

*PUBLIC REDACTED VERSION  
SEE ALSO APPENDIX A ATTACHED  
HERETO*

**APPLICATION FOR  
CERTIFICATE OF PUBLIC ADVANTAGE**

**Submitted by:**

**Union Hospital, Inc. and Terre Haute Regional Hospital, L.P.**

**September 14, 2023**

**APPLICATION FOR  
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PURSUANT TO I.C. § 16-21-15**

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**I. GENERAL INFORMATION AND DESCRIPTION OF PROPOSED MERGER**

**a. General Definitions**

In addition to the defined terms found throughout this document:

- “**Application**” means this application for an Indiana Certificate of Public Advantage.
- “**Applicant**” means either Union Hospital, Inc., or Terre Haute Regional Hospital, L.P.
- “**Applicant Group**” means Union Hospital, Inc. and Terre Haute Regional Hospital, L.P. collectively.
- “**Asset Purchase Agreement, ” “APA, ” or “Merger Agreement”** means the written agreement, which serves as the agreement under the COPA statute for purposes of this Application, entered into between Union Hospital, Inc. (as “Buyer”) and Terre Haute Regional Hospital, L.P and Regional Hospital Healthcare Partners, LLC (as “Sellers”) for the acquisition of the Purchased Assets (as defined in the Asset Purchase Agreement) by Union Hospital, Inc., or an Affiliate of Union Hospital, Inc.
- “**Attachment**” means a document referenced in this Application that is included in the compilation of Attachments that accompanies this Application.
- “**Closing Date**” means the date defined as the “Closing Date” in Section 3.1 of the Asset Purchase Agreement.
- “**Center for Occupational Health, Inc.**” means the Center for Occupational Health, Inc., an Indiana nonprofit corporation. The Center for Occupational Health, Inc. is wholly owned by Union Hospital, Inc. It provides work-related injury care and other occupational medicine services.
- “**Combined Clinical Platform**” means, as a result of the Merger, the aggregate health care assets, resources, capabilities, locations and personnel of Regional Hospital, Regional Hospital Healthcare Partners, Union Hospital, Union Associated Physicians Clinic, LLC, Center for Occupational Health, Inc., Union Hospital Therapy, LLC, and the Rural Health Clinics.
- “**Combined Enterprise**” means the enterprise consisting of the Regional Healthcare Providers (including their respective administrative and clinical operations) and the Union Healthcare Providers (including their respective administrative and clinical operations), resulting from the Merger.
- “**Merger**” means the transaction that is effectuated by the Asset Purchase Agreement, including the acquisition of the Purchased Assets identified in the Asset Purchase Agreement by Union Hospital, Inc. or an Affiliate of Union Hospital, Inc., pursuant to the terms and conditions of the Asset Purchase Agreement.

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- “**Post-Merger Initiatives**” include: (i) the “Health Equity Plan,” “Population Health Improvement Plan,” and “Virtual Nursing Program,” described in Section III.b.1.A.(i) - (iii) of this Application; and (ii) the “Service Line Model of Care,” described in Section III.b.1.B. of this Application.
- “**Post-Merger Union Hospital**” means Union Hospital after applicable Purchased Assets of Regional Hospital are incorporated into Union Hospital’s administrative and clinical operations.
- “**Purchased Assets**” means the assets defined as “Purchased Assets” in the Asset Purchase Agreement.
- “**Regional Healthcare Partners**,” for the period prior to the Merger, means Regional Hospital Healthcare Partners, LLC. For the period subsequent to the Merger, “**Regional Hospital Healthcare Partners**” means all Purchased Assets of Regional Hospital Healthcare Partners, LLC that: (i) were acquired by Union Hospital, Inc. or an Affiliate of Union Hospital, Inc., pursuant to the Asset Purchase Agreement; and (ii) are incorporated into the administrative and clinical operations of Union Hospital or Union Associated Physicians Clinic, LLC. The term includes any Facility Employees of Regional Hospital Healthcare Partners, LLC employed at Union Hospital or Union Associated Physicians Clinic, LLC.
- “**Regional Healthcare Providers**” means, unless otherwise indicated, Regional Hospital and Regional Hospital Healthcare Partners, post-Merger.
- “**Regional Hospital**,” for the period prior to the Merger, means the licensed acute care hospital owned and operated by Terre Haute Regional Hospital, L.P, located in Terre Haute, Vigo County, Indiana. For the period subsequent to the Merger, “**Regional Hospital**” means all Purchased Assets, attributable to or comprising the licensed hospital owned and operated by Terre Haute Regional Hospital, L.P. in Terre Haute, Vigo County, Indiana, that: (i) were acquired by Union Hospital, Inc. pursuant to the Asset Purchase Agreement; and (ii) are incorporated into the administrative and clinical operations of Union Hospital. The term includes any Facility Employees of Terre Haute Regional Hospital, L.P. employed at Union Hospital.
- “**Rural Health Clinics**” means the rural health clinic in Brazil, Clay County, Indiana, and the rural health clinic in Clay City, Clay County, Indiana, both of which are owned and operated by Union Hospital Inc.
- “**Terre Haute Regional Hospital, L.P.**” means Terre Haute Regional Hospital, L.P., a for-profit Delaware limited partnership.

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- “***Union Associated Physicians Clinic, LLC***” means Union Associated Physicians Clinic, LLC, an Indiana limited liability company. Union Associated Physicians Clinic, LLC operates a multi-specialty physician clinic with approximately 162 physicians and allied health care providers. [REDACTED]  
[REDACTED]
- “***Union Health System, Inc.***” means Union Health System, Inc., an Indiana nonprofit corporation. Union Health System, Inc. is the sole member of Union Hospital, Inc. Union Health System, Inc., itself, is not a licensed health care provider and does not directly provide health care services.
- “***Union Healthcare Providers***” means Union Hospital, Union Associated Physicians Clinic, LLC, Center for Occupational Health, Inc., Union Hospital Therapy, LLC, and the Rural Health Clinics.
- “***Union Hospital***” means the separately licensed acute care hospital owned and operated by Union Hospital, Inc., located in Terre Haute, Vigo County, Indiana.
- “***Union Hospital, Inc.***” means Union Hospital, Inc., an Indiana non-profit corporation.
- “***Union Hospital Therapy, LLC***” or “***UHT***” means Union Hospital Therapy, LLC, an Indiana nonprofit limited liability company. [REDACTED]  
[REDACTED]. UHT provides physical, occupational, and speech therapy, and related rehabilitation services.
- “***Wabash Valley Community***” means Vigo, Clay, Greene, Parke, Sullivan and Vermillion counties in Indiana. The Wabash Valley Community has a combined population of approximately 215,000, half of which are residents of Vigo County – where Union Hospital and Regional Hospital are located. The remaining 5 counties have populations ranging from approximately 15,000 to approximately 30,000, with more than half of those populations residing in rural areas.

Capitalized terms not otherwise defined in this Application are defined pursuant to the terms of the Asset Purchase Agreement.

**b. Executive Summary of this Application**

Union Hospital, Inc. (“***UHT***”) owns and operates, and holds the Indiana hospital license for, Union Hospital. Union Hospital is an acute care hospital located in Terre Haute, Vigo County, Indiana. In addition to meeting the health care needs of the residents of Vigo County, Indiana, Union Hospital serves the residents of Clay, Greene, Parke, Sullivan and Vermillion counties in Indiana (i.e., the Wabash Valley Community).

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Terre Haute Regional Hospital, L.P., is a for-profit Delaware limited partnership (“**THRH**”). THRH owns and operates, and holds the Indiana hospital license for, Regional Hospital. Regional Hospital is an acute care hospital located in Terre Haute, Vigo County, Indiana. Regional Hospital and Union Hospital are located within 5.5 miles of each other in Terre Haute.

Given the uncoordinated health care services provided by Regional Hospital and Union Hospital, perhaps it should be no surprise that the health status of the residents of Vigo County and the other counties of the Wabash Valley Community is poor – and has been for years. Each year, the University of Wisconsin Population Health Institute issues a report regarding health outcomes and health factors on a county-by-county basis throughout the U.S. The table below reflects the results of the Institute’s 2023 report for Vigo County and the other counties of the Wabash Valley Community (each county’s score is based on Indiana’s 92 counties):

<b>INDIANA COUNTY<sup>1</sup></b>	<b>RANK</b>
VIGO	63 <sup>rd</sup> out of 92
CLAY	55 <sup>th</sup> out of 92
GREENE	64 <sup>th</sup> out of 92
PARKE	34 <sup>th</sup> out of 92
SULLIVAN	60 <sup>th</sup> out of 92
VERMILLION	66 <sup>th</sup> out of 92

To review the details of the Institute’s scoring for each of the counties, *see* [Attachment I.b.](#)

In November 2020, UHI and THRH began discussing how they might work together to improve the health status of Vigo County and the other counties of the Wabash Valley Community. These discussions included a wide array of stakeholders, including local governmental officials, businesses and community leaders and, most importantly, patients. Based upon these discussions, UHI and THRH ultimately decided that the most efficient and successful way to focus their resources on the health care needs of Vigo County, and the other counties of the Wabash Valley Community, would be for UHI (and possibly an Affiliate of UHI) to acquire substantially all of THRH’s assets (and substantially all the assets of Regional Healthcare Partners) so as to accomplish a merger that creates a Combined Clinical Platform that will operate as a single organized system of health care. Accordingly, on September 12, 2023, UHI (as the Buyer) and THRH and Regional Healthcare Partners (as Sellers) entered into an Asset Purchase Agreement whereby, on a future date, and upon the satisfaction of the closing conditions set forth in the Asset Purchase Agreement, the Merger will be formally “Closed.” Upon the Closing, THRH, and Regional Hospital Healthcare Partners, LLC, will cease providing health care services. *Importantly, at the same time, UHI, in satisfaction of the goals stated in I.C. § 16-21-15-4(c), will commence its operation of the Combined Clinical Platform so as to benefit the health outcomes, health care access, and quality of care in Vigo County, and the other counties of the Wabash Valley Community, in a manner that outweighs any disadvantages attributable to a reduction in competition that may result from the Merger.*

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It is important to note, however, that the Merger will only occur if the Indiana Department of Health (“*DOH*”) issues a COPA with respect to the Merger.<sup>1</sup> To that end, UHI and THRH submit this Application to the DOH, with copies to the Family and Social Services Administration, and the Office of the Attorney General.

*c. Descriptions of Applicants: UHI and THRH*

1. Union Hospital, Inc. (“UHI”)

- **Legal Name:** Union Hospital, Inc., an Indiana non-profit corporation
- **Address:** 1606 North Seventh St., Terre Haute, Indiana 47804
- **Membership:** Union Health System, Inc., an Indiana non-profit corporation, is the sole member of Union Hospital, Inc.
- **Assumed Business Name:** Various assumed business names, including “Union Hospital Terre Haute.” See Attachment I.c.1. (the organizational chart for UHI) for a comprehensive list.
- **Organizational Chart for UHI:** See Attachment I.c.1.
- **License Number for Union Hospital:** 23-005022-1
- **General Narrative Description:**

UHI owns and operates, and holds the Indiana hospital license for, Union Hospital. UHI’s sole member is Union Health System, Inc., a non-profit Indiana corporation. Union Hospital provides comprehensive health care services to Vigo County and the other counties of the Wabash Valley Community. It is licensed for 341 beds (and staffs and operates 257 acute care beds) and operates a full-service acute care hospital. It provides medical-surgical, obstetric, pediatric, coronary care, post-coronary care, emergency, and intensive care services. Union Hospital is a Level III trauma center. Additionally, Union Hospital is a referral center for services such as neonatal intensive care, open heart surgery, cardiac rehabilitation, radiology, cardiopulmonary services, and radiation therapy. Furthermore, Union Hospital educates and trains health professionals. Through its family medicine residency program, Union Hospital trains physicians with an emphasis on primary care. The residency program has graduated 238 family medicine physicians, many of whom practice in underserved areas, including throughout the Wabash Valley Community.

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<sup>1</sup> [REDACTED]

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UHI is [REDACTED] of Union Associated Physicians Clinic, LLC, which operates a multi-specialty physician clinic with approximately 162 physicians and allied health care providers. [REDACTED]  
[REDACTED]

2. Terre Haute Regional Hospital, L.P. (“THRH”)

- **Legal Name:** Terre Haute Regional Hospital, L.P., a for-profit Delaware limited partnership
- **Address:** 3901 South 7th St, Terre Haute, IN 47802
- **Ownership:** Terre Haute Hospital GP, Inc., a Tennessee for-profit corporation
- **Assumed Business Name:** Terre Haute Regional Hospital
- **Organizational Chart for THRH:** See Attachment I.c.2.
- **License Number for Regional Hospital:** 22-005042-1.
- **General Narrative Description:**

THRH owns and operates, and holds the Indiana hospital license for, Regional Hospital. Regional Hospital is licensed for 278 beds (and staffs and operates 208 acute care beds) and operates a full-service acute care hospital. Regional Hospital provides many of the same core clinical services that Union Hospital provides. Regional Hospital, like Union Hospital, is a Level III trauma center. Regional Hospital provides cardiovascular services, including open-heart surgery and cardiac catheterization, oncology services (including radiation therapy and outpatient infusion), and labor and delivery (including neonatal intensive care). Regional Hospital also provides inpatient behavioral health services, and other specialized inpatient areas, including intensive care and inpatient rehabilitation care.

*d. Contact Information for Each Applicant and its Lead Attorney*

1. Union Hospital, Inc.

- Entity contact information:

Steven M. Holman, President and CEO  
Union Health  
1606 North Seventh St.  
Terre Haute, Indiana 47804  
812-238-7606

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- Lead attorney name and contact information: Amy T. Hock, Chief Legal Officer

Amy T. Hock, Chief Legal Officer  
Union Health  
1606 North Seventh St.  
Terre Haute, Indiana 47804  
812-238-7659

2. Terre Haute Regional Hospital, L.P.

- Entity contact information:

Bobby Moran, Corporate Development  
HCA Healthcare, Inc.  
One Park Plaza  
Nashville, TN 37203  
615-344-2528

- Lead attorney name and contact information:

Andrew Wilcox  
Polsinelli PC  
900 W. 48<sup>th</sup> Place, Suite 900  
Kansas City, MO 64112  
816-753-1000

*e. Executed Copy of the Merger Agreement See Attachment I.e.*

*f. Written Description of Nature and Scope of Proposed Merger*

The Merger is structured as the sale of substantially all assets (real, personal or mixed, and tangible or intangible) of THRH, as well as the sale of substantially all assets (real, personal or mixed, and tangible or intangible) of Regional Healthcare Partners, LLC. These assets are described in Article 2 of the Asset Purchase Agreement and include, but are not limited to, the following Purchased Assets:

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]



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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Importantly, in the event employees of Terre Haute Regional Hospital, L.P. and Regional Hospital Healthcare Partners, LLC wish to seek other employment opportunities, there are a variety of alternative employment options. Examples of competing health care-related employers

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include, but are not limited to: critical access hospitals in Sullivan, Clay, Greene and Crawford Counties; Horizon Health in Paris, Illinois; Harsha Behavioral Center in Terre Haute; Hamilton Center in Terre Haute; Anabranche Recovery Center in Terre Haute; various home health and hospice agencies; and private practices. Moreover, with respect to non-clinical personnel, recent economic development announcements indicate that additional job openings will be coming to Terre Haute. In March 2023, ENTEK, a battery component manufacturer, announced plans for a \$1.5 billion plant in the Vigo County Industrial Park II. The company says it will bring 642 jobs by the end of 2027.<sup>2</sup> Churchill Downs Inc. plans to open the new Terre Haute Casino Resort, with 500 new job openings, in spring 2024.<sup>3</sup> Without question, UHI will be required to compete with the other employers in the area (both health care-related, and non-health care-related) to attract and retain personnel.

Upon Closing, UHI will commence its Post-Merger Initiatives (as described in Sections III.b.1.A.(i) - (iii) and Section III.b.1.B. of this Application) through the Combined Clinical Platform.

***g. Certification by Officer of Each Applicant***

See signature page of this Application.

***h. Evidence of Copy of Application Filed with the Office of the Secretary of Family and Social Services***

This Application will be filed with the DOH, and shortly thereafter a copy of this Application will be filed with the Family and Social Services Administration (“FSSA”). Evidence of the filing with FSSA will then be provided to DOH.

***i. Evidence of Copy of Application Filed with the Office of the Attorney General***

This Application will be filed with the DOH, and shortly thereafter a copy of this Application will be filed with the Office of the Attorney General (“OAG”). Evidence of the filing with OAG will then be provided to DOH.

**II. FINANCIAL AND BUSINESS INFORMATION**

***a. Copy of the Financial Statements and Related Audit Reports for the Last Five Years for the Applicants***

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<sup>2</sup> See <https://entek.com/news/posts/entek-announces-location-of-first-lithium-battery-separator-plant-in-indiana-to-power-growing-domestic-electric-vehicle-market/> and [https://www.tribstar.com/news/business\\_news/1-5-billion-battery-part-factory-to-create-642-vigo-jobs/article\\_42f62822-c82e-11ed-be52-e71feb28b130.html](https://www.tribstar.com/news/business_news/1-5-billion-battery-part-factory-to-create-642-vigo-jobs/article_42f62822-c82e-11ed-be52-e71feb28b130.html)

<sup>3</sup> See <https://www.insideindianabusiness.com/articles/terre-haute-casino-looking-to-add-hundreds-of-workers>

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1. **UHI:** See Attachments II.a.1.(i),(ii),(iii),(iv), and (v). The Attachments consists of the audited consolidated financial statements of Union Health System, Inc. for the last five years. Each consolidated financial statement includes the accounts of, among other entities, UHI. The audits were by external auditors Blue & Company.
2. **THRH:** See Attachment II.a.2. The Attachment consists of “Financial Statement Reports” for THRH. THRH is a subsidiary of HCA Healthcare, Inc. and does not have separately audited financial statements. As a subsidiary of HCA Healthcare, Inc., it is included in the consolidated audited financial statements of HCA Healthcare, Inc., which are publicly available. If DOH wishes for HCA Healthcare, Inc. to submit those consolidated audited financial statements, it will do so.

***b. Description of the Current Healthcare Services Provided by the Applicants, the locations at which such services are provided, and the primary service areas (based on zip codes) for Union Hospital and Regional Hospital***

The following table shows the similarity in the major health care service lines provided by Union hospital and Regional Hospital in 2023, as well as the health care services within each service line.

**KEY:**

- Y – Yes, Services Are Offered  
 IP – Inpatient  
 OP – Outpatient  
 N – No, Services Are Not Offered

<b>HOSPITAL SERVICES</b>	<b><u>UNION HOSPITAL</u> 1607 N. 7<sup>th</sup> St. Terre Haute, IN 47804</b>	<b><u>REGIONAL HOSPITAL</u> 3903 S. 7<sup>th</sup> St. Terre Haute, IN 47802</b>
<b>Academic Health Centers</b>	Y <sup>[1]</sup>	IP/OP
<b>After Hours Access Nurse</b>	Y	IP/OP
<b>Accountable Care Organization</b>	Y	N
<b>Behavioral Health</b>	ER/IP consults only	IP
<b>Cardiology</b>		IP/OP
<b>Cardiac Cath Lab</b>	IP/OP	IP/OP
<b>Cardiac Rehab</b>	OP	OP
<b>Cardiac Testing</b>	IP/OP	IP/OP
<b>Cardiovascular Surgery</b>	IP	IP/OP
<b>Electrophysiology</b>	OP	OP
<b>Heart Scan</b>	N	N

[1] Indiana State University, Rose Hulman Institute of Technology and St. Mary of the Woods College

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<b>HOSPITAL SERVICES</b>	<b><u>UNION HOSPITAL</u> 1607 N. 7<sup>th</sup> St. Terre Haute, IN 47804</b>	<b><u>REGIONAL HOSPITAL</u> 3903 S. 7<sup>th</sup> St. Terre Haute, IN 47802</b>
TAVR	OP	N
Convenient/Urgent Care	Y, two locations	N
Diabetes Education	IP/OP	N
Dialysis	IP	N
Emergency Department	Y	IP/OP
Accredited Chest Pain Center	IP	N
Accredited Stroke Center	IP	IP
Level III Trauma Center	IP	IP/OP
ENT	OP	N
Family Medicine	IP/OP	IP/OP
Family Medicine Residency	Y	N
General Surgery	IP/OP	IP/OP
Hospitalists	IP	IP/OP
Infusion Center	OP	OP
At-Home Monitoring	OP	N
Medical Rehab	IP	IP
Hospice	IP	IP
Intensive Care	IP	IP
Internal Medicine	IP/OP	IP/OP
Laboratory	IP/OP	IP/OP
Maternal Health		IP/OP
Labor & Delivery	IP	IP/OP
Level III NICU	IP	IP
Nurse Navigators	OP	OP
OB Hospitalists	IP	IP
Neurology	IP/OP	IP/OP
Neurosurgery	IP/OP	N
OB/GYN	IP/OP	IP/OP
Occupational Medicine	OP	OP
Oncology	Y	IP/OP
Medical	IP/OP	IP/OP
Radiation	OP	OP
Ophthalmology	OP	N
Orthopedic Surgery	IP/OP	IP/OP
Outpatient Pharmacy	Y	N
Pain Management	OP	N

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<b>HOSPITAL SERVICES</b>	<b><u>UNION HOSPITAL</u> 1607 N. 7<sup>th</sup> St. Terre Haute, IN 47804</b>	<b><u>REGIONAL HOSPITAL</u> 3903 S. 7<sup>th</sup> St. Terre Haute, IN 47802</b>
<b>Palliative Care Program</b>	<b>IP</b>	<b>N</b>
<b>Pediatrics</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Pediatric Therapy</b>	<b>OP</b>	<b>N</b>
<b>Physical Therapy</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Podiatry</b>	<b>IP/OP</b>	<b>N</b>
<b>Population Health Program</b>	<b>Y</b>	<b>N</b>
<b>Pulmonary Rehab</b>	<b>OP</b>	<b>OP</b>
<b>Pulmonology</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Radiology</b>	<b>Y</b>	<b>IP/OP</b>
<b>CT</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Dexascan</b>	<b>OP</b>	<b>N</b>
<b>Mammography</b>	<b>OP</b>	<b>IP/OP</b>
<b>MRI</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>PET CT</b>	<b>OP</b>	<b>OP</b>
<b>US</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Interventional</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Retinal Surgery</b>	<b>OP</b>	<b>N</b>
<b>Rheumatology</b>	<b>OP</b>	<b>N</b>
<b>Respiratory Therapy</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Sleep Lab</b>	<b>OP</b>	<b>N</b>
<b>Specialty Pharmacy</b>	<b>OP</b>	<b>N</b>
<b>Speech Therapy</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Swing Bed Unit</b>	<b>N</b>	<b>N</b>
<b>Surgery</b>	<b>Y</b>	<b>IP/OP</b>
<b>Surgery</b>	<b>IP</b>	<b>IP/OP</b>
<b>Ambulatory Surgery</b>	<b>OP</b>	<b>N</b>
<b>Endoscopy</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Robotics</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Urology</b>	<b>IP/OP</b>	<b>IP/OP</b>
<b>Wound Care (Hyperbaric Medicine)</b>	<b>OP</b>	<b>OP</b>

Zip codes for primary service areas:<sup>4</sup>

<sup>4</sup>The zip codes for the primary service areas are based on data from the Indiana Hospital Association for the period CY 2019-2022, plus Q1 of 2023. “Primary service area” is defined as the zip codes where 80% of volume originates from.

