTROCARDIOLOGY	136,210	5,255,281	0.025919	15,983	414 69.00
69.01	06901	CARDIAC REHAB	120,932	482,963	0.250396	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	52,815	1,443,699	0.036583	7,992	292 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	136,633	859,024	0.159056	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,136	6,401,218	0.001271	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	458,890	53,057,568	0.008649	260,586	2,254 73.00
76.00	03020	RENAL ACUTE	51,771	1,024,674	0.050524	17,711	895 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.05	09005	PATIENT NUTRITION	29,275	90,967	0.321820	0	0 90.05
90.07	09007	WOUND CLINIC	66,571	1,680,138	0.039622	0	0 90.07
91.00	09100	EMERGENCY	624,767	35,145,466	0.017777	6,305	112 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,621,700	0.000000	0	0 92.00
200.00		Total (lines 50-199)	9,637,714	338,459,849		1,259,152	40,540 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:27 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	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	87,407	0	87,407	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	164,056	0	164,056	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	251,463	0	251,463	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:27 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	48,404,933	0.000000	0.000000	28	50.00
50.01 05001 CARDIAC SURGERY	0	3,503,531	0.000000	0.000000	0	50.01
50.02 05002 WVSC	0	33,403,331	0.000000	0.000000	0	50.02
51.00 05100 RECOVERY ROOM	0	1,390,839	0.000000	0.000000	424	51.00
51.02 05101 O/P TREATMENT ROOM	0	1,385,600	0.000000	0.000000	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,276,782	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	87,407	15,656,493	0.005583	0.005583	19,089	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	13,828,788	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	3,333,284	0.000000	0.000000	907	56.00
57.00 05700 CT SCAN	0	25,505,151	0.000000	0.000000	16,140	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,833,787	0.000000	0.000000	3,200	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	29,214,117	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	24,884,783	0.000000	0.000000	78,700	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	881,643	0.000000	0.000000	4,050	62.00
65.00 06500 RESPIRATORY THERAPY	0	5,122,443	0.000000	0.000000	36,929	65.00
66.00 06600 PHYSICAL THERAPY	0	3,152,811	0.000000	0.000000	369,181	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	1,970,687	0.000000	0.000000	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	2,052,460	0.000000	0.000000	339,335	67.00
68.00 06800 SPEECH PATHOLOGY	0	595,688	0.000000	0.000000	82,592	68.00
69.00 06900 ELECTROCARDIOLOGY	0	5,255,281	0.000000	0.000000	15,983	69.00
69.01 06901 CARDIAC REHAB	0	482,963	0.000000	0.000000	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,443,699	0.000000	0.000000	7,992	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	859,024	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,401,218	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	164,056	53,057,568	0.003092	0.003092	260,586	73.00
76.00 03020 RENAL ACUTE	0	1,024,674	0.000000	0.000000	17,711	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.05 09005 PATIENT NUTRITION	0	90,967	0.000000	0.000000	0	90.05
90.07 09007 WOUND CLINIC	0	1,680,138	0.000000	0.000000	0	90.07
91.00 09100 EMERGENCY	0	35,145,466	0.000000	0.000000	6,305	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,621,700	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	251,463	338,459,849			1,259,152	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:27 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	107	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	806	0	0	73.00
76.00	03020 RENAL ACUTE	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	90.05
90.07	09007 WOUND CLINIC	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	913	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 5:27 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)		18,476	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,476	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)		15,868	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)		8,208	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)		18,279,657	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)		18,279,657	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)		18,279,657	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)		989.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,120,749	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)		8,120,749	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 5:27 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	4,631,960	3,220	1,438.50	1,927	2,771,990	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	1,420,498	1,444	983.72	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				9,195,492		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				20,088,231		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)				1,928,742		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				928,398		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,857,140		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				17,231,091		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				2,608		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				989.37		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,580,277		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 5:27 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,523,514	18,279,657	0.192756	2,580,277	497,364	90.00
91.00	Nursing School cost	0	18,279,657	0.000000	2,580,277	0	91.00
92.00	Allied health cost	0	18,279,657	0.000000	2,580,277	0	92.00
93.00	All other Medical Education	0	18,279,657	0.000000	2,580,277	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T023		Date/Time Prepared: 5/27/2015 5:27 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)		1,243	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,243	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)		1,243	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)		767	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)		1,565,396	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)		1,565,396	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)		1,565,396	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)		1,259.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		965,937	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)		965,937	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T023		Date/Time Prepared: 5/27/2015 5:27 pm		PPS	