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**c. Description of the Types and Number of Healthcare Providers Who Are Employed or Contracted by Applicants**<sup>5</sup>

<b>Provider Type</b>	<b>UHI<sup>6, 7</sup></b>	<b>THRH<sup>8</sup></b>
Cardiovascular Surgery	1 physician	0
Urology	0	0
OB/GYN	1 physician	
Maternal Fetal Medicine	1 physician	0
Cardiology	6 physicians (via a professional services agreement)	0
Oncology	2 physicians (via a professional services agreement)	0
Psychiatry	0	0
Family Medicine	13 physicians	0
Hospitalists	0	0
Internal Medicine	6 physicians	0
Pediatrics	0	0

<sup>5</sup> The number of providers reported in the table does not reflect providers employed by physician groups that provide specialized medical coverage at Union Hospital pursuant to a contract with UHI, or providers employed by physician groups that provide specialized medical coverage at THRH pursuant to a contract with THRH. In addition, the table does not reflect health care providers who have clinical privileges at Union Hospital, but are not employed by, or contracted with, UHI on behalf of Union Hospital. Likewise, the table does not reflect health care providers who have clinical privileges at Regional Hospital, but are not employed by, or contracted with, THRH.

<sup>6</sup> UHI owns and operates, and holds the Indiana hospital license for, a hospital located in Clinton, Vermillion County, Indiana (“Union Hospital Clinton”). Union Hospital Clinton is licensed separately from Union Hospital, has Medicare and Medicaid provider numbers separate from Union Hospital, and, unlike Union Hospital, is designated by CMS as a “critical access hospital.” Because the COPA statute only applies to hospitals located in Vigo County, the table only reflects healthcare providers employed or contracted by UHI on behalf of Union Hospital.

<sup>7</sup> The number of providers reported in the table does not include physicians and other health care providers employed by UHI’s physician group, Union Associated Physicians Clinic, LLC. The group has over 162 providers, in 20 medical specialties, practicing in multiple locations throughout western Indiana.

<sup>8</sup> The number of providers reported in the table does not include physicians and other health care providers employed by THRH’s physician group, Regional Hospital Healthcare Partners, LLC. The group consists of seven physicians.

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<b>Provider Type</b>	<b>UHI<sup>6, 7</sup></b>	<b>THRH<sup>8</sup></b>
Dermatology	0	0
General Surgery	0	0
Neurology	3 physicians	0
Neurosurgery	2 physicians	0
Gastroenterology	0	0
Ophthalmology	0	0
Orthopedics	0	0
Sports Medicine	0	0
Podiatry	0	0
Physical Medicine & Rehab	1 physician	0
Pulmonology	1 physician	0
Rheumatology	0	0
Nurses	889	214
Advance Practice Nurses	3	2
Other Licensed Health Care Providers	2 physician assistants	0

**d. Description of Any Current Cooperative or Contractual Relationships between the Applicants, or Any Such Relationships That Have Been Proposed or Terminated Within the Last Five Years**

In addition to transfers and delivering care in the regular course:

**Interventional Radiology:** Union Hospital supported the interventional radiology needs of Regional Hospital’s inpatients for approximately six months from August 2022 until February 2023. During this time, patients were transported from Regional Hospital to Union Hospital where these high-level services could be performed. Patients were monitored and recovered post-procedurally, and then transported back to Regional Hospital for the remainder of each patients’ inpatient stay.

**Laundry:** Union Hospital provided laundry services for Regional Hospital through the Union Hospital in-house laundry during the Covid-19 Pandemic. Throughout that period, Union Hospital laundered scrubs, isolation gowns, physician/advanced practice provider lab jackets, and head covers to support Regional Hospital’s medical team and support staff in taking care of patients.

**e. Copy of the Most Recent Application for License Renewal for Union Hospital and Regional Hospital**

1. Union Hospital: See Attachment II.e.1.

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2. Regional Hospital: See Attachment II.e.2.

***f. Patient Census for Each Hospital***

<b>2022 – Hospital</b>	<b>Inpatient Census</b>	<b>Outpatient Census</b>
Union Hospital	197	28
Regional Hospital	64	N/A+

+ Regional Hospital’s definition of average daily census does not apply to outpatient.

<b>2023 – Hospital</b>	<b>Inpatient Census</b>	<b>Outpatient Census</b>
Union Hospital	210*	16
Regional Hospital	64	N/A+

+ Regional Hospital’s definition of average daily census does not apply to outpatient.

***g. Each Hospital’s Hospital Compare Rate From the Centers for Medicare and Medicaid Services (CMS)***

1. Union Hospital: See Attachment II.g.1.
2. Regional Hospital: See Attachment II.g.2.

***h. Other Provider or Medical Professional Quality Information***

1. Union Hospital: See Attachment II.h.1.
2. Regional Hospital: See Attachment II.h.2.

***i. Each Hospital’s Most Recent Medicare Cost Report***

1. Union Hospital: See Attachment II.i.1.
2. Regional Hospital: See Attachment II.i.2.(i),(ii).

***j. Each Hospital’s Past Two Accreditation Surveys***

1. Union Hospital: See Attachment II.j.1.(i),(ii).
2. Regional Hospital: See Attachment II.j.2.(i),(ii).



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***k. Pricing Data Reported Separately for All Inpatient and Outpatient Services Provided by Each Applicant For the Previous Five Years and Monthly Aggregated Data, Computed Separately for Medicaid, Medicare, Commercial, and All Other Payors***

***A. Number of Patients, Classified by Type of Inpatient or Outpatient Service***

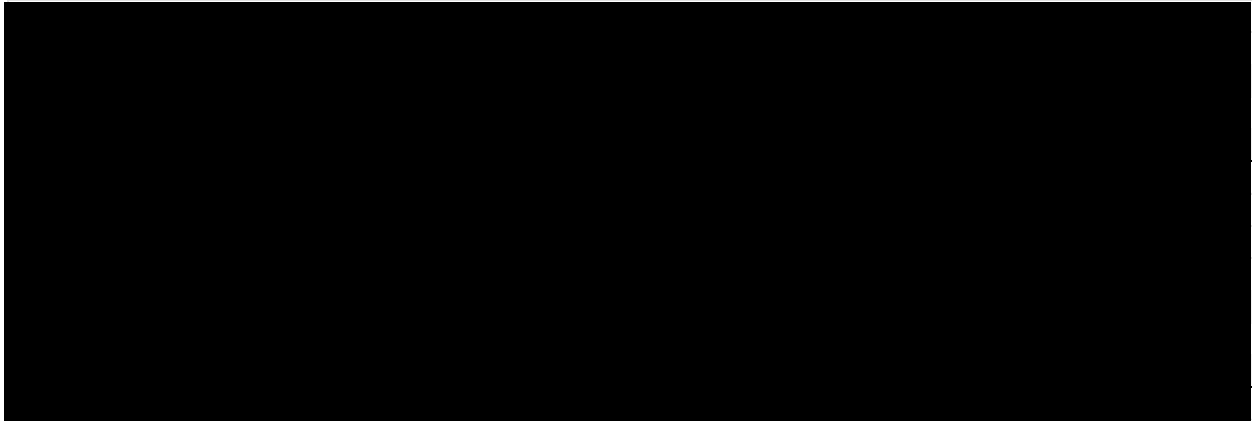
[REDACTED]

[REDACTED]

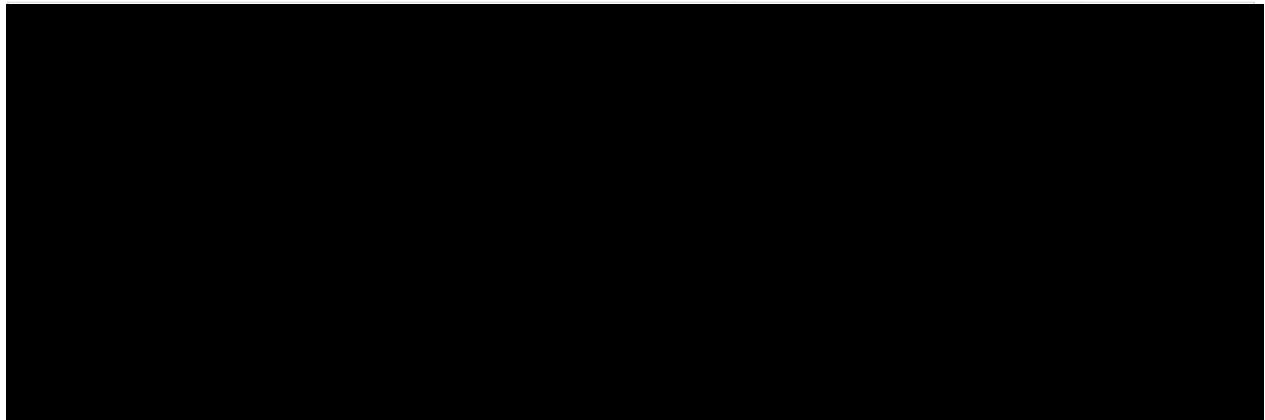
***B. Total Billed Charges of Each Hospital, Stated Separately to Include and Exclude and Physician Services***

[REDACTED]

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*C. Total Amounts of Each Hospital's Billed Charges Allowed Under Health Plan Contracts, Stated Separately to Include and Exclude any Physician Services*



[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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**D. *Total Amounts of Each Hospital's Billed Charges Actually Paid by Health Plans and Patients (Combined), Stated Separately to Include and Exclude Physician Services***

[REDACTED]

[REDACTED]

**1. List of All Insurance Contracts and Payor Agreements**

1. Union Hospital: See Attachment II.1.1.
2. Regional Hospital: See Attachment II.1.2.

**III. PROPOSED MERGER**

**a. Description of the Post-Merger Business Plan and Organization, Including Three Years of Projections, Sources of Financing, Integration Plans and Timelines**

**1. Business Plan and Timeline**

UHI's post-Merger business plan is relatively unconventional. For example, instead of looking to cut costs by reducing workforce, UHI is committed to protecting the employees of THRH and Regional Healthcare Partners.<sup>9</sup> UHI has

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<sup>9</sup>

[REDACTED]

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no plans to reduce the services currently provided by the Regional Healthcare Providers or the Union Healthcare Providers. Moreover, UHI has no plans to close any facility or other location of the Regional Healthcare Providers or the Union Healthcare Providers currently in operation. In sum, although UHI, of course, will be alert for efficiencies and cost savings that may be realized post-Merger, substantially reducing the operating costs of the Combined Enterprise is not a primary goal of the Merger – *instead, the primary goal of the Merger is to significantly improve the health status of the residents of Vigo County and the other counties of the Wabash Valley Community.*

Although substantially reducing operating costs is not a primary goal of the Merger, this should not be interpreted as disregard for the health care costs paid by the residents of Vigo County and the other counties the Wabash Valley Community, or by health care payors. In fact, the opposite is true. In this regard, it is important to note that, if the COPA is granted, the ability of Post-Merger Union Hospital to increase charges for individual services will be significantly limited by the operation and effect of I.C. § 16-21-1-7(c). In addition, the Post-Merger Initiatives implemented by UHI will reduce health care costs, will improve the quality of care provided by the Combined Clinical Platform, and will significantly improve the health status of the residents of Vigo County and the other counties of the Wabash Valley Community. These Post-Merger Initiatives are the initiatives described in Section III.b.1.A.(i) - (iii) and Section III.b.1.B. below.

Attachment III.a.1. is a map showing the Wabash Valley Community and the health care sites for the Combined Clinical Platform, post-Merger. UHI anticipates establishing, at some point in the future, additional health care sites in the Wabash Valley Community. These additions will further improve access to care for the residents of the Wabash Valley Community. The Post-Merger Initiatives will be implemented at each of these sites.

[REDACTED]

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[REDACTED]

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2. Integration Plan

The priority throughout the Merger and post-Merger will be to remain patient-focused while optimizing and coordinating the delivery of health care services. This will require thoughtful planning. Although the post-Merger integration plan for the Combined Enterprise remains fluid and subject to revision due to the evolving nature of the information-gathering, planning, collaboration, and execution processes, UHI currently expects many opportunities to promote the delivery of, and access to, quality health care services through its Post-Merger Initiatives. Formal integration planning for the Combined Enterprise will begin upon the parties' execution of the Asset Purchase Agreement. The formal process for integrating the Combined Enterprise will start upon the Closing, and thereafter proceed organically over the course of 18-24 months.

**b. Description of Any Services, Facilities or Organizations That Will be Established, Eliminated, Enhanced, Reduced, Share or Relocated as Part of the Post-Merger Business Plan.**

1. Services

As noted, UHI has no plans to reduce the types of health care services provided to the residents of Vigo County or the other counties of the Wabash Valley Community. In fact, to the contrary, UHI will enhance the types of health care services provided to the residents of these counties, and also enhance how those health care services are delivered.

Currently, there is no opportunity for the Union Healthcare Providers and the Regional Healthcare Providers to coordinate service lines, or to otherwise thoughtfully utilize health care resources to address the health care needs of Vigo County and the other counties of the Wabash Valley Community. However, following the Merger, the Combined Clinical Platform, operating as a single organized system of health care, will be able to coordinate the provision of health care services, and the utilization of health care resources, to address the area's health care needs.

A. Enhancing the Types of Health Services Provided

UHI has implemented, and plans to implement, a number of innovative health care initiatives that are not typically associated with routine clinical care, but which will nonetheless improve the health status of, and the access to quality care by, patients and the public at large.<sup>10</sup>

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<sup>10</sup> For example, UHI has established a "Mobile Healthy Transitions Team." The team consists of a community health worker, a respiratory therapist and a registered nurse. The goal of this team is to bridge the gap between the hospital and the patient's home environment. The team's process is initiated by a face-to-face visit while the patient is hospitalized. Two or three days after hospital discharge, the team will make a home visit and/or a phone call to the

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(i) **Health Equity Plan.** There is a clear link between health equity and health status. A 2022 report issued by the Department of Health and Human Services (“**HHS**”) through the Office of the Assistant Secretary for Planning and Evaluation (which serves as the principal advisor to the Secretary of HHS on policy development), observed the following:

“Long-standing health inequities and poor health outcomes remain a pressing policy challenge in the U.S. Studies estimate that clinical care impacts only 20 percent of county-level variation in health outcomes, while social determinants of health (SDOH) affect as much as 50 percent. Within SDOH, socioeconomic factors such as poverty, employment, and education have the largest impact on health outcomes.”<sup>11</sup> (emphasis added)

The Centers for Medicare and Medicaid Services (“**CMS**”) recognize the important role health equity plays in high quality, effective health care. CMS notes that “[p]ersistent inequities in health care outcomes exist in the United States, including among Medicare patients.”<sup>12</sup> According to CMS, these health inequities result in poor health outcomes:

“Belonging to a racial or ethnic minority group; living with a disability; being a member of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community; living in a rural area; or being near or below the poverty level, is often associated with worse health outcomes. Such disparities in health outcomes are the result of number of factors, but importantly for CMS programs, although not the sole determinant, poor access and provision of lower quality health care contribute to health disparities. For instance, numerous studies have shown among Medicare

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patient. During this connection, the team reviews the discharge instructions, and medications, confirms follow-up visits, and answers any questions or concerns.

Another example is the “Collaborative Medical Clinic For Our Unsheltered Community Members.” The initiative addresses the medical needs of the unsheltered population of Terre Haute. These “pop-up” clinics have been located at a local food distribution center near downtown Terre Haute. The team is made up of resident physicians, primary care providers, pharmacists, respiratory therapists, nurses, community health workers and clinical psychologists.

Also, *see* the article published by the Indiana Hospital Association, “Putnam County Hospital Partners With Union Hospital to Bridge Gaps in Maternal Health” at

<https://www.ihaconnect.org/member/newsroom/Pages/bridgegaps.aspx> .

<sup>11</sup>See <https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf?ref=letsgetchecked-blog.ghost.io> .

<sup>12</sup>86 Fed. Reg. 64996, 65382 (November 19, 2021).

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beneficiaries, racial and ethnic minority individuals often receive lower quality of care, report lower experiences of care, and experience more frequent hospital readmissions and procedural complications.”<sup>13</sup>

In addition, there is growing evidence that addressing health inequities is crucial to slowing the rate of escalating healthcare expenditures in the U.S. It is getting more costly over time to ignore this issue:

“In addition to the moral argument for achieving health equity and the fact that improving health care quality and population health will require reducing health disparities, there is a strong business case for accelerating this work at the national, state, and individual health system levels. Health disparities not only result in poorer health outcomes for historically marginalized populations; this excess disease burden also leads to increased costs for health systems, insurers, employers, and patients and families, as well as lower worker productivity due to higher rates of absenteeism and presenteeism (i.e., working while sick).

Health disparities lead to significant financial waste in the US health care system. The total cost of racial/ethnic disparities in 2009 was approximately \$82 billion — \$60 billion in excess health care costs and \$22 billion in lost productivity. The economic burden of these health disparities in the US is projected to increase to \$126 billion in 2020 and to \$353 billion in 2050 if the disparities remain unchanged. A 2009 analysis by the Urban Institute projected that, between 2009 and 2018, racial disparities in health will cost US health insurers approximately \$337 billion, including \$220 billion for Medicare due to higher rates of chronic diseases among African Americans and Hispanics and the aging of the population. Additionally, there is an opportunity cost of not reducing health disparities; for example, if death rates and health outcomes of individuals with a high school education were equivalent to those of individuals with college degrees, the improvements in life

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<sup>13</sup>*Id.* at 65382-83.

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expectancy and health would translate into \$1.02 trillion in savings annually in the US.”<sup>14</sup> (emphasis added)

Mindful of the foregoing, UHI is scheduled to formally adopt a Health Equity Plan before the end of calendar year 2023. See Attachments III.b.1.A.(i),(ii) (a draft copy of the Health Equity Plan, and a draft amendment to Union Health System, Inc.’s strategic plan related to the Health Equity Plan). As noted throughout this Application, UHI’s goal in pursuing the Merger is to significantly improve the health status of the residents of Vigo County and the other counties of the Wabash Valley Community. UHI believes the application of this Health Equity Plan across the Combined Clinical Platform will be instrumental to achieving this goal. *Regional Hospital and Regional Healthcare Partners, LLC have limited initiatives regarding health equity, and they do not have any current plans to pursue any material initiatives similar to UHI’s Health Equity Plan. Without the Merger, the resources of Regional Hospital and Regional Healthcare Partners, LLC will not be utilized as part of, and in furtherance of, UHI’s Health Equity Plan for the benefit of the Wabash Valley Community.*

**(ii) Population Health Improvement Plan.** UHI’s “*Population Health Improvement Plan*” includes access to services designed to address the “social determinants of health.” Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Social determinants of health have a significant impact on health status:

“Social determinants of health, which are defined as ‘the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life,’ are responsible for most health inequalities. Social determinants are primarily rooted in resource allocation and affect factors at the local, national, and global levels. Evidence gathered over the past 30 years supports the substantial effect of nonmedical factors on overall physical and mental health. An analysis of studies measuring adult deaths attributable to social factors found that, in 2000, approximately 245,000 deaths were attributable to low education, 176,000 were due to racial segregation, 162,000 were due to low social support,

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<sup>14</sup>Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.



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133,000 were due to individual-level poverty, and 119,000 were due to income inequality. The number of annual deaths attributable to low social support was similar to the number from lung cancer.”<sup>15</sup>

\* \* \*

“Socioeconomic status has far-reaching influence on nearly all areas of physical and mental health. All races and ethnicities with low socioeconomic status are at a disadvantage, and persons who are born into lower socioeconomic status are more likely than those in higher brackets to have cardiovascular disease, mental illness, poor quality of life, and premature death. A study also showed that lower socioeconomic position in childhood is associated with higher risk for death from certain causes in adulthood. In a separate study spanning 4 decades, researchers found that lead exposure in childhood affected cognitive function and socio-economic status at age 38 years, greatly influencing social mobility.”<sup>16</sup>

Efforts to improve health status have traditionally focused on the acute care health care delivery system as the key driver of health and health outcomes. However, given the increased recognition that improving health and achieving health equity will require broader approaches that address social, economic, and environmental factors that influence health, UHI believes it is not only appropriate, but also necessary, to address social determinants of health in Vigo County and the other counties of the Wabash Valley Community. Doing so through its Population Health Improvement Plan will significantly help the underserved population in Vigo County and the other counties of the Wabash Valley Community.

Currently, UHI’s Population Health Improvement Plan consists of eleven initiatives (“*Initiatives*”). Each Initiative has multiple components. The table below lists the seven Initiatives that have already commenced (“*Commenced Initiatives*”). For each Commenced Initiative, the components *that have already begun* are in ***bold italics*** font. For each Commenced Initiative, the components that have not begun, but are in process, are in regular font. Of the Commenced Initiatives, some of the components are designed to be

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<sup>15</sup>*Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper 2018*, American College of Physicians, p. 1.

<sup>16</sup>*Id.* at p. 21.

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deployed on a community-wide basis (a “meet the patients where they are” approach). Alternatively, some of the components of the Commenced Initiatives are designed to more directly involve the provision of health care services and are currently deployed at Union Hospital, Union Associated Physicians Clinic, LLC, the Rural Health Clinics and, depending on the particular component, the Center for Occupational Health, Inc. and/or Union Hospital Therapy, LLC. Post-Merger, these components will also be deployed at Regional Hospital and Regional Healthcare Partners.<sup>17</sup> For a more detailed description of the components of the Commenced Initiatives, see Attachment III.b.1.A.(iii).

<b>POPULATION HEALTH IMPROVEMENT PLAN</b>	
<b>COMMENCED INITIATIVES</b>	<b>COMPONENTS</b>
1. Community Benefit & Community Health Committee	<ul style="list-style-type: none"> <li>• <i>Establish UH Steering Committee / Health Impact</i></li> <li>• <i>United Way Health Council</i></li> <li>• <i>Chamber of Commerce - MH &amp; Healthy Eating</i></li> <li>• <i>Patient Ombudsperson - complaints and feedback process</i></li> <li>• <i>PR Annual Report</i></li> <li>• <i>Community Health Needs Assessment and Implementation</i></li> </ul>
2. Employee & Provider Health and Wellbeing & Retention	<ul style="list-style-type: none"> <li>• <i>Wellness Screenings</i></li> <li>• <i>Health Advocate Coaches</i></li> <li>• <i>Weight Loss Clinic</i></li> <li>• <i>Incentives to mitigate chronic conditions and improve health and wellbeing</i></li> <li>• <i>Mental Minute</i></li> <li>• <i>Physician Wellness Activities</i></li> <li>• <i>Align Occ Health, Health Plan, &amp; Community Health</i></li> </ul>
3. Community Action & Partnerships addressing health drivers	<ul style="list-style-type: none"> <li>• <i>Chronic Diseases (DREAM Pilot, Case Management)</i></li> <li>• <i>DCS collaboration on FIMR &amp; CFR</i></li> <li>• <i>Trauma (Physical) prevention requirements (falls, heat, bike safety, etc.)</i></li> </ul>

<sup>17</sup> This effort will commence within approximately 12 months after the Closing Date.

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<b>POPULATION HEALTH IMPROVEMENT PLAN</b>	
<b>COMMENCED INITIATIVES</b>	<b>COMPONENTS</b>
	<hr/> <ul style="list-style-type: none"> <li>• Maternal Child Health (All Babies Initiative, Community Action Network)</li> <li>• School Bases Activities (Nutrition, Exercise, Emotional Wellbeing, Clinics)</li> <li>• Substance Use and Abuse Prevention Activities</li> <li>• Food as Medicine</li> <li>• I-Smile Cancer Survivorship</li> </ul>
4. Supporting Elderly’s Ability to Age in Place	<ul style="list-style-type: none"> <li>• <b><i>ACO</i></b></li> <li>• <b><i>Aging and Memory Clinic (Dementia &amp; Alzheimer’s, driving tests)</i></b></li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Partnership with LTCs</li> <li>• Outreach Clinic to Section 8 Housing Residents</li> <li>• Partnership with Meals on Wheels</li> </ul>
5. Access to Insurance & low/no cost pharmaceuticals for low-income individuals	<ul style="list-style-type: none"> <li>• <b><i>Insurance Navigation</i></b></li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Nationwide Prescription Connection</li> <li>• Medical Assistance Program</li> </ul>
6. OB Desert / Access Interventions	<ul style="list-style-type: none"> <li>• <b><i>Home OB Services Offered</i></b></li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Partnerships with Rural Clinics and Hospitals</li> <li>• Title X Clinics Established</li> </ul>
7. Harm Reduction	<ul style="list-style-type: none"> <li>• <b><i>Eat Sleep Console (NICU)</i></b></li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Peer Support Services Integration</li> <li>• Narcan Access/Distribution</li> <li>• Medication Assisted Treatment Clinics</li> <li>• Hospital Protocols for Initiation of Treatment</li> </ul>

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<b>POPULATION HEALTH IMPROVEMENT PLAN</b>	
<b>COMMENCED INITIATIVES</b>	<b>COMPONENTS</b>
	<ul style="list-style-type: none"> <li>• Police Social Work</li> <li>• Addressing Stigma Associated with Addictions</li> </ul>

The table below lists the remaining four of UHI’s eleven Initiatives. Each of these Initiatives are in development (“*In Development Initiatives*”). Of these In Development Initiatives, some of the components will be deployed on a community-wide basis.<sup>18</sup> The other components involve the provision of health care services and will be deployed at Union Hospital, Regional Hospital, Union Associated Physicians Clinic, LLC, Regional Healthcare Partners, the Rural Health Clinics and, depending on the particular component, the Center for Occupational Health, Inc. and/or Union Hospital Therapy, LLC.<sup>19</sup> For a more detailed description of the components of the In Development Initiatives, see Attachment III.b.1.A.(iii).

<b>ENHANCING POPULATION HEALTH SERVICES</b>	
<b>INITIATIVES IN DEVELOPMENT</b>	<b>COMPONENTS</b>
8. Improved Access and Resources for Homeless and Housing Insecure Individuals	<ul style="list-style-type: none"> <li>• Pop-up Medical Clinics</li> <li>• Back-Pack Outreach</li> <li>• Collaboration with Catholic Charities (Bethany House, Food Distribution Sites)</li> </ul>
9. Workforce Development (new job creation) - Expand Access to nursing and allied health care through support of new and expanded education programs	<ul style="list-style-type: none"> <li>• Collaborations with Ivy Tech, Indiana State University, and Saint Mary of the Woods College</li> <li>• Residency Expansion - Capacity (new slots)</li> <li>• Curricular (Behavior Health Training) - Mental Health &amp; ACES</li> </ul>
10. Food Desert (death by zip code - opportunities)	<ul style="list-style-type: none"> <li>• Food Prescription Programs (Diabetes &amp; Perinatal)</li> <li>• Leah’s Pantry Collaboration with WIC</li> </ul>

<sup>18</sup> This effort will commence within approximately 24 months after the Closing Date.

<sup>19</sup> This effort will commence within approximately 24 months after the Closing Date.

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	<ul style="list-style-type: none"> <li>• On site food pantry</li> <li>• Nutrition Counseling</li> </ul>
<p>11. Establish a Health Resources and Education Center (Pt &amp; Community education - consolidate activity currently at dept level</p>	<ul style="list-style-type: none"> <li>• Patient Education (heart, diabetes, cancer, etc.)</li> <li>• Classes (birthing, parenting, health literacy, etc.)</li> <li>• Support Groups (cancer survivors, teen parents, bereavement, fathers, etc.)</li> <li>• Health Literacy /Preventative and Wellness of the community through various populations (employers, faith based, general community)</li> <li>• Provide Services in non-traditional settings such as food distribution sites, etc.</li> <li>• In Situ Health Screenings targeting high needs populations</li> </ul>

*It is important to note that Regional Hospital and Regional Healthcare Partners have implemented limited programs for social determinants of health – and they have no current plans to implement or pursue any material initiatives similar to UHI’s Population Health Improvement Plan. Without the Merger, the resources of Regional Hospital and Regional Healthcare Partners, LLC will not be utilized as part of, and in furtherance of, the important health care-related support made available for the Wabash Valley Community through UHI’s Population Health Improvement Plan.*

In addition to addressing social determinants of health, UHI’s Population Health Improvement Plan includes “**population health management.**” Population health management is the process of improving clinical health outcomes of a defined group of individuals (including communities as a whole), through improved care coordination and patient engagement. Population health management can be a tool for designing and implementing a plan to improve a community’s overall health by engaging with and targeting certain populations, and by measuring the impact of the plan.<sup>20</sup> In addition, through population health management

<sup>20</sup>*Implementing a Successful Population Health Management Program,* Philips White Paper, at 5-8, <https://www.usa.philips.com/c-dam/b2bhc/us/Specialties/community-hospitals/Population-Health-White-Paper->

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initiatives, a single organized health system can gather patient information in an efficient manner to focus on health disparities within its community (such as the Wabash Valley Community).<sup>21</sup> Moreover, population health management can bolster coordination of care among and between providers, and enable data-driven strategies by collaborating with public health organizations to pool resources and create unified community outreach efforts to enhance proactive health measures.<sup>22</sup>

Accountable care organizations (“ACOs”) are designed to drive population health management and improve outcomes. They incentivize clinically integrated networks to provide proactive care. ACOs promote care coordination to refine resourcing across the continuum. Therefore, it is important to note that, in addition to the initiatives listed in the tables above, Union Hospital, through UHI, is a member of the Stratum Med ACO, one of the largest Medicare Shared Savings Program (MSSP) ACOs in the country, in partnership with Caravan Health. Caravan Health affiliated ACOs lead the nation in quality and savings.

Union Hospital currently has 9,679 attributed lives covered in its ACO. The population health team at Union Hospital, consisting of 52 full-time employees (including ambulatory pharmacists, data abstractors, dieticians, nurse navigators, patient care coordinators, palliative care coordinators, palliative care social workers, palliative care nurse practitioners, post-acute care coordinator, and nurse navigators), focus on the care of the ACO’s patients under value-based care arrangements. It is estimated that patients not treated by UHI physicians (i.e., physicians employed or contracted by UHI or Union Associated Physicians Clinic) prior to the Closing Date, but who are treated by UHI physicians after the Closing Date, will be eligible for enrollment in the ACO in 2025. However, for these patients, the other population health initiatives described above will be available for them shortly after the Merger. *Regional Hospital and Regional Healthcare Partners do not participate in any ACOs, and they have no plans to do so. Consequently, without the Merger, their patients are disadvantaged by not realizing the health care*

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[Philips-Format.pdf](#); Phillips, Frances, “Sustaining Community Hospital Partnerships to Improve Population Health,” Maryland Community Health Resources Commission (January 2015) at 12, 19-21, <https://health.maryland.gov/mchrc/Documents/White%20paper%20-%20Final%20v%2012%2C%20for%20external%20distribution%2C%20Jan%202022%2C%202015.pdf>.

<sup>21</sup>See “Pathways to Population Health Framework,” Institute for Healthcare Improvement (2017), at 12-16, [https://www.ihl.org/Topics/Population-Health/Documents/PathwaystoPopulationHealth\\_Framework.pdf](https://www.ihl.org/Topics/Population-Health/Documents/PathwaystoPopulationHealth_Framework.pdf)

<sup>22</sup>*Id.*

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*benefits available through the coordinated and preventive care incentivized Union Hospital's ACO.*

**(iii) Union's Hospital's Virtual Nursing Program.** “*Virtual nursing*” refers to the provision of nursing care and services through virtual means, typically using telecommunications technology and digital platforms. It involves using digital communication tools and technology to remotely connect nurses with patients, allowing them to assess, monitor, educate, and support individuals or communities in need of health care services. UHI, through Union Hospital, plans to expand its nursing services to include virtual nursing. [REDACTED]

[REDACTED] This will allow nurses to complete admissions, discharges, and patient education virtually. This technology will also assist with hourly rounding (where nurses and other clinicians *see* each patient hourly to ensure their safety and comfort), medical rounds (where a physician or advanced practice provider reviews a patient's current condition and response to treatment), and care rounds (where a patient's health care team reviews with the patient and his/her family the patient and his/her plan of care and determines treatments that need to be altered or changed. Benefits of virtual nursing include a reduction in the need to pay temporary staffing agencies for the short-term retention of nurses and other clinicians, improved recruitment and retention of providers and other staff, improved efficiencies with medication reconciliation and discharge time. In addition, the work completed by virtual nurses frees in-person nurses to deliver more patient-specific, in-person care.

Some of the key aspects and services provided through virtual nursing include:

- Nurses can assess and triage patients remotely, providing advice, guidance, and determining the appropriate level of care required.
- Nurses can conduct virtual consultations with patients, discussing their symptoms, providing education, answering questions, and offering guidance on self-care or treatment options.
- Nurses can monitor patients remotely using wearable devices, sensors, or mobile apps to collect data such as vital signs, medication adherence, and disease management. This

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allows nurses to track patients' progress and intervene when necessary.

- Nurses can provide health education, counseling, and guidance on diverse topics such as medication management, lifestyle modifications, and chronic disease management through virtual platforms.
- Virtual nursing enables nurses to conduct follow-up visits with patients after hospital discharge, ensuring continuity of care and monitoring their recovery progress.

The goal of virtual nursing is to improve access to health care services, enhance patient convenience, reduce health care costs, and increase efficiency in health care delivery. It can be particularly beneficial for individuals in remote or underserved areas, those with limited mobility, and those requiring ongoing monitoring and support. Regional Hospital and Regional Healthcare Partners do not currently have a virtual nursing program, *but they will if the Merger occurs.*

B. Enhancing How Health Services Are Provided: The Service Line Model of Care

In its June 2016 article, "*Priorities in Focus - Care Coordination*,"<sup>23</sup> the U.S. Agency for Healthcare Research and Quality ("**AHRQ**") observed that patient outcomes improve when health care providers coordinate with each other. According to AHRQ, improved coordination decreases medication errors, unnecessary or repetitive diagnostic tests, unnecessary emergency room visits, and preventable hospital admissions and readmissions – all of which together lead to higher quality of care, improved health outcomes, and lower costs. In AHRQ's view, the delivery of coordinated care necessarily brings together disparate sectors of the health care system, and improving care coordination offers a potential opportunity for drastically improving care quality.

UHI's mission is to deliver compassionate health care of the highest quality, and UHI's vision is to lead the Wabash Valley Communities to their best health and wellness. UHI shares AHRQ's belief in the value of coordinated care, and in 2019 UHI commenced a comprehensive initiative, referred to as the "**Service**

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<sup>23</sup>*Priorities in Focus—Care Coordination*. Agency for Healthcare Research and Quality, Rockville, MD. <https://archive.ahrq.gov/workingforquality/reports/priorities-in-focus/care-coordination.html>; see also, "Care Coordination Technique Reduces Medical Errors by 30%," Health IT Analytics (Nov. 7, 2014), <https://healthitanalytics.com/news/care-coordination-technique-reduces-medical-errors-30>(reporting that better care coordination among residents reduced patient safety issues and medical errors by nearly one-third).



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*Line Model of Care,*” to optimize service delivery and outcomes for these five service lines:

- Orthopedics
- Oncology
- Neuroscience (Neurosurgery, Neurology, Neurophysiology, and Pain)
- Women’s and Children’s Health
- Cardiovascular Care

Simply stated, the medical care of a patient receiving care under one of these service lines is provided by a coordinated, multidisciplinary team of medical professionals and administrative staff. This team is responsible for providing and coordinating the entire continuum of care needed by the patient. For example, in the case of an orthopedic surgery patient, the patient’s team is responsible for scheduling and providing all pre-surgery preparation, the surgery itself, post-surgery recovery, medication management, follow-up rehabilitation/physical therapy, and all surgery-related medical needs. If the surgery patient has other medical issues, for example, a heart condition, the patient’s team for the orthopedic surgery will communicate and coordinate with the patient’s cardiovascular care team. In sum, the Service Line Model of Care is structured to align clinical pathways and other services internally within and between Union Hospital and Union Associated Physicians Clinic, LLC to benefit the patient. This approach improves the quality of care and, by coordinating care, reduces health care costs by eliminating duplicative, unnecessary, and untimely care.

Measures of success from the Service Line Model of Care are objective and measurable in both standardized quality and outcome measures. Furthermore, patients and families have benefitted in other less measurable, but equally meaningful, ways that will never be seen on a scorecard. For instance, with care coordination within the Service Line Model of Care, the travel burden for patients can be significantly decreased compared to uncoordinated models of care. Uncoordinated care typically requires multiple visits to various providers at different locations, along with different appointment dates and times for ancillary services such as for labs, radiological exams, and other tests and procedures.

There are two factors that are essential to the Service Line Model of Care. First, is the technology necessary to efficiently coordinate a patient’s medical care needs. UHI has this technology. Particularly noteworthy is the electronic longitudinal medical record, which allows all caregivers, regardless of location,

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to access and update a patient’s medical record in real time. Upon Closing, physicians at Regional Hospital and Regional Healthcare Partners will have access to, and be incorporated into, this electronic medical record. For example, physician specialists who typically treat patients at Regional Hospital will be able to share a patient’s clinical information with primary care physicians and other physician specialists at Union Hospital or Union Associated Physicians Clinic, LLC. Similarly, primary care physicians and other physician specialists at Union Hospital or Union Associated Physicians Clinic, LLC will be able to share a patient’s clinical information with physicians treating patients at Regional Hospital. *Expanding the use of UHI’s electronic medical record to include Regional Hospital and Regional Healthcare Partners would not happen without the Merger.* Also, as noted later in this Application, within one year of the Closing Date, UHI plans to spend \$15 million on upgrades to its information technology in order for Union Hospital and Union Associated Physicians Clinic, LLC, combined with Regional Hospital and Regional Healthcare Partners, to fully integrate. The technology will include network infrastructure, hardware (e.g., computers and other devices such as printers, telephony, applications), both clinical (e.g., EMR, Cath Lab systems) and non-clinical (e.g., HR, financial, supply chain), and network security. *This substantial and timely investment in IT for Regional Hospital and Regional Healthcare Partners will not occur, but for the Merger.*

The second essential factor is a robust primary care team. Primary care, with its emphasis on wellness and preventive care, is the core of the Service Line Model of Care. Under the Service Line Model of Care, primary care physicians guide their patients seamlessly through the health care delivery system. It is well-established that access to primary care improves health status and lowers health care costs over time. For example, a retrospective study of over five million patients assigned to primary care providers in the Veterans Health Administration from 2016-2019 confirmed a close link to primary care and improved health outcomes and reduced health care costs:

“The findings of the present study, substantiated by our exhaustive sensitivity analyses, suggest that expanding [primary care] capacity can significantly reduce overall health care costs and improve patient care outcomes given the former is a robust proxy of the latter.”<sup>24</sup>

In 2022, a study was conducted of 8.5 million adults enrolled in California commercial HMO products where provider organizations (“*POs*”) assume responsibility and financial risk for managing the care of their assigned patients.

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<sup>24</sup>*The Effect of Primary Care Visits on Total Patient Care Cost: Evidence From the Veterans Health Administration*, Journal of Primary Care & Community Health, Volume 13, December 23, 2022, pp. 1–9. Link: <https://journals.sagepub.com/doi/10.1177/21501319221141792>

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The study, which included 180 POs distributed across California, showed that POs in the highest quartile of primary care spending percentage had better performance on clinical quality, patient experience, utilization, and total cost of care. The study’s key takeaways<sup>25</sup> include the following:

- “Primary care spending percentage at the PO level was consistently and statistically significantly associated with better performance on measures of clinical quality, patient experience, utilization, and cost.”
- “This study is novel in its examination of primary care spending percentage among POs and supports the important role of primary care and its relationship to positive quality and cost outcomes.”

Spending more on primary care means spending less on hospitalization for chronic conditions and emergency department services, according to a 2019 report by the Patient-Centered Primary Care Collaborative. The report found a correlation between increased primary care spending and fewer hospitalizations and emergency department visits, especially for patients with chronic conditions such as diabetes, chronic obstructive pulmonary disease, high blood pressure, pneumonia, urinary tract infections and congestive heart failure. “Consistent and growing evidence shows that primary care-oriented systems achieve better health outcomes, more health equity and lower costs,” according to the report. The report also concluded the following:

“Further analysis that examined associations between primary care investment and three outcomes—total hospitalizations, hospitalizations for ambulatory care sensitive conditions, and emergency department visits—found an inverse association. In other words, as primary care investment increased, both hospital outcomes and emergency department visits decreased.”<sup>26</sup>

UHI, through Union Hospital and Union Associated Physicians Clinic, LLC, has emphasized, and will continue to emphasize, primary care. Indeed, Union Hospital and Union Associated Physicians Clinic, LLC, in total, currently employ or contract with 94 physicians serving as primary care physicians.<sup>27</sup>

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<sup>25</sup>*Key Takeaways, Investing in Primary Care: Why It Matters for Californians with Commercial Coverage*, California Health Care Foundation. Link: <https://www.chcf.org/wp-content/uploads/2022/04/InvestingPrimaryCareWhyItMattersCommercialCoverageKT.pdf>.