		Title XVIII		Subprovider - IRF			
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)					334,914		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,300,851		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)					198,937		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					41,453		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					240,390		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,060,461		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023 Component CCN: 15T023		Period: From 09/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 5:27 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	322,392	1,565,396	0.205949	0	0	90.00
91.00	Nursing School cost	0	1,565,396	0.000000	0	0	91.00
92.00	Allied health cost	0	1,565,396	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,565,396	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2015 5:27 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,476	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,476	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)		15,868	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,333	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)		1,155	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)		18,267,459	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)		18,267,459	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)		18,267,459	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)		988.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,317,950	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,317,950	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 5:27 pm	
Title XIX			Hospital	Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	662,515	1,155	573.61	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	4,631,960	3,220	1,438.50	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	1,420,498	1,444	983.72	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,650,915	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,968,865	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,608	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					988.71	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,578,556	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 5:27 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,523,514	18,267,459	0.192885	2,578,556	497,365	90.00
91.00	Nursing School cost	0	18,267,459	0.000000	2,578,556	0	91.00
92.00	Allied health cost	0	18,267,459	0.000000	2,578,556	0	92.00
93.00	All other Medical Education	0	18,267,459	0.000000	2,578,556	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 5:27 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,791,743	30.00
31.00	03100	INTENSIVE CARE UNIT		5,750,390	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.159135	2,227,988	50.00
50.01	05001	CARDIAC SURGERY	0.394869	0	50.01
50.02	05002	WVSC	0.158711	400	50.02
51.00	05100	RECOVERY ROOM	0.733615	340,473	51.00
51.02	05101	O/P TREATMENT ROOM	1.466208	236	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470177	27,745	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.345296	1,739,541	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.208452	303,963	55.00
56.00	05600	RADIOISOTOPE	0.177239	163,873	56.00
57.00	05700	CT SCAN	0.052502	3,674,531	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.158743	578,803	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.265988	2,574,845	59.00
60.00	06000	LABORATORY	0.148453	6,926,029	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.699903	472,021	62.00
65.00	06500	RESPIRATORY THERAPY	0.399287	1,888,698	65.00
66.00	06600	PHYSICAL THERAPY	0.323365	807,683	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.591401	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.196105	397,636	67.00
68.00	06800	SPEECH PATHOLOGY	0.349017	147,127	68.00
69.00	06900	ELECTROCARDIOLOGY	0.204655	2,229,329	69.00
69.01	06901	CARDIAC REHAB	0.740322	42,902	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.470239	193,769	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.630967	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.621681	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248221	11,776,728	73.00
76.00	03020	RENAL ACUTE	0.558635	638,857	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	2.340629	0	90.05
90.07	09007	WOUND CLINIC	0.379758	1,408	90.07
91.00	09100	EMERGENCY	0.138304	3,991,176	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.338544	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		41,145,761	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)		41,145,761	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T023		Date/Time Prepared: 5/27/2015 5:27 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		755,091	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.159135	28	50.00
50.01	05001	CARDIAC SURGERY	0.394869	0	50.01
50.02	05002	WVSC	0.158711	0	50.02
51.00	05100	RECOVERY ROOM	0.733615	424	51.00
51.02	05101	O/P TREATMENT ROOM	1.466208	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470177	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.345296	19,089	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.208452	0	55.00
56.00	05600	RADIOISOTOPE	0.177239	907	56.00
57.00	05700	CT SCAN	0.052502	16,140	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.158743	3,200	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.265988	0	59.00
60.00	06000	LABORATORY	0.148453	78,700	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.699903	4,050	62.00
65.00	06500	RESPIRATORY THERAPY	0.399287	36,929	65.00
66.00	06600	PHYSICAL THERAPY	0.323365	369,181	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.591401	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.196105	339,335	67.00
68.00	06800	SPEECH PATHOLOGY	0.349017	82,592	68.00
69.00	06900	ELECTROCARDIOLOGY	0.204655	15,983	69.00
69.01	06901	CARDIAC REHAB	0.740322	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.470239	7,992	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.630967	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.621681	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248221	260,586	73.00
76.00	03020	RENAL ACUTE	0.558635	17,711	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	2.340629	0	90.05
90.07	09007	WOUND CLINIC	0.379758	0	90.07