<sup>26</sup>*Investing in Primary Care, a State-Level Analysis*, Patient-Centered Primary Care Collaborative: [https://cdn.sanity.io/files/0vv8moc6/medec/0313e4a5e4530ac65c7b9b902e01d59fdfa167ad.pdf/pcmh\\_evidence\\_es\\_2019.pdf](https://cdn.sanity.io/files/0vv8moc6/medec/0313e4a5e4530ac65c7b9b902e01d59fdfa167ad.pdf/pcmh_evidence_es_2019.pdf).

<sup>27</sup>“Primary care” physicians are physicians who are board certified in family medicine, internal medicine, pediatrics, or obstetrics-gynecology.

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In contrast, Regional Healthcare Partners only employs seven physicians in total, and none of them are primary care. Regional Hospital has no employed primary care physicians, and has contracts with only three physicians serving as primary care physicians. Neither Regional Hospital, nor Regional Healthcare Partners, has implemented any initiative similar to the Service Line Model of Care (and they have no current plans to do so). Fortunately, post-Merger, the specialists currently employed by Regional Healthcare Partners (who opt to be employed by Union Associated Physicians Clinic, LLC) and the specialists currently contracted with Regional Hospital (who enter into contracts with UHI to serve at Union Hospital, or enter into contracts with Union Associated Physicians Clinic, LLC) will be easily incorporated into UHI's Service Line Model of Care. Their patients will be able to receive coordinated care under the Service Line Model of Care, with ready access to primary care. Allowing more residents of Vigo County and the other counties of the Wabash Valley Community to access primary care will improve the health status of Vigo County and the other counties – while lowering health care costs over time. *However, without the Merger, these patients (because of Regional's lack of primary care providers), will not have the benefit of a care model such as UHI's Service Line Model of Care.*

**C. Other Services Currently Pursued by UHI**

**(i) Expansion of Inpatient Psychiatric Services.** Regional Hospital completed an expansion of its inpatient psychiatric unit in the spring of 2023. This expanded the unit from 19 beds to 22 beds. According to the most recent market data from the Indiana Hospital Association, inpatient psychiatric discharges represent the 6th largest volume of discharges by service line in the Wabash Valley Community, accounting for 1458 market discharges in 2022.

Union Hospital does not have an inpatient psychiatric service, but it does admit a small number of patients with psychiatric diagnoses who are in need of acute medical care. Union Hospital's emergency department, however, does *see* a high volume of psychiatric patients. [REDACTED]

[REDACTED] This volume of transfers suggests that the Wabash Valley Community currently has insufficient inpatient beds for adults in need of inpatient psychiatric services. This shortage of beds requires patients to travel outside of Wabash Valley Community for care. [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED] The projected timeframe of this project would be two to three years. This project is feasible because of, and will be an extension of, Regional Hospital's aforementioned recent expansion of its inpatient psychiatric unit. In fact, this project will extend down the same corridor on the campus of the current Regional Hospital. *However, because this project is designed to be a follow-on to Regional Hospital's recent expansion of its inpatient psychiatric unit, it will not move forward if the Merger does not occur.*

**D. Deploying Union Hospital's Expertise and Commitment**

Union Hospital currently holds several accreditations and certifications that evidence its expertise in, and commitment to, the provision of high-quality hospital services. These accreditations and certifications include the following:

- (i) Magnet Recognition Program (from American Nurses Credentialing Center)
- (ii) Level III OB and NICU (from the Indiana Department of Health)
- (iii) Blue Distinct for Cardiac Care (from Anthem Blue Cross Blue Shield)
- (iv) Cardiovascular & Pulmonary Rehabilitation Certification (from American Association of Cardiovascular and Pulmonary Rehabilitation)
- (v) Chest Pain ACHE Accreditation (from the American College of Health Care Executives)
- (vi) ACHC Primary Stroke Center (from the Accreditation Commission for Health Care)
- (vii) Total Joint ACHE Accreditation (from the American College of Health Care Executives)
- (viii) ACS Commission on Cancer (from the American Cancer Society)
- (ix) Stroke Gold Plus/ Target: Stroke Honor Roll Elite (from American Heart Association/American Stroke Association)
- (x) American Society Gastrointestinal Endoscopy Recognition Program (from American Society Gastrointestinal Endoscopy)

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(xi) Blue Distinct for Maternity Care (from Anthem Blue Cross Blue Shield)

(xii) Gold Safe Sleep Champion (from Cribs for Kids)

(xiii) Alliance for Innovation on Maternal Health (from the Alliance for Innovation on Maternal Health)

Union Hospital's expertise and commitment will be shared with, and deployed at, Regional Hospital following the Merger (i.e., at the Post-Merger Union Hospital).

**E. COPA Criteria**

Ind. Code § 16-21-15-4(a)(1) provides that DOH shall review the COPA Application to determine whether there is clear evidence that the proposed Merger would benefit the population's health outcomes and quality of health care. Relatedly, I.C. § 16-21-15-4(b)(1) provides that, in reviewing a COPA Application, DOH should consider the quality of hospital and health care services provided to Indiana residents, including the demonstration of population health improvement of the region serviced and the extent to which medically underserved populations have access to and are projected to use the proposed services. I.C. § 16-21-15-4(c)(1) provides that DOH shall grant the COPA if, among other things, there is clear evidence that the proposed merger would benefit the population's health outcomes, health care access, and quality of care in the county. UHI and THRH respectfully submit that the initiatives described in Section III.b.1.A.(i) - (iii) and Section III.b.1.B. above are the types of initiatives described in I.C. § 16-21-15-4(a)(1), (b)(1), and (c)(1), and the implementation of these initiatives (and others) will result in benefits that outweigh any disadvantages attributable to a reduction in competition that may result from the Merger, in satisfaction of I.C. § 16-21-15-4(c)(2).

**2. Facilities and Organizations**

The current facilities of both Regional Hospital and Union Hospital will remain open. All such services, facilities, and hospital organizations will be shared as part of Union Hospital.

**A. Initial Infrastructure Work**

Facility infrastructure improvements will begin within one year of the Closing. Regional Hospital's main hospital building was constructed in the late 1970's, and needs an investment in the mechanical and electrical infrastructure of the building. The total investment is expected to be \$10.5 million. From a mechanical perspective, there are fourteen air handlers that need replaced

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and/or refurbished at an estimated cost of \$3.65 million. The chiller needs to be replaced, in conjunction with pumps and the cooling tower. This work is estimated to be \$1.5 million. Regarding the building's electrical system, the work will consist of a \$1.8 million improvement in the power distribution systems, \$2.5 million investment in the emergency power distribution system and \$500,000 to retrofit lighting fixtures to LED.

Information Technology improvements will be made in order for the combined systems of Union Hospital and Regional Hospital (and Regional Healthcare Partners and Union Associated Physicians Clinic, LLC) to fully integrate. The areas to be addressed include network infrastructure, hardware (e.g., computers and other devices such as printers, telephony, applications), both clinical (e.g., electronic medical record system, and cardiac catheterization lab system) and non-clinical (e.g., HR, financial, supply chain), and network security. Of these, the electronic medical record system is particularly crucial for clinical integration. Such integration is crucial to care coordination and the avoidance of duplicative, unnecessary, and untimely care. Additional staffing will be required in project management, desktop support, help desk, call center and communications to integrate, manage and support the new systems. Total IT investment for the project will be \$15 million, with the completion of these improvements estimated to be within one year of the Closing Date.

**B. Potential Repurposing of Current Facility Spaces**

As noted, the current facilities of both Regional Hospital and Union Hospital will remain open. UHI believes there will be several space-related efficiencies that will be derived from the Merger. While a complete and precise understanding of these efficiencies will not be possible until the Combined Clinical Platform has been in operation for a number of months, Union Hospital has already identified, on a preliminary basis, some facility spaces that could be reasonably repurposed for cost and/or clinical reasons. These spaces remain subject to further evaluation, but initial considerations include the following:

- **Trauma**. Union Hospital will remain a Level III trauma center post-Merger. Over time, and after considering the matter thoroughly and reviewing the relevant data, a decision might be made to triage all high-level trauma at Union Hospital.
- **Wound Care**. It is anticipated that, within one year post-Merger, wound care will be moved to Union Hospital, or, if sufficient space at Union Hospital proves to be unavailable, wound care services might be consolidated in some other appropriate space operated by Union Hospital that can accommodate the volume and potential growth.

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- Women’s Services. Union Hospital anticipates repurposing the outpatient mammography center space currently located at Thomas Plaza (in Terre Haute) and continue to offer outpatient mammography services at Union Hospital and at Regional Hospital’s campus.
- Mother-Baby/NICU/Pediatric Unit. Within six months post-Merger, these services are expected to be consolidated at Union Hospital.
- Oncology Services. Both Regional Hospital and Union Hospital currently operate a cancer center on their respective campuses. Union Hospital has two linear accelerators and Regional has one. Regional Hospital’s linear accelerator is older and needs to be replaced – which will occur post-Merger. Union Hospital has an open vault that could host the replacement linear accelerator. Planning will take place to determine if it is best for the community to consolidate cancer services into one center. Regardless of the decision, more than \$3 million will be spent to add oncology treatment-related technology for the residents of Vigo County and the other counties of the Wabash Valley Community.
- ICU. Union Hospital expects, during the first year following the Closing, to evaluate the efficacy of consolidating ICU services at Union Hospital, so as to eliminate the need to duplicate the service and resources needed to operate two different ICU locations.
- Morgue. The morgues at both Hospitals will remain in place, with plans to consolidate at Union Hospital once autopsy capabilities at Union Hospital are enhanced and a pathologist is hired.
- Cardiac Catheterization Labs. The cardiac catheterization labs will likely be consolidated at Union Hospital.
- Laundry/Linens. Laundry and linen services will be consolidated at Union Hospital.
- Lab. Main hub will be located at Union Hospital, ancillary services all locations.
- Endoscopy Suite. Primary site endoscopies will likely be consolidated at Regional Hospital’s campus.
- Ophthalmology. Eye surgeries will likely be consolidated at Regional Hospital’s campus.



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- Dental. Dental procedures will be consolidated at Regional Hospital's campus.
- Pain Services. Pain services will be consolidated at Regional Hospital's campus.
- Sterile Processing Department. Sterile processing services will be consolidated at Regional hospital's campus.
- ICU at Regional Hospital's Campus. The ICU at Regional Hospital's campus (located directly above the ED) will be transformed into a Clinical Decision/Observation Unit.
- Physician Office Building on Regional Hospital's Campus. The POB will be used for patient and employee education, in conjunction with, and as part of, partnerships with Indiana State University, Ivy Tech, and St. Mary's of the Woods College.

C. "Back Office" Operations

A comprehensive and precise identification of redundancies, and the cost savings that will be realized by eliminating such redundancies, will not be possible until the Merger takes place and UHI obtains real-time operational data and related information. Nevertheless, based on the research undertaken to date by UHI, it is likely that, within twelve to eighteen months of the Closing Date, Post-Merger Union Hospital will consolidate the current management teams and "back-office" operations (e.g., finance, human resources, quality control, legal, etc.) of Union Hospital and Regional Hospital (in this regard, however, it should be noted that most of Regional Hospital's "back-office" work is handled by the staff of its parent company, HCA Healthcare, Inc., who are located in Nashville, Tennessee). [REDACTED]

[REDACTED] the Merger is not expected to result in material cost reductions attributable to employee departures. However, combining the management and back-office operations at a single location will maximize the coordination and efficiency of management and other administrative services, including communications across the Combined Clinical Platform. In addition, doing so will also free-up facility space which will be used to further support and strengthen the operations of the Combined Enterprise. Consolidation will commence immediately upon the consummation of the Merger. Some of the consolidation will be completed quickly (for example, Human Resources and Finance); others will take more time (for example, Revenue Cycle and IT services). Once consolidation is completed, shared services expense is expected to be reduced by \$2 million annually.

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<sup>28</sup>See footnote no. 9.

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**c. Description of the Applicant Groups' Current Policies for Free or Reduced Fee Care for Uninsured and Underinsured Patients, Bad Debt Write-Offs and Charity Care and Any Proposed Changes as a Result of the Proposed Merger.**

1. **UHI.** It is the policy of UHI, including Union Hospital and Union Associated Physicians Clinic, LLC (collectively, "Union") to provide emergency medical services and medically necessary care to all individuals regardless of their ability to pay. Moreover, Union does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or because of the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

Union's Sliding Fee Discount Program Policy ("SFDP Policy") applies to all Union sites of care. The SFDP Policy is summarized as follows:

- Individuals and families whose annual household income is at or below 100% of the current Federal Poverty Income Guidelines ("FPIG") will be eligible to receive a full discount for ambulatory primary care services, with an allowance for a nominal fee of \$4.70.
- Individuals and families whose annual household income is above 100% of the current FPIG, but at or below 300% of the current FPIG will be eligible to receive a partial discount for ambulatory primary care services. For such individuals and families, the discount will be calculated as a percentage of total eligible charges according to this sliding fee discount schedule:
  - 101% to 150%: 95% (but not less than the \$4.70 Nominal Fee)
  - 151% to 200%: 90% (but not less than the \$4.70 Nominal Fee)
  - 201% to 225%: 80% (but not less than the \$4.70 Nominal Fee)
  - 226% to 250%: 60% (but not less than the \$4.70 Nominal Fee)
  - 251% to 300%: 40% (but not less than the \$4.70 Nominal Fee)
- Individuals and families with an annual Household Income exceeding 300% of FPIG shall not be eligible for Financial Assistance, absent unusual circumstances as approved by the Financial Assistance Committee.
- All uninsured patients, regardless of financial need, will be eligible for an initial automatic discount of 30% to the gross charges. Union may further determine, that an uninsured individual eligible for this automatic discount, may also be eligible for a full or partial financial assistance under the sliding fee discount schedule.

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- Financial assistance is available to all persons regardless of third-party insurance coverage including the uninsured and those with HMO, PPO, Medicaid, or any other third-party payer (including Medicaid Managed Care), provided they meet the income and household size criteria outlined above.

UHI's Medicare Bad Debt Policy is summarized as follows:

- To be considered a "Medicare Bad Debt" account, a reasonable collection effort must be applied to all deductibles and coinsurance due from the Medicare Beneficiary. The collection effort must be similar to the effort the Hospital puts forth to collect comparable amounts from non-Medicare patients.
  - After the account has been with the outside vendor and remains unpaid for at least 120 days (4 months) with no payment, the account will be returned to the hospital per normal hospital policy. Exceptions: accounts with payments, payment arrangements, or judgments.
2. THRH. To be eligible for a charity write-off under THRH's Charity Financial Assistance Policy for Uninsured and Underinsured Patients ("Policy"), a patient must be (a) uninsured or underinsured and (b) have an out-of-pocket patient responsibility of \$1,500 or more for an individual account. Upon request by a patient and, if there are extenuating circumstances, accounts with out-of-pocket responsibility of balances of less than \$1,500 may be reviewed and a charity write-off applied if the applicable Federal Poverty Guidelines/Level ("FPL") thresholds are met.

THRH's Policy is summarized as follows:

- Patients with individual or household incomes of between 0-200% of Federal Poverty Guidelines:
  - Patients with more than a \$1,500 patient liability that fall within 0-200% of the FPL will have the entire patient balance processed as charity write-off. Upon request by a patient and, if there are extenuating circumstances, accounts with out-of-pocket responsibility balances of less than \$1,500 may be reviewed and a charity write-off applied.
- Patients with individual or household incomes of between 201- 400% of Federal Poverty Guidelines:
  - Patients with incomes between 201% and 400% of FPL will have their balances capped at a percentage of their income according to the table below. This percentage will be determined using the patient's FPL:
    - 201% - 300%: balances capped at 3% of annual household income.

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- 301% - 400%: balances capped at 4% of annual household income Upon request by a patient and, if there are extenuating circumstances, accounts with out-of-pocket responsibility balances of less than \$1,500 may be reviewed and a charity write-off applied.

THRH's Medicare Bad Debt Policy is summarized as follows:

- All Medicare bad debt write-offs will be processed in accordance with HCFA Pub. 15-1, 310 and 312, PRM 304, and 42 CFR 413.80 and in accordance with HCA APG #6. Collection efforts on Medicare patients' coinsurances and deductibles including agency payment, will match non-Medicare accounts. When an indigent Medicare patient is identified anytime during the collection process, documentation will be obtained to substantiate indigence. All necessary patient account documentation and related reports will be maintained.

Following the Merger, THRH's above-listed policies will be discontinued and UHI's above-listed policies will be applied across the Combined Clinical Platform.

- d. Description of the proposed cost savings and efficiencies anticipated to be achieved as a result of the proposed merger agreement, including the plans for achieving such savings and efficiencies, how such savings and efficiencies will be measured, and how such savings and efficiencies will be invested for the benefit of the community served by the parties to the merger agreement.***

The main campuses of Union Hospital and Regional Hospital are located within 5.5 miles of each other in Terre Haute. Within this 5.5 mile range, the Hospitals' combined respective bed capacity exceeds 600 inpatient beds – plus, both Hospitals operate their own Level III trauma centers. In this same vein, the table in Section II.b. of this Application confirms that Regional Hospital and Union Hospital provide substantially the same services. A thorough understanding of these redundant services, and the cost savings that may be realized by virtue of the Combined Enterprises, cannot be obtained until after the Merger. However, as noted earlier, substantially reducing the operating costs of the Combined Enterprise is not a primary goal of the Merger. The primary goal of the Merger is to significantly improve the health status of the residents of Vigo County and the other counties of the Wabash Valley Community. As also noted earlier, UHI has no plans to reduce the services currently provided by the Regional Healthcare Providers or the Union Healthcare Providers. In addition, UHI has no plans to close any facility or other location of the Regional Healthcare Providers or the Union Healthcare Providers currently in operation. Moreover, UHI is committed to protecting the employees of both the Regional Healthcare Providers and the Union Healthcare Providers.<sup>29</sup> Nonetheless, despite these self-imposed limitations on the part of UHI, the Merger will produce reductions in health care costs over time. As explained in Section III.b.1.A.(i) - (iii) and Section III.b.1.B. of this Application, each of UHI's Post-Merger Initiatives will result in better health outcomes *and* less spending on costly emergency department visits and hospitalizations. Furthermore, unnecessary costs attributable to fragmented,

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<sup>29</sup>See footnote no. 9.

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uncoordinated care will be slashed. Of course, any cost savings realized by UHI will be used to improve the health status of the residents of Vigo County and the other counties of the Wabash Valley Community, in satisfaction of I.C. § 16-21-15-7(d)(1).

*e. Description of proposed quality metrics that will be used to measure the quality of hospital and health care services provided to Indiana residents resulting from the proposed merger agreement.*

The quality measures listed below are recognized on a national scale, through various value-based programs, as the measuring stick for health care quality in hospital settings. The universally available, standardized measures are considered a direct reflection on the organization's commitment to excellence and patient safety in areas where the impact and influence of the health care teams on patient outcome is greatest. Thus, improvement or sustainment of high performance in these measures translates to high quality health care for the community.

Most of the measures will be applicable immediately upon the Merger, as they will remain a requirement of participation in federal programs for acute care hospitals.

**Hospital Acquired Infections:**

- Central line associated blood stream infections
- Hospital onset *Clostridium difficile*, or "C.diff"
- Catheter associated urinary tract infections
- Surgical Site Infections (colon and hysterectomy)
- Methicillin-resistant *Staphylococcus aureus*, or "MRSA"

**Other Quality Measures:**

- Hospital acquired pressure injury
- Falls/injury
- Sepsis Bundle (SEP-1) compliance
- Length of Stay (LOS) for patients discharged to LTAC
- Rate of return to ED for patient originally discharged from the ED with a behavioral health diagnosis

**Patient Safety Indicators (PSI):**

- PSI-2: Death in Low Mortality DRGs
- PSI-3: Stage III/IV PU
- PSI-4: Death in Surgical Pts w/ Treatable Conditions
- PSI-6: Iatrogenic Pneumothorax
- PSI-9: Post Op Hemorrhage/ Hematoma
- PSI-10: Post Op AKI
- PSI-11: Post Op Resp Failure
- PSI-12: Post Op VTE
- PSI-13: Post Op Sepsis
- PSI-14: Post Op Wound Dehiscence

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- PSI-15: Accidental Puncture
- PSI-17: Birth Trauma Injury to Neonate
- PSI-18: OB Trauma- Vaginal Delivery w/ Instrument
- PSI-19: OB Trauma- Vaginal Delivery w/o Instrument

**f. Evidence of support from municipalities and counties served by each Applicant Group.**

The COPA statute, I.C. § 16-21-15, was enacted in Public Law 104-2021, Section 2, effective July 1, 2021. The legislation originated in the Indiana Senate, and was authored by Senator Jon Ford (who represents Senate District 38, which includes Terre Haute and surrounding communities). Senator Ford has submitted a letter of support for the Merger (*see Attachment III.f.1.*). The legislation was assigned to the Senate’s Committee on Health and Provider Services, which unanimously passed the legislation out of the Committee by a vote of 11-0. The Chair of the Senate’s Committee on Health and Provider Services, Senator Ed Charbonneau, has penned a letter in support of the Merger (*see Attachment III.f.2.*). On February 23, 2021, the Senate unanimously passed the legislation by a vote of 47-0. The legislation was then referred to the Indiana House of Representatives.