91.00	09100	EMERGENCY	0.138304	6,305	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.338544	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,259,152	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)		1,259,152	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 5:27 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,505,115	30.00
31.00	03100	INTENSIVE CARE UNIT		668,060	31.00
35.00	02040	INTENSIVE NURSERY		413,311	35.00
41.00	04100	SUBPROVIDER - IRF		101,000	41.00
43.00	04300	NURSERY		86,428	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.159135	1,926,288	50.00
50.01	05001	CARDIAC SURGERY	0.394869	5,140	50.01
50.02	05002	WVSC	0.158711	0	50.02
51.00	05100	RECOVERY ROOM	0.733615	36,233	51.00
51.02	05101	O/P TREATMENT ROOM	1.466208	76,749	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470177	98,057	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.345165	190,275	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.208452	41,955	55.00
56.00	05600	RADIOISOTOPE	0.177239	16,218	56.00
57.00	05700	CT SCAN	0.052502	462,550	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.158743	70,581	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.265988	185,154	59.00
60.00	06000	LABORATORY	0.146973	829,259	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.699903	44,289	62.00
65.00	06500	RESPIRATORY THERAPY	0.399287	263,983	65.00
66.00	06600	PHYSICAL THERAPY	0.323365	86,386	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.591401	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.196105	71,439	67.00
68.00	06800	SPEECH PATHOLOGY	0.349017	35,000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.204655	201,155	69.00
69.01	06901	CARDIAC REHAB	0.740322	2,598	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.470239	17,364	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.630967	105,729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.621681	101,310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248221	1,688,881	73.00
76.00	03020	RENAL ACUTE	0.558635	32,096	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	2.297350	0	90.05
90.07	09007	WOUND CLINIC	0.379758	495	90.07
91.00	09100	EMERGENCY	0.138304	465,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.338544	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,054,606	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		7,054,606	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 5:27 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
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)		4,371,865	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,926,921	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)		172,366	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		1,678,177	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		227.59	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).		0.053693	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.045306	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.045306	21.00
22.00	IME payment adjustment (see instructions)		488,317	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	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)		0.037128	26.00
27.00	IME payments adjustment factor. (see instructions)		0.009817	27.00
28.00	IME add-on adjustment amount (see instructions)		196,114	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		684,431	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.35	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.59	31.00
32.00	Sum of lines 30 and 31		26.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.44	33.00
34.00	Disproportionate share adjustment (see instructions)		523,345	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 5:27 pm	
		Title XVII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000463797	0.000462085	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,195,684	3,533,862	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		344,852	890,728	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,235,580		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)		20,914,508		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		20,914,508		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,660,063		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).		269,456		52.00
53.00	Nursing and Allied Health Managed Care payment		10,977		53.00
54.00	Special add-on payments for new technologies		0		54.00
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)		46,126		58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,901,130		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,901,130		61.00
62.00	Deductibles billed to program beneficiaries		1,837,376		62.00
63.00	Coinurance billed to program beneficiaries		18,240		63.00
64.00	Allowable bad debts (see instructions)		236,938		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		154,010		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		51,314		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,199,524		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
70.89	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)		38,908		70.93
70.94	HRR adjustment amount (see instructions)		-124,612		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 5:27 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
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)		170,792		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,943,028		71.00
71.01	Sequestration adjustment (see instructions)		418,861		71.01
72.00	Interim payments		20,159,452		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)		364,715		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,534,951		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 1.00	On/After 10/1 2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2015 5:27 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	4,371,865	0	4,371,865	0	4,371,865	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,926,921	0	0	13,926,921	13,926,921	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	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	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	172,366	0	42,361	130,004	172,365	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	1,678,177	0	502,317	1,175,860	1,678,177	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.045306	0.045306	0.045306	0.045306		5.00
6.00	IME payment adjustment (see instructions)	22.00	488,317	0	119,145	369,172	488,317	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	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	0.009817	0.009817	0.009817	0.009817		7.00