In the House, the legislation’s primary sponsor was Representative Alan Morrison (who represents House District 42, which includes most of Vigo County). Rep. Morrison has submitted a letter of support for the Merger (*see Attachment III.f.3.*). Representative Beau Baird (who represents House District 46, which includes portions of Vigo and Clay counties) was a co-sponsor of the legislation. The legislation was assigned to the House’s Committee on Public Health. The legislation passed out of the Committee by a vote of 11-1. On April 13, 2021, the House passed the legislation by a vote of 94-3. The legislation was then referred back to the Senate to concur with the House’s amendments to the legislation. The Senate concurred with the House amendments by a vote of 42-0. Governor Holcomb signed the legislation into law on April 22, 2021.

**g. Description of the impact of a Certificate of Public Advantage not being granted, including the impact on availability of services, quality, pricing and community health outcomes.**

As mentioned, the Merger is driven by the desire to significantly improve the health status of the residents of Vigo County and the other counties of the Wabash Valley Community. In the view of UHI and THRH, the most effective and cost-efficient way to do this is through a single organized system of health care that will be able to maximize the appropriate application of limited health care resources to address the health care needs of the residents of Vigo County and the other counties of the Wabash Valley Community. The core of this approach, the creation of the Combined Clinical Platform and the coordinated application of healthcare resources, will not be possible without the COPA. In other words, without the COPA, there will be no Combined Clinical Platform – and without the Combined Clinical Platform, residents who receive care from Regional Hospital and Regional Healthcare Partners will not benefit from the Post-Merger

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Initiatives, and the quality health care, improved health status, and reduced health care costs resulting therefrom.

Also, the denial of the COPA will shelve UHI's above-described plans for adding inpatient psychiatric beds for Vigo County and the other counties of the Wabash Valley Community. That project is feasible because of, and will be an extension of, Regional Hospital's recent expansion of its inpatient psychiatric unit. As noted, Union Hospital currently has no inpatient psychiatric beds. Currently, a significant percentage of patients must travel outside of the Wabash County Community for this care. The Merger will facilitate the possibility that many local patients can receive care locally (and their families can avoid the time, inconvenience, and cost of travelling outside the area).

Furthermore, if the COPA is not granted, the residents of the Wabash Valley Community who receive care from Regional Hospital or Regional Healthcare Partners, and the health care payors for residents who receive care from Regional Hospital and Regional Healthcare Partners, will not realize the cost savings from the reduction of emergency department visits and hospitalizations, or the cost savings from the reduction of fragmented, uncoordinated care, that will occur if the Post-Merger Initiatives were implemented. Moreover, if the COPA is not granted, neither residents, nor health care payors, will benefit from the cap on Post-Merger Union Hospital's charges under I.C. § 16-21-15-7(c).

Perhaps a more relevant question is whether it is reasonable to expect the health status of the residents of Vigo County and the other counties of the Wabash Valley Community to materially improve if the COPA is not approved and Regional Hospital and Union Hospital continue to provide care in a disparate and uncoordinated manner. Is there anything about the current health care landscape in the Wabash Valley Community that indicates the *status quo* will produce a significant increase in the health status of the residents, or produce a reduction in the growth of health care costs? UHI and THRH respectfully maintain that the Merger, as described herein, affords the best opportunity for accomplishing both goals.

**h. Description of whether and how the projected benefits of the proposed merger could be achieved without the approval of the Certificate of Public Advantage.**

The projected benefits of the Merger cannot be achieved without the approval of the COPA. As noted earlier, neither Regional Hospital, nor Regional Healthcare Partners, have implemented, or have any current plans to implement, a robust health equity plan or population health improvement plan. Regional Hospital and Regional Healthcare Partners do not have, and will not have, a virtual nursing program. Neither participate in ACOs. Regional Hospital and Regional Healthcare Partners have no current plans to institute a care model similar to UHI's Service Line Care Model.

**i. Copies of any plans, reports, studies or other documents reflecting each Applicant Group's current or future business plans and analyses of competition in the relevant service areas.**

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1. UHI: See Attachment III.i.1. (“Service Line Strategic Strategy” (and individual tabs therein for 2023-2027) and Attachment III.i.2. (“Union Health Digital Strategy 2022-2025”)
2. THRH: See Attachment III.i.3. (“THRH 2020-2022 Market Strategic Plan”)

**IV. COMMUNITY NEEDS**

**a. Description of the population of the primary service areas, including economic conditions, poverty, uninsured/underinsured, age, gender and race.**

The table below<sup>30</sup> outlines some of the key demographics of the Wabash Valley Community. Among other things, the majority of residents in the Wabash Valley Community report their race as white, with Vigo County having the highest percentage (13.8%) of non-white residents. Male and female residents are relatively evenly split, and between 16.7% and 20.3% of the residents in each county are age 65+. Except for Clay County, the counties’ respective median household incomes are less than the statewide median household income. Each of the counties’ respective percentages of children qualifying for free or reduced lunch is greater than the statewide percentage. For each of the counties, the percentage of 4-year college graduation rates are significantly below the statewide graduation rates.

	<u>Total Population</u>	<u>% White Residents</u>	<u>% Non-White Residents</u>	<u>% Male</u>	<u>% Female</u>	<u>% 65+ Y.O.</u>	<u>Median Household Income</u>	<u>% High School Grads</u>	<u>% 4-Year College Grads</u>	<u>% Children In Single Parent Homes</u>	<u>% Children Qualifying For Free Or Reduced Lunch</u>
INDIANA	6,805,985	78.0%	22.0%	49.6%	50.4%	16.4%	\$62,723	33.0%	17.7%	14.3%	47.0%
CLAY COUNTY	26,466	94.6%	5.4%	49.8%	50.2%	18.8%	\$64,245	41.6%	11.3%	13.4%	53.5%
GREENE COUNTY	30,803	94.9%	5.1%	49.9%	50.1%	20.0%	\$55,504	39.3%	10.5%	11.8%	47.0%
PARKE	16,156	95.4%	4.6%	47.6%	52.4%	20.0%	\$55,683	38.8%	7.9%	10.1%	53.3%
SULLIVAN	20,817	91.1%	8.9%	54.9%	45.1%	18.4%	\$47,606	42.5%	8.1%	17.8%	50.2%
VERMILLION	15,439	95.6%	4.4%	49.5%	50.5%	20.3%	\$53,540	41.2%	11.3%	16.6%	53.3%
VIGO	106,153	84.2%	13.8%	50.1%	49.9%	16.7%	\$48,421	33.6%	14.5%	18.5%	55.4%

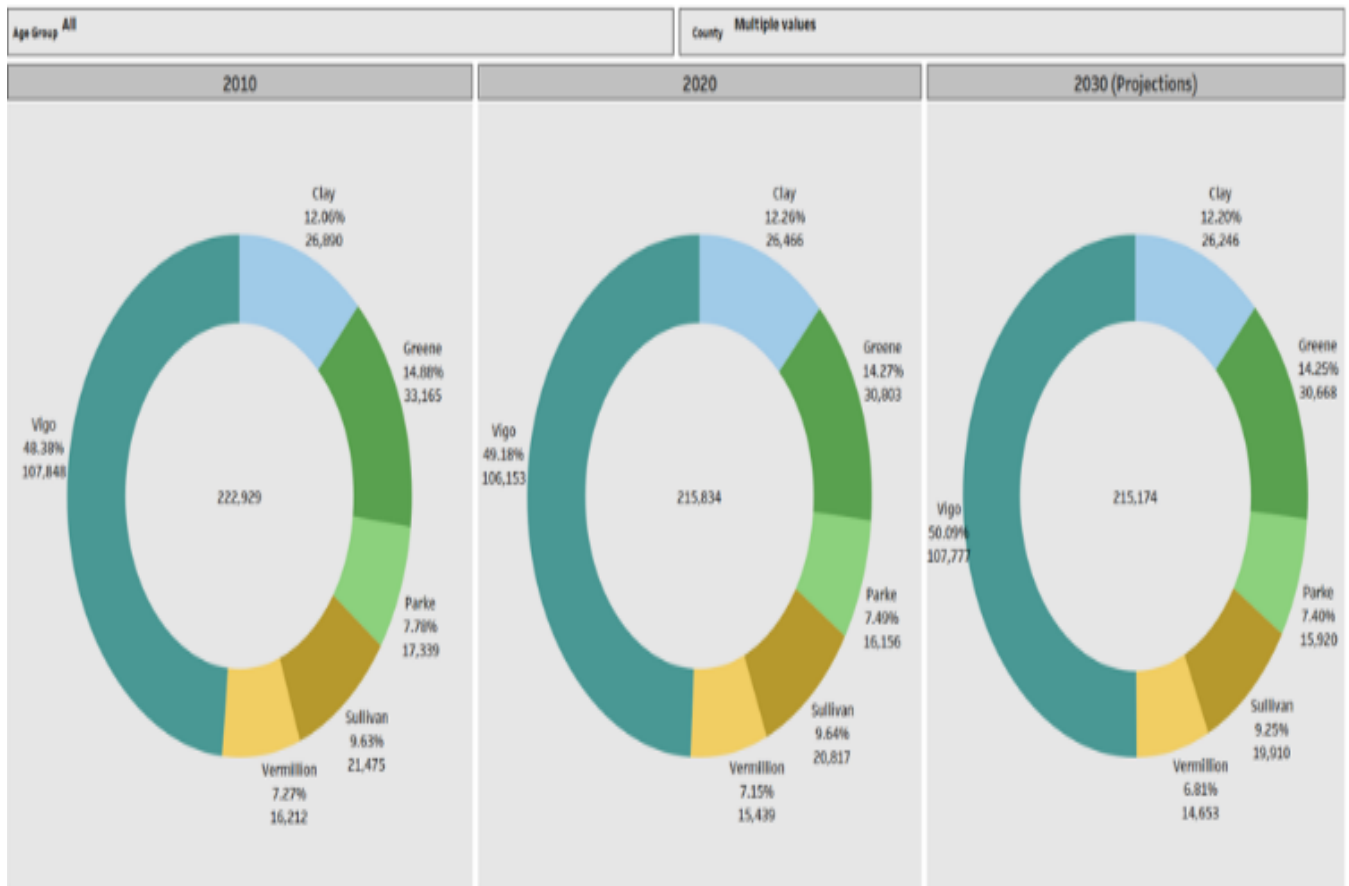
<sup>30</sup> The table is based on 2021 census data for Indiana, The U.S. Census Bureau’s Small Area Income and Poverty Estimates Program for 2021, and kids count data, 2020 - <https://datacenter.aecf.org/data/tables/5187-public-school-students-receiving-free-or-reduced-price-lunches#detailed/5/2302,2319,2352,2368,2374-2375/false/574/1281/13762.11655>



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**b. Description of projected population changes over the next five years.**

According to census projection data obtained from the Indiana Business Research Center, the combined market population of the six Indiana counties comprising the Wabash Valley Community will decrease slightly over the next five years. Vigo County is the only county that is not expected to decrease in population between 2020 and 2030. Despite the projected lack of growth in the population in total, the population that is over age 65 is projected to grow resulting in an increased demand for health care services available to seniors.



**c. Description of the current health status and future health care needs over the next five years of the population in the primary service areas, including chronic disease, behavioral risk factors and other factors affecting the healthiness of the community.**

As noted in Section I of this Application, the University of Wisconsin Population Health Institute issues a report regarding health outcomes and health factors on a county-by-county basis throughout the U.S. The table below reflects the results of the Institute’s 2023 report for Vigo County and the other counties of the Wabash Valley Community (each county’s score is based on Indiana’s 92 counties):

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<b>INDIANA COUNTY<sup>1</sup></b>	<b>RANK</b>
VIGO	63rd out of 92
CLAY	55th out of 92
GREENE	64th out of 92
PARKE	34 <sup>th</sup> out of 92
SULLIVAN	60 <sup>th</sup> out of 92
VERMILLION	66 <sup>th</sup> out of 92

The unhealthy behaviors of the Wabash Valley Community’s residents, including tobacco use, drug use, obesity and sedentary lifestyles, significantly contribute to these poor health status rankings. These behaviors are directly responsible for the development of chronic health conditions such as heart disease, diabetes, metabolic syndrome and liver and kidney disease, as well as for an increased incidence of cancer.

The expected increase in the population of residents over age 65 will require an increase in both primary care and specialty physicians and advanced practice providers, particularly in specialties such as internal medicine, cardiology, oncology, neurology and orthopedic surgery.

***d. Description of any healthcare service gaps.***

1. **Behavioral Health.** The University of Wisconsin Population Health Institute 2023 County Health rankings demonstrate several counties in the Wabash Valley perform worse than Indiana as a whole with respect to various mental health measures, including access to mental health providers. Internal data (reference below and attached) validates the mental health crisis observed throughout the country is even more devastating in the Union Hospital’s service area, exacerbated, in part, by the provider shortage. See Attachments IV.d.1.(i),(ii),(iii),(iv), and (v) for data pertaining to:

- Out-migration of psychiatry patients.
- Psychiatry patients returning to the ED after an initial ED encounter
- ED patients being transferred to a psychiatric facility
- Suicidal ideation and intentional self-harm for Vigo and Vermillion counties compared to the rest of Indiana
- County Health Rankings specific to mental health in the Wabash Valley Community

Union Hospital accounts for approximately 74% of the acute care discharges in the Wabash Valley Community. Given Union’s Hospital’s acute care presence, a behavioral health expansion of beds and services could increase coordination of care and ultimately outcomes for patients needing inpatient psychiatric care. As noted earlier, UHI is currently exploring a joint venture to add, *post-Merger*, inpatient psychiatric beds. Such an initiative would support the community’s behavioral health needs.

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2. Physician Shortages. As noted below, physician shortages are a growing issue for the Wabash Valley Community. It is difficult to recruit physicians to the area due to factors such as frequent call coverage and lack of depth in some medical specialties. The Merger will mitigate these factors. The combination of the Regional Hospital and Union Hospital medical staffs, which will result in an overall larger medical staff, will allow for less frequent call coverage, and will aggregate greater depth in medical specialties. This will aid in the recruitment of physicians to the area, and every new physician so recruited will create momentum for additional successful recruiting efforts.

- Cardiology. Keeping catheterization lab teams and cardiovascular surgery teams fully staffed for open heart procedures is a challenge at both Regional Hospital and Union Hospital.

- Urology. Nationally the urology workforce is aging. The median age of a urologist is 55 years old. The national urology workforce aged 65+ is 29.8% making the specialty one of the oldest in the medical profession. In the Wabash Valley Community, the effects of urology workforce shortages are impacting emergency urological coverage and increasing times to obtain outpatient appointments.

- Gastroenterology. GI service access is limited in the Wabash Valley Community due to the national shortage and physicians desiring larger practice settings to reduce the burden of call coverage. This shortage restricts the ability to meet the demand for cancer screenings provided for in national guidelines.

- Neurology. According to the American Academy of Neurology the demand for neurologists exceeds the supply by 11% overall, with an expected increase to 19% by 2025 as Americans age and Medicare enrollments increase. This shortfall results in long wait times to get an appointment and difficulty hiring new neurologists.

- Neurosurgery. There is a shortage of neurosurgeons in the United States half of all practicing neurosurgeons are over 55 years old. There are 102 accredited neurosurgical residency training programs in the U.S. with approximately 1,200 total trainees produce 160 graduates annually. At this current rate, the supply-demand mismatch will grow with time. Simply creating more residency positions will not close the gap quickly enough due to the prolonged length of time required to generate board-certified neurosurgeons. This is further complicated by neurosurgery's shift towards sub specialization, further delaying new arrivals to the workforce by an additional one to two years. Multiple care access points for neurosurgery services in mid-sized communities is unsustainable.

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- Oncology. The market demand for oncology treatment is expected to grow by 40% by 2025 with the rising elderly population growth. This comes at a time where only 16% of the oncology provider workforce is under forty years old with a median age of fifty-two. The Wabash Valley Community reflects this aging oncology provider landscape and predicted volume growth. It will be necessary to focus on efficient clinical practices and optimize treatment settings to meet treatment demands with limited provider resources.

3. Long-term acute care (LTAC) Units/Beds. The establishment of long-term acute care (“LTAC”) units/beds is a priority for post-Merger optimization. LTAC is specialized medical care provided to individuals with complex medical conditions who require an extended period of acute care beyond what is typically provided in a traditional hospital setting. LTAC units are designed to provide a higher level of medical monitoring, intensive treatment, and rehabilitation for patients who have serious illnesses or injuries that require ongoing care.

LTAC units are often utilized for patients who have experienced a severe illness or injury, such as those recovering from major surgeries, ventilator-dependent patients, individuals with complex respiratory conditions, or patients with multiple organ failure. These units have a multidisciplinary team of healthcare professionals, including physicians, nurses, respiratory therapists, physical and occupational therapists, and social workers, who work together to provide comprehensive care.

The main goal of long-term acute care is to stabilize and improve the patient's medical condition and functional status so that they can eventually transition to a lower level of care, such as a skilled nursing facility, rehabilitation center, or home health care. The length of stay in an LTAC unit can vary depending on the individual patient's needs and progress.

The Wabash Valley Community currently has zero LTAC units/beds available.

[REDACTED]

Combined, these units would offer acute rehabilitation. Bringing needed LTAC services to the Wabash Valley Community would also enable the appropriate level of care to be provided in current Intensive Care Units. This will also benefit the residents of Vigo County and the other counties of the Wabash Valley Community by keeping care close to home and decreasing the burden of travel on families.

[REDACTED]

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**V. EFFECT OF THE PROPOSED MERGER**

*a. Description of the current state of competition in the relevant service areas, including healthcare providers and payors, and projections of the impact, both positive and negative, of approval of the Certificate of Public Advantage on competition in the relevant service areas, including identifying all healthcare providers in the relevant services areas that compete with the Applicant Groups and estimated market shares of market participants, barriers to entry, and likelihood of entry of other healthcare providers.*

1. Competition.

UHI and THRH face competition from a number of hospitals, health systems, and other facilities that provide general acute inpatient care and outpatient services in the region. Attachment V.a. is a map showing all hospitals located in counties surrounding UHI and THRH. As detailed in the map, the services UHI and THRH provide are currently offered to patients in UHI and THRH’s service areas by numerous competing hospitals. In addition, patients from throughout the region routinely travel to Indianapolis to receive services at competing hospitals and health care providers. Therefore, the parties compete with a vast number of health care providers located throughout the state, beyond those highlighted in this Application. Post-Transaction, the combined health system will continue to face competition from these providers, including large and significant health systems with substantial market share. As the Parties expand services, combine existing resources, and continue to recruit physicians and other health care providers, these providers will spur competition among other inpatient and outpatient facilities in the region and in the state.

A. UHI and THRH compete with myriad other inpatient facilities throughout Indiana.

Many competing providers offer inpatient and outpatient services in the parties’ service areas. Post-Transaction, robust competition for inpatient hospital services will continue from more than 16 other hospitals, listed in Attachment V.a., located in surrounding counties. As discussed below, the parties will continue to compete with large and significant health systems in the region and the state, many of which are expanding and gaining strength.

The table below provides a listing of other hospitals located in counties surrounding UHI and THRH.

<b>Name</b>	<b>Address</b>	<b>County</b>
Ascension St. Vincent Clay	1206 E. National Ave. Brazil, IN 47834	Clay
Daviess County Community Hospital	1314 E. Walnut St.	Daviess

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<b>Name</b>	<b>Address</b>	<b>County</b>
	Washington, IN 47501	
Greene County General Hospital	1185 County Rd. 100 W. Linton, IN 47441	Greene
IU Health West	1111 Ronald Regan Pkwy. Avon, IN 46123	Hendricks
Hendricks Regional Health	1000 E. Main St. Danville, IN 46122	Hendricks
Hendricks Behavioral Health	1051 Southfield Dr. Plainfield, IN 46168	Hendricks
Good Samaritan Hospital	520 S. 7 <sup>th</sup> St. Vincennes, IN 47591	Knox
IU Heath Bloomington	2651 E. Discovery Pkwy. Bloomington, IN 47408	Monroe
Monroe County Hospital	4011 S. Monroe Medical Park Blvd. Bloomington, IN 47403	Monroe
Bloomington Meadows (behavioral)	3600 N. Prow Rd. Bloomington, IN 47404	Monroe
Bloomington Regional Rehabilitation Hospital	3050 N. Lintel Dr. Bloomington, IN 47404	Monroe
Franciscan Health Crawfordsville	1710 Lafayette Ave. Crawfordsville, IN 47933	Montgomery
Franciscan Health Mooresville	1201 Hadley Rd. Mooresville, IN 46158	Morgan
Putnam County Community Hospital	1542 S. Bloomington St. Greencastle, IN 46135	Putnam
Sullivan County Community Hospital	2200 N. Section St. Sullivan, IN 47882	Sullivan
Ascension St. Vincent Williamsport	412 N. Monroe St. Williamsport, IN 47993	Warren

**B. The combined entity will continue to face competition from other health systems in the region and in Indiana.**

Several large and significant health systems in the state compete with UHI and THRH, including IU Health, Franciscan Health, and Hendricks Regional Health. The parties expect continued competition from these and other large health systems in Indiana, many of which are undergoing substantial facility and service expansions. For example:

- **IU Health.** IU Health is Indiana’s most comprehensive health care system and the largest network of physicians in the state of Indiana. IU Health is a unique partnership with the Indiana University School of Medicine. With dozens of facilities statewide,

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an academic medical center, and its partnership with the Indiana University School of Medicine, IU Health is a regional leader in providing health care. IU Health has over 2,700 available beds and employs over 38,000 team members.