8.00	IME adjustment (see instructions)	28.00	196,114	0	47,850	148,264	196,114	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	684,431	0	166,995	517,436	684,431	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1144	0.1144	0.1144	0.1144		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	523,345	0	125,035	398,310	523,345	11.00
11.01	Uncompensated care payments	36.00	1,235,580	0	344,852	890,728	1,235,580	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	20,914,508	0	5,051,108	15,863,400	20,914,508	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	20,914,508	0	5,051,108	15,863,400	20,914,508	15.00
16.00	Payment for inpatient program capital	50.00	1,660,063	0	395,983	1,264,080	1,660,063	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2015 5:27 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	5,447,091	17,127,480	22,574,571	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	1,462,434	0	349,451	1,112,984	1,462,435	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	64,108	0	14,627	49,481	64,108	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	0.0352	0.0352	0.0352	0.0352		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	51,478	0	12,301	39,177	51,478	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0561	0.0561	0.0561	0.0561		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	82,043	0	19,604	62,439	82,043	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,660,063	0	395,983	1,264,080	1,660,063	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: 150023		Period: From 09/01/2014 To 12/31/2014		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2015 5:27 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,371,865	4,371,865		4,371,865	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,926,921		13,926,921	13,926,921	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	172,366	42,361	130,005	172,366	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	1,678,177	0	1,678,177	1,678,177	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.045306	0.045306	0.045306		5.00
6.00	IME payment adjustment (see instructions)	22.00	488,317	106,866	381,451	488,317	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0.009817	0.009817	0.009817		7.00
8.00	IME adjustment (see instructions)	28.00	196,114	42,919	153,195	196,114	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	684,431	149,785	534,646	684,431	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1144	0.1144	0.1144		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	523,345	125,035	398,310	523,345	11.00
11.01	Uncompensated care payments	36.00	1,235,580	344,852	890,728	1,235,580	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	20,914,508	5,033,898	15,880,610	20,914,508	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	20,914,508	5,033,898	15,880,610	20,914,508	15.00
16.00	Payment for inpatient program capital	50.00	1,660,063	395,983	1,264,080	1,660,063	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Capital 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			5,429,881	17,144,690	22,574,571	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2015 5:27 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	1,462,434	349,451	1,112,983	1,462,434	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	64,108	14,627	49,481	64,108	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	0.0352	0.0352	0.0352		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	51,478	12,301	39,177	51,478	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0561	0.0561	0.0561		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	82,043	19,604	62,439	82,043	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,660,063	395,983	1,264,080	1,660,063	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	0	0		0	27.00
28.00	Low volume adjustment prior to October 1	70.96	0	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	38,908	-8,455	47,363	38,908	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	-124,612	-11,804	-112,808	-124,612	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	170,792	170,792	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 5:27 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,084	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		11,688,304	2.00
3.00	PPS payments		17,243,487	3.00
4.00	Outlier payment (see instructions)		94,631	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		66,310	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,084	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		40,625	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		40,625	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)		40,625	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		30,541	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)		10,084	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)		17,404,428	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,847	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,420,704	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} (for CAH, see instructions)		13,991,961	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		148,158	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)		14,140,119	30.00
31.00	Primary payer payments		4,071	31.00
32.00	Subtotal (line 30 minus line 31)		14,136,048	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)		448,450	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		291,493	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		277,361	36.00
37.00	Subtotal (see instructions)		14,427,541	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-227	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)		14,427,768	40.00
40.01	Sequestration adjustment (see instructions)		288,555	40.01
41.00	Interim payments		14,029,086	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		110,127	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: 150023		Period: From 09/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/27/2015 5:27 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		19,747,353		13,637,205	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	12/31/2014	412,099	12/31/2014	391,881		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)		412,099		391,881		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)		20,159,452		14,029,086		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		364,715		110,127		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		20,524,167		14,139,213		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150023
Component CCN: 15T023