In the past few years, IU Health has been expanding and growing. IU Health is in the middle of a \$4.3 billion expansion of its health care campus in downtown Indianapolis. When complete, the new 44-acre hospital campus will have 864 private patient beds. In addition, IU Health is currently investing \$300 million to significantly expand its IU Health Saxony Hospital campus. Previously, on December 5, 2021, IU Health opened its new \$560 million IU Health Bloomington Hospital. The new hospital in Bloomington has 364 private patient beds, 622,000 square feet of space, and an emergency department twice the size of the previous one. In addition, in 2021 IU Health completed its \$84 million expansion of its IU Health West hospital that increased inpatient capacity by 50%.

- **Franciscan Health.** Franciscan Health has 12 hospital campuses in Indiana and Illinois, 20,000 employees, and more than 850 primary and specialty care providers at over 260 locations. In 2022, Franciscan Health Mooresville completed a \$40 million project. The first phase of the project included modernizing the hospital and cost \$23 million. The second phase of the project included the construction of a new \$17 million medical office building with 50,000 square feet to house its Women’s Center and other specialty care.
- **Hendricks Regional Health.** Hendricks Regional Health has two hospitals with 166 licensed beds, almost 6,000 hospital admissions, almost 380,000 outpatient visits, and almost 2,500 associates, with locations throughout Hendricks County and Putnam County. In 2018 Hendricks Regional Health opened its \$50 million, 100,000 square foot Hendricks Regional Health Brownsburg Hospital. In 2022, Hendricks Regional Health was selected to join the Mayo Clinic Care Network (only the 46<sup>th</sup> in the world).

In addition, several other health care providers have recently entered into or expanded services in Vigo County. These substantial expansions demonstrate the ease with which hospitals and other health care providers can enter the market under current market and regulatory conditions. For example:

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- **Horizon Health.** Horizon Health is a hospital located in Paris, Illinois, which is about a 20 mile drive from UHI. In recent years, Horizon Health has been expanding into Indiana.
  - **Terre Haute Specialty Clinic.** In 2021, Horizon Health announced opening of the Terre Haute Specialty Clinic with the addition of two doctors, one providing orthopedic and sports medicine services, the other providing spine surgery.
  - **Sycamore Pain & Wellness Center.** In 2022, Horizon Health partnered with a Wabash Valley pain management group to open the Sycamore Pain & Wellness Center which offers pain management, bone health and wellness services, behavioral health, psychiatry, and weight management.
  - **Primary Care Clinic.** In 2023, Horizon Health announced the opening of a primary care clinic in Terre Haute.
- **Valley Professionals Community Health Center**
  - **South Terre Haute Clinic.** In 2021, Valley Professionals opened its South Clinic offering primary care services.
  - **West Terre Haute Clinic.** In 2022, Valley Professionals opened its West Clinic offering primary care, behavioral health, and pharmacy services.
- **Anabranh Recovery Center.** In 2021, Anabranh Recovery Center opened a 66-bed addiction treatment center in Terre Haute.
- **Sullivan County Community Hospital – Pain Management Clinic.** In 2020, Sullivan County Community Hospital opened a pain management center in Terre Haute.

C. The combined entity will continue to face competition from outpatient facilities and post-acute care facilities.

Patients have many independent alternatives for outpatient services.<sup>31</sup> Outpatient care includes ambulatory surgery centers, primary care clinics, retail clinics, community health clinics, urgent care centers, skilled nursing homes, specialized outpatient clinics, imaging service facilities, and emergency

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<sup>31</sup> *The Outpatient Shift Continues: Outpatient Revenue Now 95% of Inpatient Revenue, New Report Reveals*, Advisory Board (Jan. 8, 2019), <https://www.advisory.com/daily-briefing/2019/01/08/hospital-revenue> (reporting hospitals' net outpatient revenue in 2017 was \$472 billion, while net inpatient revenue totaled almost \$498 billion).



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departments.<sup>32</sup> In general, the shift to outpatient settings is due to clinical innovation, patient preferences, and financial incentives. This is reflected by the vast number of competing—and growing—independent outpatient facilities, nursing homes, assisted living facilities, and hospice care facilities located in the region that compete for patients with the UHI and THRH.

The table below provides a listing of other health care facilities within Vigo, Vermillion, Parke, Clay, Greene, and Sullivan Counties.

<b>Name</b>	<b>Address</b>	<b>County</b>
Amedisys Home Health	4134 S. 7 <sup>th</sup> St. Terre Haute, IN 47802	Vigo
Anabranch Recovery Center	1400 E. Crossing Blvd Terre Haute, IN 47802	Vigo
Athletico Physical Therapy Downtown	516 Wabash Ave. Terre Haute, IN 47807	Vigo
Athletico Physical Therapy East	2155 SR 46 Terre Haute, IN 47803	Vigo
ATI Physical Therapy	5399 S. US Hwy 41, Suite 113 Terre Haute, IN 47802	Vigo
Bethesda Gardens Assisted Living	1450 E. Crossing Blvd. Terre Haute, IN 47802	Vigo
Cobblestone Crossing Assisted Living	1850 E. Howard Wayne Blvd. Terre Haute, IN 47802	Vigo
Eye Specialists of Indiana Cataract Center	1055 S. Hunt St., Terre Haute, IN 47803	Vigo
Heart-to-Heart Hospice	4529 S. 7 <sup>th</sup> St. Terre Haute, IN 47802	Vigo
Horizon Health Primary Care Clinic	1378 S. SR 46 Terre Haute, IN 47803	Vigo
Horizon Health Specialty Clinic	3736 S. 4 <sup>th</sup> St. Terre Haute, IN 47802	Vigo
Horizon Health Sycamore Pain & Wellness Center	1378 S. SR 46 Terre Haute, IN 47803	Vigo
Independence Rehab & Physical Therapy	1400 E. Pugh Dr., Suite 28 Terre Haute, IN 47802	Vigo
Intrepid USA Healthcare & Hospice-at-Home Services	2901 Ohio Blvd., Suite 100 Terre Haute, IN 47803	Vigo
Kindred Transitional Care & Rehab	2222 Margaret Ave. Terre Haute, IN 47802	Vigo
Rayus Imaging Center	4313 S. 7 <sup>th</sup> St.	Vigo

<sup>32</sup> *Growth in Outpatient Care – The Role of Quality and Value Incentives*, Center for Health Solutions, Deloitte (2018), at 5, <https://www2.deloitte.com/us/en/insights/industry/health-care/outpatient-hospital-services-medicare-incentives-value-quality.html>.

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<b>Name</b>	<b>Address</b>	<b>County</b>
	Terre Haute, IN 47802	
Signature Healthcare (Nursing Home)	3500 Maple Ave. Terre Haute 47804	Vigo
Southern Care Hospice	4624 S. Springhill Junction St. Terre Haute, IN 47802	Vigo
Springhill Village Senior & Assisted Living	1001 E. Springhill Dr. Terre Haute, IN 47802	Vigo
Sycamore Manor Assisted Living	222 S. 25 <sup>th</sup> St. Terre Haute, IN 47803	Vigo
Terre Haute Nursing Home & Rehab	830 S. 6 <sup>th</sup> St. Terre Haute, IN 47807	Vigo
Terre Haute Physical Therapy	4555 S. 7 <sup>th</sup> St. Terre Haute, IN 47802	Vigo
Terre Haute Surgical Center	227 E. McCallister Dr. Terre Haute, IN 47802	Vigo
Ultimate Health & Fitness Physical Therapy	380 W. Honey Creek Dr. Terre Haute, IN 47802	Vigo
VA Outpatient Clinic	5080 Bill Farr Drive Terre Haute, IN 47803	Vigo
Valley Professionals FQHC North	1530 N. 7 <sup>th</sup> St. Suite 201 Terre Haute, IN 47807	Vigo
Valley Professionals FQHC South	4757 S. 7 <sup>th</sup> St. Terre Haute, IN 47802	Vigo
Valley Professionals FQHC West	601 W. National Ave. West Terre Haute, IN 47885	Vigo
Valley Rehab Physical Therapy	1219 Ohio St. Terre Haute, IN 47807	Vigo
VNA Hospice	400 8 <sup>th</sup> Ave. Terre Haute, IN 47804	Vigo
Wabash Valley Health Center FQHC	1436 Locust St. Terre Haute, IN 47807	Vigo
Westridge Healthcare (Nursing Home)	125 W. Margaret Ave. Terre Haute, IN 47802	Vigo
Heritage House of Clinton (Nursing Home)	375 S. 11 St. Clinton, IN 47842	Vermillion
Valley Professionals FQHC Cayuga	702 W. Park St. Cayuga, IN 47928	Vermillion
Valley Professionals FQHC Clinton	777 S. Main St., Suite 100 Clinton, IN 47842	Vermillion
Valley Professionals FQHC Bloomfield	201 W. Academy St. Bloomfield, IN 47832	Vermillion
Vermillion Convalescent Center	1705 S. Main St. Clinton, IN	Vermillion

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<b>Name</b>	<b>Address</b>	<b>County</b>
Indiana Home Care Plus (Nursing Home)	303 N. Lincoln Rd. Rockville, IN 47872	Parke
Valley Professionals FQHC Rockville	727 N. Lincoln Rd. Rockville, IN 47872	Parke
Clay City Senior Citizens Housing	110 W. 5 <sup>th</sup> St. Clay City, IN 47841	Clay
Clay County Health Center	1408 E. Hendrix St. Brazil, IN 47834	Clay
Exceptional Living Center	501 S. Murphy St. Brazil, IN 47834	Clay
Town Park Assisted Living	503 S. Murphy St. Brazil, IN 47834	Clay
Autumn Trace Assisted Living	1150 CR 1000 W. Linton, IN 47441	Greene
Glenburn Home & Health Center	618 Glenburn Rd Linton, IN 47441	Greene
Greene County Health Lonetree	1210 N 1000 W. Linton, IN 47441	Greene
Greene County Health Shakamak	714 W. Main St. Jasonville, IN	Greene
Greene County Health Worthington	102 E. Main St. Worthington, IN 47471	Greene
Greene County General Hospital (Critical Access Hospital)	1185 N. 1000 W. Linton, IN 47441	Greene
Envive Healthcare of Sullivan (Nursing Home)	325 W. Northwood Dr. Sullivan, IN 47882	Sullivan
Millers Merry Manor (Nursing Home)	505 W. Wolfe St. Sullivan, IN 47882	Sullivan
Sullivan County Community Hospital (Critical Access Hospital)	2200 N. Section St. Sullivan, IN 47882	Sullivan
Sullivan SurgiCenter	320 N. Section St. Sullivan, IN 47882	Sullivan

**D. The Transaction will enhance competition.**

Indiana law provides that DOH may not issue a COPA unless it finds that “the likely benefits resulting from the proposed merger agreement outweigh any disadvantages attributable to a reduction in competition that may result from the proposed merger.” I.C. § 16-21-15-4(c). This proposed Merger will result in higher quality and improved access to health care without any undue increase in health care costs because it will not result in a meaningful reduction in competition for inpatient and outpatient services in the region.

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Competition is valuable because it can benefit consumers. The “principal objective of antitrust policy is to maximize consumer welfare by encouraging firms to behave competitively.”<sup>33</sup> If the Merger is consummated, the net effect will be to promote, not lessen, the traditional benefits of competition in UHI and THRH’s geographic service areas.

The Merger will allow the combined entity to compete more effectively against large and significant health systems in the state, many of which are growing themselves. As the combined entity expands services, increases investment, and recruits physicians and other health care providers Post-Merger, UHI and THRH will increase the number of providers in the community and spur competition among other inpatient and outpatient facilities in the region. Additionally, as detailed above, the combined entity will continue to face competition from several general acute care hospitals, outpatient facilities, and post-acute care facilities in the region.

Finally, the statutory framework in effect in Indiana protects against competitive harms by providing for ongoing, active supervision by DOH and the ability of the Office of the Attorney General to investigate whether a hospital that holds the certificate continues to meet the requirements of the certificate. I.C. § 16-21-15-7, et. seq. In addition, UHI must submit an annual report. Specifically, the report must provide “information relating to the price, cost, health improvements, quality of, and access to health care for the community served by the hospital . . . any other health information required by [DOH] to ensure compliance with this chapter, including compliance with any terms or conditions for the issuance of the [COPA].” I.C. § 16-21-15-8. Importantly, DOH has the authority to issue a deficiency notice and require a hospital to adopt a place of correction concerning a deficiency to maintain the COPA. I.C. § 16-21-15-9(b). Plus, the Office of the Attorney General may file an action with the district court for the revocation of the COPA. I.C. § 16-21-15-9(c). Thus, supervision by the DOH and Office of the Attorney general will ensure that the combined entity will act in furtherance of the public policies that underlie the Indiana legislation’s statutory provisions.

2. Payors.

The Merger will not materially limit the ability of health care payors to negotiate payments or service agreements with Union Hospital. Among other things, I.C. § 16-21-15-7(c) will prevent Post-Merger Union Hospital from increasing the charges for its individual services by more than the increase in the preceding year’s annual average of the Consumer Price Index for Medical Care as published by the

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<sup>33</sup> Philip E. Areeda & Herbert Hovenkamp, *Antitrust Law: An Analysis of Antitrust Principles and Their Application*: Vol. 1, 4 (2nd ed. 2000).

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federal Bureau of Labor Statistics. In effect, I.C. § 16-21-15-7(c) operates to shield payors from charge increases that would likely occur without the Merger. In addition, payors will be further protected by virtue of DOH's annual review of the COPA pursuant to I.C. § 16-21-15-6, DOH's active monitoring of the COPA pursuant to I.C. § 16-21-15-7, and UHI's requirement to submit annual reports concerning the COPA (including the reporting of information relating to the price, cost, health improvements, quality of, and access to health care for the community) pursuant to I.C. § 16-21-15-8. Moreover, as set forth in Section V.a.5 below, UHI, if the COPA is granted, will make several commitments regarding its contract negotiations with health care payors. But none of these benefits will be available to payors (or to patients) if the COPA is not granted.

Post-Merger Union Hospital will not be free from competition. Health care payors will no doubt use Post-Merger Union Hospital's competitive environment to leverage price concessions from the Hospital and the other providers of the Combined Clinical Platform. As noted above, multiple hospitals have a share of the Wabash Valley Community market. There are a number of hospitals in close proximity to Terre Haute. Ascension St. Vincent Clay, located in Clay County, is approximately 17 miles from Terre Haute. Sullivan County Community Hospital, located in Sullivan County, is approximately 24 miles from Terre Haute. Greene County General Hospital, located in Greene County, is approximately 33 miles from Terre Haute. As discussed above, Union Hospital will also continue to face significant competition from more than 16 other hospitals, listed in Attachment V.a., located in surrounding counties, as well as large and significant health systems such as IU Health, Franciscan Health, and Hendricks Regional Health.

It is also important to note that, effective January 1, 2021, hospitals have been required to publicly report their negotiated prices with health insurers.<sup>34</sup> This publicly available information will help inform health care payors of the range of pricing terms that Post-Merger Union Hospital has agreed to, and the price transparency in the general healthcare landscape will serve as a further check on Union Hospital's ability to increase rates.

Another crucial factor to be noted is the market power of the health care payors. According to a November 2022 report issued by the American Medical Association, Anthem, alone, enjoys a 70% share of the Terre Haute market. United Health Group's share of the Terre Haute market is 10%.<sup>35</sup> By the sheer strength of their respective market shares, these payors, and others, will have the power to robustly negotiate provider contracts with UHI for the Combined Health Care Platform, and/or the individual providers thereof.

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<sup>34</sup>See 45 C.F.R. § 180.10 et seq.

<sup>35</sup>See <https://www.ama-assn.org/system/files/competition-health-insurance-us-markets.pdf>

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In sum, for all of these reasons, the Merger will not materially limit the ability of health care payors to negotiate payments or service agreements with UHI.

3. No Barriers to Entry.

Many states limit hospitals' abilities to expand services by requiring them to seek government approval before entering or expanding in the state. State certificate-of-need ("CON") laws typically establish requirements for state approval before a new health care provider can enter a market or an existing provider can make certain capital improvements. In such states, if a hospital wants to build a wing or add additional beds, for example, it must first seek regulatory approval. The state will determine whether there is sufficient public "need" for the capital improvement and either grant or deny the provider's application. These restrictions typically lead to reduced competition and innovation, as the laws impose additional regulation and prevent new providers from expanding or entering.<sup>36</sup>

Hospitals in Indiana are not protected by CON laws.<sup>37</sup> Similarly, licensed outpatient facilities (e.g., ambulatory surgery centers) and unlicensed health care settings (e.g., imaging centers, physician offices, etc.) are not protected by CON laws. Indiana hospitals can decide how to best serve their patients—whether by expanding facilities, offering new services, or purchasing new equipment—without seeking such government approval. As detailed in this Application, Post-Merger Union Hospital and the other providers of the Combined Clinical Platform will continue to face the threat of significant competition from other potential providers—in addition to existing competition—that can challenge the hospitals simply by arriving at their doorstep or improving existing nearby facilities.

**b. Analysis of the effects (both positive and negative) of the proposed merger agreement on the following seven topics listed below.**

1. The availability, access, quality and price of hospital and health care services provided to Indiana residents, including the demonstration of population health improvement of the relevant services areas and the extent to which medically underserved populations have access to and are projected to use the proposed services.

The effects of the Merger, including population health improvement and access to quality health care by underserved populations, are best summarized in Section III.b.1.A.(i),(ii) above. Furthermore, with regard to the provision of quality health care services particularly, it is well established that there is a materially positive correlation between hospital volumes and better

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<sup>36</sup> Maureen K. Ohlhausen, *Certificate of Need Laws: A Prescription for Higher Costs*, 30 Antitrust 50 (Fall 2015), [https://www.ftc.gov/system/files/documents/public\\_statements/896453/1512fall15-ohlhausenc.pdf](https://www.ftc.gov/system/files/documents/public_statements/896453/1512fall15-ohlhausenc.pdf)

<sup>37</sup> In Indiana, comprehensive care health facilities (i.e., nursing homes) are subject to a CON process, which requires a determination of need for additional beds; however, this CON process does not apply to acute care hospitals. I.C. § 16-29-7 et. seq. See also *Certificate of Need (CON) State Laws*, National Conference of State Legislatures, <https://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>.

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outcomes across a wide range of procedures and conditions.<sup>38</sup> The patient volumes at Post-Merger Union Hospital will be greater than the pre-Merger patient volumes at Regional Hospital, or the pre-Merger patient volumes at Union Hospital. Consistent with the findings of various studies, this increased volume will operate to improve the quality of care provided by Post-Merger Union Hospital.<sup>39</sup>

As previously noted, Regional Hospital is owned and operated by Terre Haute Regional Hospital, LP, a Delaware limited partnership. Terre Haute Regional Hospital, LP is an affiliate of HCA Healthcare, Inc., a Delaware corporation that is a publicly traded entity. As a non-profit hospital that is organized under Section 501(c)(3) of the Internal Revenue Code, Union Hospital (unlike Regional Hospital currently) is required every three (3) years to conduct a “Community Health Needs Assessment.” The Assessment, which is based on extensive discussions with several social service organizations (including, but not limited to, the Vigo County Health Department and surrounding county health departments, the Minority Health Coalition, the Terre Haute Chamber of Commerce, the Hamilton Center, the Purdue Extension, and the United Way of the Wabash Valley), enables Union Hospital to better understand the needs of the community and to assist in making measurable improvements in community health and well-being. Because of this requirement to prepare and implement a Community Health Needs Assessment, Union Hospital is able to quickly and adroitly respond to the ever-changing health care needs of the Wabash Valley Community. The scope of Union Hospital’s ability in this regard (and the results stemming therefrom) will materially increase when Regional Hospital’s resources are combined with Union Hospital, and, consequently, such resources are used in furtherance of Union Hospital’s charitable purposes and mission. Particularly, those resources will be applied in furtherance of the initiatives set forth in Union Hospital’s current Community Needs Assessment. A copy of Union Hospital’s current Community Health Needs Assessment is found in Attachment V.b.

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<sup>38</sup>See Institute of Medicine, *Interpreting the Volume-Outcome Relationship in the Context of Health Care Quality: Workshop Summary* (2000), at 4-5, <https://www.nap.edu/catalog/10005/interpreting-the-volume-outcome-relationship-in-the-context-of-health-care-quality>; Levaillant, M., Marcilly, R., Levaillant, L. et al., “Assessing the hospital volume-outcome relationship in surgery: a scoping review”, *BMC Med Res Methodol* 21, 204 (2021), <https://doi.org/10.1186/s12874-021-01396-6>.

<sup>39</sup>Higher volumes are strongly associated with better outcomes across a wide range of procedures and conditions (see Maria Hewitt, *Interpreting the Volume-Outcome Relationship in the Context of Health Care Quality: Workshop Summary*, Institute of Medicine at 4-5 (2000), <https://nap.nationalacademies.org/read/10005/chapter/1>). For example, patients with myocardial infarctions admitted to hospitals with low volumes were 17% more likely to die within 30 days after admission than in high-volume hospitals (see David R. Thiemann et al., *The Association between Hospital Volume and Survival after Acute Myocardial Infarction in Elderly Patients*, 340 *New England Journal of Medicine* 1640 (May 27, 1999), <https://www.nejm.org/doi/full/10.1056/NEJM199905273402106>). Similarly, stroke patients in high-volume units had better outcomes than those at low-volume units, as reflected by shorter lengths of stay at the initial hospital and reduced bed use in the first year after a stroke (see Marie Louise Svendsen et al., *Higher Stroke Unit Volume Associated With Improved Quality of Early Stroke Care and Reduced Length of Stay*, 43 *Stroke* 3041 (Nov. 2012), <https://www.ahajournals.org/doi/10.1161/strokeaha.111.645184>). Mortality and length of stay also significantly improve when trauma volume exceeds a certain threshold of cases per year (see Avery B. Nathens et al., *Relationship Between Trauma Center Volume and Outcomes*, 285 *JAMA* 9 (Mar. 7, 2001), <https://pubmed.ncbi.nlm.nih.gov/11231745/>). Thus, patient volume can serve as a proxy for quality of care and as a driver of recognition for clinical excellence, and, in light of that correlation, patient volume is one factor in ranking clinical programs (see e.g., 2022-2023 Best Hospitals Rankings, U.S. News).