Period:
From 09/01/2014
To 12/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 5:27 pm

Title XVII

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		1,188,913		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,188,913		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		9,354		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,198,267		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/27/2015 5:27 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			0 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			0 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			0 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)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/27/2015 5:27 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,114,328 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0173 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			64,408 3.00
4.00	Outlier Payments			64,352 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)			10.188525 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)			1,243,088 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)			1,243,088 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,243,088 19.00
20.00	Deductibles			8,512 20.00
21.00	Subtotal (line 19 minus line 20)			1,234,576 21.00
22.00	Coinurance			12,768 22.00
23.00	Subtotal (line 21 minus line 22)			1,221,808 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)			1,221,808 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)			913 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)			1,222,721 32.00
32.01	Sequestration adjustment (see instructions)			24,454 32.01
33.00	Interim payments			1,188,913 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			9,354 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			190,417 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			64,352 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2015 5:27 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		2,968,865		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)		2,968,865	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)		2,968,865	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		7,054,606	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)		7,054,606	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)		7,054,606	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,085,741	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)		2,968,865	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)		2,968,865	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)		2,968,865	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)		2,968,865	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,968,865	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)		2,968,865	0	40.00
41.00	Interim payments		3,118,391	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-149,526	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: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 5:27 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			4.97	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)			4.97	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			7.02	6.00
7.00	Enter the lesser of line 5 or line 6			4.97	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.	7.02	0.00	7.02	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.	4.97	0.00	4.97	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	4.97	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	4.97	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	4.97	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	4.97	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	4.97	0.00		17.00
18.00	Per resident amount	119,360.40	0.00		18.00
19.00	Approved amount for resident costs	593,221	0	593,221	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)			1.92	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			2.05	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.92	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			94,861.54	23.00
24.00	Multiply line 22 time line 23			182,134	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			775,355	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,902	976		26.00
27.00	Total Inpatient Days (see instructions)	21,797	21,797		27.00
28.00	Ratio of inpatient days to total inpatient days	0.500161	0.044777		28.00
29.00	Program direct GME amount	387,802	34,718		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		4,906		30.00
31.00	Net Program direct GME amount			417,614	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 5:27 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)		21,389,082	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		21,389,082	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		11,764,698	42.00
43.00	Primary payer payments (see instructions)		4,071	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,760,627	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		33,149,709	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.645227	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.354773	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		417,614	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		269,456	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		148,158	50.00

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

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet G

Date/Time Prepared:
5/27/2015 5:27 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	23,049,403	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	55,728,922	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	4,194,640	0	0	0	7.00
8.00	Prepaid expenses	3,710,413	0	0	0	8.00
9.00	Other current assets	230,101	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)	86,913,479	0	0	0	11.00
FIXED ASSETS						
12.00	Land	37,907,574	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	340,845,060	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	134,792,838	0	0	0	23.00
24.00	Accumulated depreciation	-240,675,269	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)	272,870,203	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	77,788,207	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	9,402,773	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	87,190,980	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	446,974,662	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,574,350	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,514,743	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	12,397,393	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	51,486,486	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	271,069,584	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	271,069,584	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	322,556,070	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	124,418,592				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)	124,418,592	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	446,974,662	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet G-1

Date/Time Prepared:
5/27/2015 5:27 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		121,132,289		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,400,785				2.00
3.00	Total (sum of line 1 and line 2)		124,533,074		0		3.00
4.00	UHC INCOME	1,682,082		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,682,082		0		10.00
11.00	Subtotal (line 3 plus line 10)		126,215,156		0		11.00
12.00	OTHER CHANGES IN NET ASSETS	1,796,564		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,796,564		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		124,418,592		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	UHC INCOME		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	OTHER CHANGES IN NET ASSETS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2015 5:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,020,264		27,020,264	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	1,213,420		1,213,420	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)	28,233,684		28,233,684	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,793,368		9,793,368	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	5,199,473		5,199,473	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,992,841		14,992,841	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	43,226,525		43,226,525	17.00
18.00	Ancillary services	108,154,688	187,452,743	295,607,431	18.00
19.00	Outpatient services	8,227,011	41,961,802	50,188,813	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 PHARMACY	5,832,377	10,523,473	16,355,850	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	165,440,601	239,938,018	405,378,619	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		101,559,661		29.00
30.00	HOME OFFICE EXPENSE	27,234,848			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)		27,234,848		36.00
37.00	UHC ALLOCATIONS	603,947			37.00
38.00	OTHER	64,603			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)		668,550		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		128,125,959		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150023

Period:
From 09/01/2014
To 12/31/2014

Worksheet G-3

Date/Time Prepared:
5/27/2015 5:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	405,378,619	1.00
2.00	Less contractual allowances and discounts on patients' accounts	277,548,108	2.00
3.00	Net patient revenues (line 1 minus line 2)	127,830,511	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	128,125,959	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-295,448	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 REVENUE	2,874,324	24.00
24.01	NON-OPERATING GAIN	821,909	24.01
25.00	Total other income (sum of lines 6-24)	3,696,233	25.00
26.00	Total (line 5 plus line 25)	3,400,785	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,400,785	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 5:27 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,462,434	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		64,108	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)		168.48	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.52	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		51,478	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.35	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.59	8.00
9.00	Sum of lines 7 and 8		26.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.61	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		82,043	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,660,063	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