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2. Analysis of the effects (both positive and negative) of the proposed merger agreement on: The preservation of sufficient health care services within the relevant services areas to ensure public access to health care services.

As noted above, post-Merger, UHI has no plans to reduce the services currently provided by the Regional Healthcare Providers or the Union Healthcare Providers, or to close any facility or other location of the Regional Healthcare Providers or the Union Healthcare Providers currently in operation.

3. Analysis of the effects (both positive and negative) of the proposed merger agreement on: The efficiency of services, resources, and equipment provided or used by the Applicant Groups, including avoidance of duplicate services to better meet the needs of the community.

The short distance between the Regional Hospital campus and the Union Hospital campus, plus the similarity in the types of health care services provided by the Regional Healthcare Providers and the Union Healthcare Providers, will provide opportunities for UHI to identify redundancies and cost savings. However, although UHI will certainly be alert for these opportunities (*see* the discussion regarding infrastructure work in Section III.b.2.A. herein, the discussion regarding repurposing of current facility spaces in Section III.b.2.B. herein, and the discussion regarding “back office” operations in Section III.b.2.C. herein), substantially reducing the operating costs of the Combined Enterprise is not a primary goal of the Merger. As emphasized throughout this Application, UHI has no plans to reduce the services currently provided by the Regional Healthcare Providers or the Union Healthcare Providers; nor does UHI plan to close any facility or other location of the Regional Healthcare Providers or the Union Healthcare Providers currently in operation. As also emphasized throughout this application, UHI is committed to protecting the employees of both the Regional Healthcare Providers and the Union Healthcare Providers.<sup>40</sup> Mindful of the foregoing, UHI’s primary goal for the Merger is the significant improvement of the health status of the residents of Vigo County and the other counties of the Wabash Valley Community.

4. Analysis of the effects (both positive and negative) of the proposed merger agreement on: Utilization of health care, including preventable visits, re-admission, and impact on health outcomes.

The discussion above in Section III.b.1.A.(i) - (iii), and in Section III.b.1.B., outlines the various benefits that will result from the Post-Merger Initiatives. Particularly, as noted, UHI’s “Service Line Model of Care” is designed to improve the quality of care and, by coordinating care, reduce health care costs by eliminating duplicative, unnecessary, and untimely care. THRH has not implemented a model of care similar to UHI’s Service Line Model of Care, and it has no plans to do so. In addition, it is worthwhile to note the benefits of standardized electronic medical records (“*EMRs*”), and standardized protocols, for the Combined Clinical Platform. Here are some key advantages:

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<sup>40</sup>See footnote no. 9.



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- **Enhanced Patient Safety: Standardized EMRs and protocols across the Combined Clinical Platform will improve patient safety by reducing medical errors and ensuring consistent, evidence-based care.** With standardized documentation and protocols, health care providers have access to accurate and up-to-date patient information, including medical history, allergies, and medications, leading to better-informed decisions and decreased adverse events.
- **Improved Coordination of Care: Standardized EMRs facilitate better coordination among healthcare providers and care teams.** Patient data can be easily shared across different health care settings, enabling seamless transitions and reducing the risk of fragmented care. This promotes continuity, reduces redundant tests, and enhances collaboration among providers involved in a patient's treatment.
- **Enhanced Efficiency and Workflow: Standardization of data entry and clinical protocols helps in reducing variability and increasing efficiency.** It enables quicker access to patient information, reduces time spent searching for records, and allows health care providers to focus more on patient care.
- **Better Data Analysis and Research: Standardized EMRs provide a wealth of data that can be analyzed and used for research and population health management.** Aggregating de-identified patient data from multiple sources allows clinicians to study patterns, identify trends, and make evidence-based decisions. It can also support the development and evaluation of standardized treatment protocols, leading to improved outcomes.
- **Cost Savings: By reducing duplicate tests, minimizing medication errors, and avoiding unnecessary procedures, healthcare organizations can decrease healthcare expenses.** Additionally, streamlined workflows and improved efficiency contribute to cost savings by reducing administrative burdens and enhancing resource utilization.
- **Quality Improvement: Standardized EMRs and protocols promote quality improvement initiatives by providing standardized frameworks for care delivery.** By adhering to evidence-based protocols, health care providers can ensure consistent, high-quality care across different settings. Standardized documentation also facilitates tracking and monitoring of key performance indicators, enabling organizations to identify areas for improvement and implement targeted interventions.
- **Population Health Management: Standardized EMRs allow for effective population health management.** Aggregated data from EMRs helps identify high-risk patient populations, monitor disease prevalence, and implement preventive strategies. Standardized protocols support the implementation of evidence-based care pathways and protocols for specific conditions, improving population health outcomes.
- **Patient Engagement and Empowerment: Standardized EMRs can be integrated with patient portals, allowing patients to access their medical information, test results, and educational resources.** This promotes patient engagement, empowers individuals to take

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an active role in their healthcare, and supports shared decision-making with healthcare providers.

5. Analysis of the effects (both positive and negative) of the proposed merger agreement on: The ability of health care payors to negotiate payments and service agreements with the Applicant Groups and anticipated impact on reimbursement rates and service agreements, including any anticipated changes to any payor agreements and changes to the calculation of pricing.

As a threshold matter, it is important to note that, if the COPA is granted, Post-Merger Union Hospital will be prohibited, pursuant to I.C. § 16-21-15-7(c), from increasing the charges for its individual services by more than the increase in the preceding year's annual average of the Consumer Price Index for Medical Care, as published by the federal Bureau of Labor Statistics. This is a significant advantage for health care payors. This prohibition limits the Hospital's charges and, consequently, limits the Hospital's ability to use its charges as a basis for negotiating for higher reimbursement rates with payors.

In addition to the cap on charge increases, the COPA statute provides other important protections for health care payors. For example, pursuant to I.C. § 16-21-15-6(a), DOH will review the COPA annually. In conducting this review, DOH, pursuant to I.C. § 16-21-15-6(c), shall consider whether Post-Merger Union Hospital continues to meet the standards required for the issuance of the COPA.

Pursuant to I.C. § 16-21-15-7(a), DOH will actively supervise and monitor Post-Merger Union Hospital to ensure that the conduct of the Hospital furthers the purposes of the COPA statute. For example, in the event Post-Merger Union Hospital fails (hypothetically) to abide by the cap on charge increases, such a violation of I.C. § 16-21-15-7(c) would certainly be addressed by DOH. Moreover, UHI, pursuant to I.C. § 16-21-15-8, will be required to submit annual reports to DOH regarding the COPA. These annual reports must address a number of topics, including, pursuant to I.C. § 16-21-15-8(b)(4), information relating to the price, cost, health improvements, quality of, and access to health care for the community.

[REDACTED]

[REDACTED]

Historically, Union Hospital and Union Associated Physicians Clinic have been a participating provider with top tier status with the vast majority of insurance companies and payer products offered in its primary service area. UHI has been responsive to the needs of local employers through the establishment of customized discounting arrangements. UHI's goal is to provide a seamless environment for its community members' health care needs. Moving forward, UHI will continue to pursue both traditional and non-traditional contracting arrangements in addition to value-based agreements that aim to improve the health of our community.

For so long as the COPA remains in effect, UHI will fulfill the following commitments which are intended generally to minimize the adverse impact, if any, caused by the Merger on the ability of health care payors to negotiate appropriate payment and service arrangements with the Combined Enterprise, and to ensure that post-Closing pricing is fair to both consumers and payors:

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- UHI will negotiate in good faith with all payors to include in the health plans offered in the geographic services area.
- UHI will not unreasonably refuse to negotiate with potential new payor entrants to the market or payors that have small market shares.
- UHI will attempt to include in payor contracts reasonable provisions for improved quality and other value-based incentives based upon priorities agreed upon with each payor.
- UHI will honor all payor contracts terms and not unilaterally terminate without cause any such contract prior to its slated expiration date.
- UHI will negotiate with payors in good faith and will attempt in good faith to contract with all payors that offer terms on a capitated bases, percentage of premium revenue as is, or other terms that require UHI to assume risk.
- UHI will abide by the limit on negotiate with payors in good faith and will attempt in good faith to contract with all payors that offer terms on a capitated bases, percentage of premium revenue as is, or other terms that require UHI to assume risk.

Union Hospital anticipates reimbursements to come down slightly as a result of payors moving from THRH contracts to UHI negotiated contracts. Union is actively negotiating with Elevance (Anthem) around its Commercial Outpatient Prospective Payment System. Similar discussions are ongoing with United Healthcare. Those are the two primary payors covering the nine-county service area.

Finally, health care payors will certainly use Post-Merger Union Hospital's competitive environment to negotiate price concessions from the Hospital and the other providers of the Combined Clinical Platform. As described earlier, there are a number of hospitals in close proximity to Terre Haute: Ascension St. Vincent Clay (approximately 17 miles from Terre Haute); Sullivan County Community Hospital (approximately 24 miles from Terre Haute); and Greene County General Hospital (approximately 33 miles from Terre Haute).

6. Analysis of the effects (both positive and negative) of the proposed merger agreement on: Employment, the healthcare workforce, recruiting and retention.

As noted earlier, UHI, in order to assure continuity of patient care post-Merger, will offer employment to the employees of Regional Hospital and the other Sellers. While attrition, retirements, etc., will occur over time, the Merger, itself, will not result in a loss of employment.<sup>41</sup>

Healthcare systems continue to navigate the strain on labor resources and access to talent across the nation. It is estimated that by 2034, there will be a national shortage of physicians ranging from 37,000 to 124,000 with significant impact to primary care. Within the registered

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<sup>41</sup>See footnote no. 9.

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nurse profession, over 100,000 RNs have left the profession due to burnout, stress, and retirements with nurse intent to leave continually increasing. This projected shortage is magnified by educator shortages restricting the development and infusion of new graduates into the workforce. In 2021, the U.S. turned away over 91,000 qualified RN applicants due to educational barriers.

More specifically, the state of Indiana has seen a 40% increase in job openings since 2020 with 74 available workers for each 100 job postings--while still experiencing a decrease in unemployment rates. Vigo County's unemployment rate is the lowest it's been in 6 years at 3.5%,

Health care organizations must continually look for opportunities to provide top quality care in new, innovative, and flexible ways. The Merger will result in an opportunity to better leverage community talent and resources in a strategic and sustainable way. By aligning services and care delivery models, human capital will be more effectively organized and applied to provide safe, high-quality care for more patients across the continuum of care. The Merger will also result in the ability to align best practices related to the recruitment and retention of scarce resources. Including increased talent pipelines of both experienced and newly graduated professionals, better problem solving, strength management, along with training and development.

The Merger will benefit the overall engagement of the workforce as well. Better engagement of staff directly impacts the care received by the community. Studies show that the challenges placed on health care teams by short staffing and concerns around safety culture—and the impact it has on engagement--directly impact key indicators such as bloodstream infections, pressure injuries and ventilator-associated events. Overall engagement is also correlated with prevention and reporting along with resources and teamwork.

Finally, in a report published January 12, 2017, Blue Cross and Blue Shield (“*BCBS*”) concluded that healthier populations contribute to a stronger local economy, and a stronger local economy contributes to a healthier population.<sup>42</sup> According to BCBS, the strongest connection between health and the economy is sustaining a healthier workforce. Healthier workers are more likely to show up for work, be more productive when at work, are in better physical and mental health and are more likely to engage in education and skills training. In BCBS's view, its research demonstrates that the health of a population plays an increasingly important role in *economic* outcomes.<sup>43</sup>

The BCBS report reinforces the need for, and the appropriateness of, the Merger. As a single organized system of health care, the Combined Clinical Platform will be able to implement the above-described quality and health care access initiatives throughout the Wabash Valley Community – with the express goal of improving the health status of the Community's residents. It is reasonable to conclude that UHI's efforts will, indeed, improve the community's health status. Furthermore, it is reasonable to conclude that the improved health status of the Wabash Valley

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<sup>42</sup>See <https://www.bcbs.com/the-health-of-america/articles/healthy-communities-mean-better-economy>.

<sup>43</sup>Similar conclusions regarding the relationship between health status and employers' health care expenditures, and between health status and workforce productivity, are found in “*The Future of the Public's Health in the 21st Century*,” Committee on Assuring the Health of the Public in the 21st Century (2003), at pages 278, 279, [https://www.ncbi.nlm.nih.gov/books/NBK221239/pdf/Bookshelf\\_NBK221239.pdf](https://www.ncbi.nlm.nih.gov/books/NBK221239/pdf/Bookshelf_NBK221239.pdf).

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Community will have a positive impact on the Community's economy. In this regard, it should be noted that, prior to deciding to engage in a Merger with THRH, UHI consulted with a number of business and community leaders. Each of them enthusiastically supports the Merger.

7. Analysis of the effects (both positive and negative) of the proposed merger agreement on: Economic impact.

The economic impact of hospitals generally, and of UHS particularly, is significant. UHS is the largest employer in the Wabash Valley, employing over 3,000 associates and over 2,480 FTE's (Full Time Equivalents). In addition, health systems are major purchasers of goods and services. A strong health system is vital, similar to schools and housing markets, to economic development activities. The Indiana Hospital Association (IHA) estimated that the total impact of all Indiana hospitals in 2019 was \$48.2 billion, generating over 242,000 jobs and employing 113,000. Union Health estimated economic impact was \$745.9 million, generating an additional 3,379 jobs in addition to the employed health professionals.

THRH contributes positively to the community through the employment of approximately 700 people representing 500 FTE's. THRH economic impact contributes another \$145 million, generating an additional 500 jobs within the community. Successful implementation of this acquisition will lead to significant growth in services to the nine-county service area increasing the overall economic impact. This success will be measured through key volume indicators, impact on revenue and cost and then the impact on a per case basis.

**c. Description of how any benefits arising out of the proposed merger will be implemented.**

Please see Sections III.b.1.A.(i) - (iii) and Section III.b.1.B. above.

**d. Description that the likely benefits arising from the proposed merger outweigh any disadvantages attributable to a reduction in competition that may result from the proposed merger.**

In responding to this request, it is reasonable to consider what the absence of a COPA (i.e., the current level of competition in the health care market) has produced for the residents of Vigo County and the other counties of the Wabash Valley Community, and what it has produced for the organizations that help pay for the residents' health care. As noted earlier:

- The health status of the residents is poor;
- The health care delivery system is fragmented.
- The use of health care resources in the Wabash Valley Community is not coordinated.

The Regional Healthcare Providers are not pursuing health equity strategies, or population health/social determinants of care initiatives. With only three physicians serving as primary care physicians (none of them employed), the Regional Healthcare Providers are not capable of implementing and expanding primary care, nor are they able to adopt a Service Line Model of care (in other words, there are few safeguards against duplicative, unnecessary and/or untimely care,

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nor are there coordinated strategies in place for wellness care, or for avoiding unnecessary emergency room visits and preventable hospital admissions and readmissions).

In contrast, if the COPA is granted, the resulting Combined Clinical Platform will be able to take advantage of the Post-Merger Initiatives. As explained in Section III.b.1.A.(i) - (iii) and Section III.b.1.B. of this Application, the Post-Merger Initiatives will improve access to care, improve the quality of care provided by the Combined Clinical Platform, and will significantly improve the health status of the residents of Vigo County and the other counties of the Wabash Valley Community. The Post-Merger Initiatives will also reduce health care costs over time. Moreover, per I.C. § 16-21-15-7(c), patients and health care payors will benefit from the fact that the ability of Post-Merger Union Hospital to increase charges will be capped. Patients and payors will also benefit from DOH's annual review of the COPA pursuant to I.C. § 16-21-15-6, DOH's active monitoring of the COPA pursuant to I.C. § 16-21-15-7, and UHI's requirement to submit annual reports concerning the COPA (including the reporting of information relating to the price, cost, health improvements, quality of, and access to health care for the community) pursuant to I.C. § 16-21-15-8. In addition, as set forth in Section V.a.5 above, UHI, if the COPA is granted, will make several commitments regarding its contract negotiations with health care payors.

In sum, it is fair to ask how, given the totality of circumstances, the denial of the COPA will benefit the residents of Vigo County and the other counties of the Wabash Valley Community, or the organizations that help pay for the residents' health care. UHI and THRH believe the choice is obvious: *the benefits of the Merger clearly outweigh the disadvantages, if any, attributable to a reduction in competition that may result from the Merger.*

**VI. PROPOSED MONITORING AND SUPERVISION**

**a. Description of how progress related to the benefits arising from the proposed merger will be measured and monitored.**

Progress related to the benefits of improved health outcomes and increased access to quality health care within the Wabash Valley Community will be consistently measured and monitored by UHI. As further described below, the results of such data collection will be shared with the DOH to promote and support its responsibility of ongoing supervision of the COPA.

**b. Description of any reporting requirements for reviewing progress.**

**Annual Reports.** UHI will provide the DOH, the office of the attorney general and the general assembly with a detailed report as of the end of each Fiscal Year during the COPA Term. The report will be submitted no later than July 1<sup>st</sup> of the following year and will include, in addition to the requirements set forth in I.C. § 16-21-15-8, the following items related to compliance (or not) with each of the terms and conditions of the COPA:

- (i) A narrative describing the benefits realized pursuant to the COPA during the prior year, including steps taken to reduce costs and improve efficiencies;
- (ii) Patient-related price trends;

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- (iii) An update on employee pay activity and benefit equalization;
- (iv) Updates on the population health program with measures to assess improvements in access;
- (v) A list of services that were consolidated during the prior year and the resulting cost savings in excess of Five Million Dollars (\$5,000,000);
- (vi) Inpatient and outpatient encounter volumes and capacity;
- (vii) An update on quality measures performance;
- (viii) A summary of charity care provided;
- (ix) Financial statements;
- (x) An updated organizational chart of UHS, including an updated list of officers and members of the Board of Directors for UHI;
- (xi) Facility maintenance and capital expenditures at the acquired locations;
- (xii) Patient satisfaction survey results, to include both prior and current year; and
- (xiii) Any other health information reasonably required by the Department of Health to ensure compliance with this Application, including compliance with any terms or conditions for the issuance of the COPA.

**Quarterly Reports.** UHI will provide DOH with a quarterly report, no later than sixty (60) days after the end of each quarter during the COPA Term. The quarterly report shall include the following items:

- (i) A narrative describing the status of the post-Merger integration, including material updates on commitments made by UHI, integration plans to include change of location of services, new plans to close or open any service lines or facilities, and/or updates on progress of existing plans to close or open any service lines or facilities.
- (ii) Key financial metrics to include a balance sheet and the profit and loss statement for UHI, including a comparison to the same quarter of the previous year as well as previous quarter of same year; and
- (iii) Quality metrics for all applicable locations as reported to CMS for the Inpatient Quality Reporting (IQR) program, Outpatient Quality Reporting (OQR), Inpatient Psychiatric Facility (IPF) and all others as available.

**Ongoing and Supplemental Reporting.** In order to demonstrate that the Combined Enterprise maintains the financial and operational viability to fulfill requirements of the COPA,

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and to provide for proper active supervision, UHI shall notify the Department of Health, within fifteen (15) business days following notice of any facts or circumstances that indicate, or that can be reasonably interpreted to indicate, any event, circumstance, fact, occurrence, result, or change that would reasonably be expected to materially impact the delivery of services, operations, legal status, or financial condition of the Combined Enterprise. Such notification shall include an explanation and supporting documentation and shall be certified by the Chief Executive Officer and Chief Financial Officer of UHI as being true and correct in all material respects to their best knowledge, after due inquiry. UHI agrees to respond in a timely manner to any requests from DOH for supplemental information with respect to annual, quarterly, or ongoing reporting.

- c. Description of proposed terms and conditions that may be established to ensure that the merger benefits the relevant service areas populations' health outcomes, health care access, and quality of health care and that benefits arising from the proposed merger outweigh any disadvantages attributable to a reduction in competition that is authorized to result from the proposed merger.*

If this request seeks to obtain a list of commitments from UHI relative to the granting of the COPA, please know that UHI is willing to commit to each of its representations made herein. UHI, of course, would welcome the opportunity to discuss with the Department of Health how those commitments may be memorialized.

[ signature page follows ]



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By my signature hereto, I affirm that I am an officer of the respective entity below and hereby certify that, to the best of my knowledge, all information provided as part of this Application by my entity is true and correct.

Union Hospital, Inc.

Terre Haute Regional Hospital, L.P.

By: Terre Haute Hospital GP, Inc., its  
General Partner



Steven M. Holman

Joseph A. Sowell, III, Senior Vice President

President and CEO

Date: 9-12-2023

Date: \_\_\_\_\_

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By my signature hereto, I affirm that I am an officer of the respective entity below and hereby certify that, to the best of my knowledge, all information provided as part of this Application by my entity is true and correct.

Union Hospital, Inc.

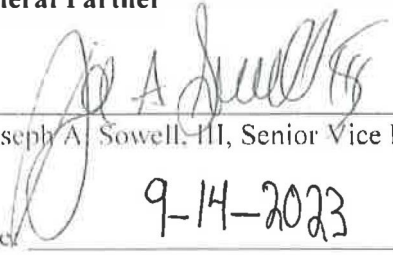
Terre Haute Regional Hospital, L.P.

By: Terre Haute Hospital GP, Inc., its  
General Partner

\_\_\_\_\_  
Steven M. Holman

President and CEO

Date: \_\_\_\_\_

  
\_\_\_\_\_  
Joseph A. Sowell, III, Senior Vice President

Date: \_\_\_\_\_

9-14-2023

## APPENDIX A

THE FOLLOWING ATTACHMENTS ARE WITHHELD FROM PUBLIC RELEASE  
PURSUANT TO I.C. 16-21-15-3(c)

1. I.e.
2. II.a.1.(i),(ii),(iii),(iv), and (v)
3. II.a.2.
4. II.h.1.
5. II.h.2.(i),(ii)
6. II.j.1.(i),(ii)
7. II.j.2.(i),(ii)
8. II.l.1.
9. II.l.2.
10. III.i.1
11. III.i.2.
12. III.i.3.
13. IV.d.1.(i),(ii),(iii), and (iv)

COUNTY  
**Vigo, IN** 2023 ▾

Rank **#63** of 92 ranked counties in Indiana

### Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

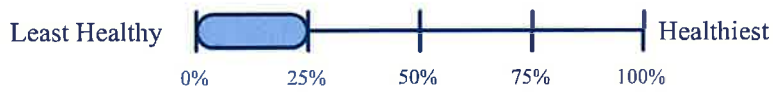
Vigo (VI) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).



### Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Vigo (VI) is ranked among the least healthy counties in Indiana (Lowest 0%-25%).





## County Demographics

The health of a place results from past and present policies and practices. The land known as Vigo County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Vigo County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population) and is connected to the city of Terre Haute. In Vigo County, 23.8% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people). Vigo County contains neighborhoods which experienced intentional disinvestment through Federal HOLC Redlining between 1935 and 1940.



[Show More](#)
















## County Snapshot



Show areas to explore

Show areas of strength

 Trends Available

Health Outcomes					
		Vigo (VI) County	Indiana	United States	—
Length of Life					
Premature Death		9,200	8,600	7,300	
Quality of Life		Vigo (VI) County	Indiana	United States	—
Poor or Fair Health		17%	15%	12%	
Poor Physical Health Days		3.6	3.3	3.0	
Poor Mental Health Days		4.8	4.9	4.4	
Low Birthweight		9%	8%	8%	
Additional Health Outcomes (not included in overall ranking)		Vigo (VI) County	Indiana	United States	—
Life Expectancy		75.4	76.5	78.5	
Premature Age-Adjusted Mortality		490	420	360	
Child Mortality		70	60	50	
Infant Mortality		9	7	6	
Frequent Physical Distress		12%	10%	9%	
Frequent Mental Distress		17%	16%	14%	
Diabetes Prevalence		11%	11%	9%	
HIV Prevalence		214	211	380	
Health Factors					
		Vigo (VI) County	Indiana	United States	—
Health Behaviors					
Adult Smoking		24%	20%	16%	
Adult Obesity		37%	37%	32%	
Food Environment Index		5.7	6.5	7.0	
Physical Inactivity		27%	26%	22%	
Access to Exercise Opportunities		83%	77%	84%	
Excessive Drinking		17%	18%	19%	
Alcohol-Impaired Driving Deaths		17%	19%	27%	

Sexually Transmitted Infections		593.2	495.7	481.3	
Teen Births		28	23	19	
Additional Health Behaviors (not included in overall ranking)		Vigo (VI) County	Indiana	United States	
Food Insecurity		15%	11%	12%	
Limited Access to Healthy Foods		20%	9%	6%	
Drug Overdose Deaths		17	28	23	
Insufficient Sleep		37%	36%	33%	
Clinical Care		Vigo (VI) County	Indiana	United States	
Uninsured		10%	9%	10%	
Primary Care Physicians		1,100:1	1,500:1	1,310:1	
Dentists		1,800:1	1,700:1	1,380:1	
Mental Health Providers		570:1	530:1	340:1	
Preventable Hospital Stays		4,775	3,174	2,809	
Mammography Screening		34%	39%	37%	
Flu Vaccinations		55%	54%	51%	
Additional Clinical Care (not included in overall ranking)		Vigo (VI) County	Indiana	United States	
Uninsured Adults		11%	10%	12%	
Uninsured Children		5%	6%	5%	
Other Primary Care Providers		560:1	830:1	810:1	
Social & Economic Factors		Vigo (VI) County	Indiana	United States	
High School Completion		90%	90%	89%	
Some College		59%	63%	67%	
Unemployment		4.3%	3.6%	5.4%	
Children in Poverty		24%	16%	17%	
Income Inequality		4.8	4.3	4.9	
Children in Single-Parent Households		27%	25%	25%	

Social Associations		13.9	11.9	9.1	
Injury Deaths		72	85	76	
Additional Social & Economic Factors (not included in overall ranking)		Vigo (VI) County	Indiana	United States	—
High School Graduation		85%	91%	87%	
Disconnected Youth		5%	6%	7%	
Reading Scores		3.2	3.1	3.1	
Math Scores		3.2	3.2	3.0	
School Segregation		0.07	0.26	0.25	
School Funding Adequacy		-\$970	\$250	\$1,062	
Gender Pay Gap		0.83	0.76	0.81	
Median Household Income		\$48,400	\$62,700	\$69,700	
Living Wage		\$38.72	\$40.18	\$45.00	
Children Eligible for Free or Reduced Price Lunch		57%	47%	53%	
Residential Segregation - Black/White		54	68	63	
Child Care Cost Burden		25%	20%	27%	
Child Care Centers		4	4	7	
Homicides		5	7	6	
Suicides		19	15	14	
Firearm Fatalities		10	15	12	
Motor Vehicle Crash Deaths		11	12	12	
Juvenile Arrests		28	19	24	
Voter Turnout		52.3%	61.5%	67.9%	
Census Participation		64.0%		65.2%	
Physical Environment		Vigo (VI) County	Indiana	United States	—
Air Pollution - Particulate Matter		10.2	8.8	7.4	
Drinking Water Violations		No			
Severe Housing Problems		15%	12%	17%	
Driving Alone to Work		80%	80%	73%	
Long Commute - Driving Alone		17%	32%	37%	
Additional Physical Environment (not included in overall ranking)		Vigo (VI) County	Indiana	United States	—
Traffic Volume		663	501	505	



Homeownership		63%	70%	65%
Severe Housing Cost Burden		14%	11%	14%
Broadband Access		85%	85%	87%

*Note: Blank values reflect unreliable or missing data.*

COUNTY  
**Clay, IN** 2023 ▼

Rank **#55** of 92 ranked counties in Indiana

### Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Clay (CY) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).



### Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Clay (CY) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).





## County Demographics








The health of a place results from past and present policies and practices. The land known as Clay County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."











Clay County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population). In Clay County, 60.9% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).



[Show More](#)

## County Snapshot

- Show areas to explore
- Show areas of strength

Health Outcomes				
Length of Life		Clay (CY) County	Indiana	United States 
Premature Death		9,100	8,600	7,300
Quality of Life		Clay (CY) County	Indiana	United States 
Poor or Fair Health		15%	15%	12%
Poor Physical Health Days		3.5	3.3	3.0
Poor Mental Health Days		4.7	4.9	4.4
Low Birthweight		8%	8%	8%
Additional Health Outcomes (not included in overall ranking)		Clay (CY) County	Indiana	United States 
Life Expectancy		75.6	76.5	78.5
Premature Age-Adjusted Mortality		440	420	360
Child Mortality		80	60	50
Infant Mortality			7	6
Frequent Physical Distress		11%	10%	9%
Frequent Mental Distress		17%	16%	14%
Diabetes Prevalence		10%	11%	9%
HIV Prevalence		100	211	380
Health Factors				
Health Behaviors		Clay (CY) County	Indiana	United States 
Adult Smoking		22%	20%	16%
Adult Obesity		39%	37%	32%
Food Environment Index		7.7	6.5	7.0
Physical Inactivity		27%	26%	22%
Access to Exercise Opportunities		63%	77%	84%
Excessive Drinking		18%	18%	19%
Alcohol-Impaired Driving Deaths		8%	19%	27%
Sexually Transmitted Infections		381.3	495.7	481.3

Teen Births		33	23	19	
Additional Health Behaviors (not included in overall ranking)		Clay (CY) County	Indiana	United States	—
Food Insecurity		13%	11%	12%	
Limited Access to Healthy Foods		6%	9%	6%	
Drug Overdose Deaths			28	23	
Insufficient Sleep		34%	36%	33%	
Clinical Care		Clay (CY) County	Indiana	United States	—
Uninsured		9%	9%	10%	
Primary Care Physicians		2,390:1	1,500:1	1,310:1	
Dentists		4,400:1	1,700:1	1,380:1	
Mental Health Providers		2,200:1	530:1	340:1	
Preventable Hospital Stays		3,749	3,174	2,809	
Mammography Screening		33%	39%	37%	
Flu Vaccinations		45%	54%	51%	
Additional Clinical Care (not included in overall ranking)		Clay (CY) County	Indiana	United States	—
Uninsured Adults		10%	10%	12%	
Uninsured Children		5%	6%	5%	
Other Primary Care Providers		2,030:1	830:1	810:1	
Social & Economic Factors		Clay (CY) County	Indiana	United States	—
High School Completion		91%	90%	89%	
Some College		59%	63%	67%	
Unemployment		3.6%	3.6%	5.4%	
Children in Poverty		18%	16%	17%	
Income Inequality		3.6	4.3	4.9	
Children in Single-Parent Households		26%	25%	25%	
Social Associations		16.0	11.9	9.1	

Injury Deaths		77	85	76	
Additional Social & Economic Factors (not included in overall ranking)		Clay (CY) County	Indiana	United States	—
High School Graduation		88%	91%	87%	
Disconnected Youth			6%	7%	
Reading Scores		3.4	3.1	3.1	
Math Scores		3.6	3.2	3.0	
School Segregation		0.03	0.26	0.25	
School Funding Adequacy		\$1,026	\$250	\$1,062	
Gender Pay Gap		0.71	0.76	0.81	
Median Household Income		\$64,200	\$62,700	\$69,700	
Living Wage		\$38.35	\$40.18	\$45.00	
Children Eligible for Free or Reduced Price Lunch		50%	47%	53%	
Residential Segregation - Black/White			68	63	
Child Care Cost Burden		18%	20%	27%	
Child Care Centers		2	4	7	
Homicides			7	6	
Suicides		15	15	14	
Firearm Fatalities		11	15	12	
Motor Vehicle Crash Deaths		19	12	12	
Juvenile Arrests		20	19	24	
Voter Turnout		61.2%	61.5%	67.9%	
Census Participation		67.3%		65.2%	
Physical Environment		Clay (CY) County	Indiana	United States	—
Air Pollution - Particulate Matter		8.9	8.8	7.4	
Drinking Water Violations		No			
Severe Housing Problems		8%	12%	17%	
Driving Alone to Work		83%	80%	73%	
Long Commute - Driving Alone		46%	32%	37%	
Additional Physical Environment (not included in overall ranking)		Clay (CY) County	Indiana	United States	—
Traffic Volume		276	501	505	
Homeownership		78%	70%	65%	

Severe Housing Cost Burden		6%	11%	14%
Broadband Access		84%	85%	87%

*Note: Blank values reflect unreliable or missing data.*

COUNTY

2023 ▼

**Greene, IN**

Rank **#64** of 92 ranked counties in Indiana

## Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Greene (GE) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).



## Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Greene (GE) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).







## County Demographics








The health of a place results from past and present policies and practices. The land known as Greene County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."











Greene County, Indiana is Rural (outside of urban cores of 10,000 or more population). In Greene County, 74.8% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).






[Show More](#)

## County Snapshot

- Show areas to explore
- Show areas of strength

Health Outcomes					
Length of Life		Greene (GE) County	Indiana	United States	
Premature Death		9,000	8,600	7,300	
Quality of Life		Greene (GE) County	Indiana	United States	
Poor or Fair Health		16%	15%	12%	
Poor Physical Health Days		3.8	3.3	3.0	
Poor Mental Health Days		5.1	4.9	4.4	
Low Birthweight		8%	8%	8%	
Additional Health Outcomes (not included in overall ranking)		Greene (GE) County	Indiana	United States	
Life Expectancy		75.7	76.5	78.5	
Premature Age-Adjusted Mortality		450	420	360	
Child Mortality		60	60	50	
Infant Mortality			7	6	
Frequent Physical Distress		12%	10%	9%	
Frequent Mental Distress		17%	16%	14%	
Diabetes Prevalence		10%	11%	9%	
HIV Prevalence		73	211	380	
Health Factors					
Health Behaviors		Greene (GE) County	Indiana	United States	
Adult Smoking		23%	20%	16%	
Adult Obesity		38%	37%	32%	
Food Environment Index		7.5	6.5	7.0	
Physical Inactivity		27%	26%	22%	
Access to Exercise Opportunities		43%	77%	84%	
Excessive Drinking		18%	18%	19%	
Alcohol-Impaired Driving Deaths		29%	19%	27%	
Sexually Transmitted Infections		291.3	495.7	481.3	

Teen Births		32	23	19	
Additional Health Behaviors (not included in overall ranking)		Greene (GE) County	Indiana	United States	—
Food Insecurity		13%	11%	12%	
Limited Access to Healthy Foods		6%	9%	6%	
Drug Overdose Deaths		12	28	23	
Insufficient Sleep		36%	36%	33%	
Clinical Care		Greene (GE) County	Indiana	United States	—
Uninsured		9%	9%	10%	
Primary Care Physicians		3,580:1	1,500:1	1,310:1	
Dentists		2,200:1	1,700:1	1,380:1	
Mental Health Providers		1,400:1	530:1	340:1	
Preventable Hospital Stays		3,318	3,174	2,809	
Mammography Screening		35%	39%	37%	
Flu Vaccinations		41%	54%	51%	
Additional Clinical Care (not included in overall ranking)		Greene (GE) County	Indiana	United States	—
Uninsured Adults		10%	10%	12%	
Uninsured Children		6%	6%	5%	
Other Primary Care Providers		2,050:1	830:1	810:1	
Social & Economic Factors		Greene (GE) County	Indiana	United States	—
High School Completion		88%	90%	89%	
Some College		60%	63%	67%	
Unemployment		3.4%	3.6%	5.4%	
Children in Poverty		22%	16%	17%	
Income Inequality		4.1	4.3	4.9	
Children in Single-Parent Households		24%	25%	25%	
Social Associations		14.0	11.9	9.1	

Injury Deaths		81	85	76
Additional Social & Economic Factors (not included in overall ranking)		Greene (GE) County	Indiana	United States 
High School Graduation		96%	91%	87%
Disconnected Youth			6%	7%
Reading Scores		3.3	3.1	3.1
Math Scores		3.3	3.2	3.0
School Segregation		0.03	0.26	0.25
School Funding Adequacy		\$648	\$250	\$1,062
Gender Pay Gap		0.82	0.76	0.81
Median Household Income		\$55,500	\$62,700	\$69,700
Living Wage		\$37.49	\$40.18	\$45.00
Children Eligible for Free or Reduced Price Lunch		48%	47%	53%
Residential Segregation - Black/White			68	63
Child Care Cost Burden		19%	20%	27%
Child Care Centers		3	4	7
Homicides		5	7	6
Suicides		16	15	14
Firearm Fatalities		14	15	12
Motor Vehicle Crash Deaths		23	12	12
Juvenile Arrests		24	19	24
Voter Turnout		59.1%	61.5%	67.9%
Census Participation		60.9%		65.2%
Physical Environment		Greene (GE) County	Indiana	United States 
Air Pollution - Particulate Matter		7.7	8.8	7.4
Drinking Water Violations		No		
Severe Housing Problems		14%	12%	17%
Driving Alone to Work		83%	80%	73%
Long Commute - Driving Alone		45%	32%	37%
Additional Physical Environment (not included in overall ranking)		Greene (GE) County	Indiana	United States 
Traffic Volume		126	501	505
Homeownership		77%	70%	65%

Severe Housing Cost Burden		9%	11%	14%
Broadband Access		77%	85%	87%

*Note: Blank values reflect unreliable or missing data.*

COUNTY  
**Parke, IN** 2023 ▼

Rank #34 of 92 ranked counties in Indiana

### Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

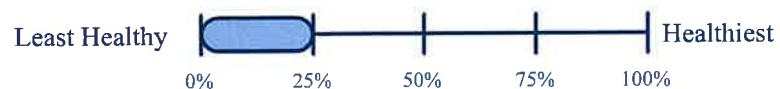
Parke (PA) is ranked in the higher middle range of counties in Indiana (Higher 50%-75%).



### Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Parke (PA) is ranked among the least healthy counties in Indiana (Lowest 0%-25%).





## County Demographics

The health of a place results from past and present policies and practices. The land known as Parke County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."








Parke County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population). In Parke County, 75% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).

[Show More](#)











## County Snapshot



- Show areas to explore
- Show areas of strength

 Trends Available

Health Outcomes					
		Parke (PA) County	Indiana	United States	
Length of Life					
Premature Death		6,800	8,600	7,300	
Quality of Life		Parke (PA) County	Indiana	United States	
Poor or Fair Health		18%	15%	12%	
Poor Physical Health Days		4.0	3.3	3.0	
Poor Mental Health Days		5.3	4.9	4.4	
Low Birthweight		6%	8%	8%	
Additional Health Outcomes (not included in overall ranking)		Parke (PA) County	Indiana	United States	
Life Expectancy		79.4	76.5	78.5	
Premature Age-Adjusted Mortality		350	420	360	
Child Mortality		80	60	50	
Infant Mortality			7	6	
Frequent Physical Distress		13%	10%	9%	
Frequent Mental Distress		18%	16%	14%	
Diabetes Prevalence		11%	11%	9%	
HIV Prevalence		133	211	380	
Health Factors					
Health Behaviors		Parke (PA) County	Indiana	United States	
Adult Smoking		25%	20%	16%	
Adult Obesity		41%	37%	32%	
Food Environment Index		7.6	6.5	7.0	
Physical Inactivity		29%	26%	22%	
Access to Exercise Opportunities		47%	77%	84%	
Excessive Drinking		18%	18%	19%	
Alcohol-Impaired Driving Deaths		18%	19%	27%	
Sexually Transmitted Infections		330.6	495.7	481.3	



Teen Births		21	23	19	
Additional Health Behaviors (not included in overall ranking)		Parke (PA) County	Indiana	United States	—
Food Insecurity		13%	11%	12%	
Limited Access to Healthy Foods		6%	9%	6%	
Drug Overdose Deaths			28	23	
Insufficient Sleep		36%	36%	33%	
Clinical Care		Parke (PA) County	Indiana	United States	—
Uninsured		12%	9%	10%	
Primary Care Physicians		4,220:1	1,500:1	1,310:1	
Dentists		5,470:1	1,700:1	1,380:1	
Mental Health Providers		1,640:1	530:1	340:1	
Preventable Hospital Stays		5,118	3,174	2,809	
Mammography Screening		35%	39%	37%	
Flu Vaccinations		54%	54%	51%	
Additional Clinical Care (not included in overall ranking)		Parke (PA) County	Indiana	United States	—
Uninsured Adults		13%	10%	12%	
Uninsured Children		9%	6%	5%	
Other Primary Care Providers		2,340:1	830:1	810:1	
Social & Economic Factors		Parke (PA) County	Indiana	United States	—
High School Completion		85%	90%	89%	
Some College		45%	63%	67%	
Unemployment		2.9%	3.6%	5.4%	
Children in Poverty		22%	16%	17%	
Income Inequality		3.9	4.3	4.9	
Children in Single-Parent Households		21%	25%	25%	
Social Associations		12.4	11.9	9.1	

Injury Deaths		53	85	76
Additional Social & Economic Factors (not included in overall ranking)		Parke (PA) County	Indiana	United States
High School Graduation		85%	91%	87%
Disconnected Youth			6%	7%
Reading Scores		3.1	3.1	3.1
Math Scores		3.4	3.2	3.0
School Segregation		0.06	0.26	0.25
School Funding Adequacy		\$51	\$250	\$1,062
Gender Pay Gap		0.67	0.76	0.81
Median Household Income		\$55,700	\$62,700	\$69,700
Living Wage		\$37.52	\$40.18	\$45.00
Children Eligible for Free or Reduced Price Lunch		54%	47%	53%
Residential Segregation - Black/White			68	63
Child Care Cost Burden		19%	20%	27%
Child Care Centers		3	4	7
Homicides			7	6
Suicides		16	15	14
Firearm Fatalities		12	15	12
Motor Vehicle Crash Deaths		19	12	12
Juvenile Arrests			19	24
Voter Turnout		53.6%	61.5%	67.9%
Census Participation		59.8%		65.2%
Physical Environment		Parke (PA) County	Indiana	United States
Air Pollution - Particulate Matter		8.9	8.8	7.4
Drinking Water Violations		Yes		
Severe Housing Problems		12%	12%	17%
Driving Alone to Work		74%	80%	73%
Long Commute - Driving Alone		49%	32%	37%
Additional Physical Environment (not included in overall ranking)		Parke (PA) County	Indiana	United States
Traffic Volume		38	501	505
Homeownership		80%	70%	65%

Severe Housing Cost Burden		10%	11%	14%
Broadband Access		74%	85%	87%

*Note: Blank values reflect unreliable or missing data.*

COUNTY

**Sullivan, IN**

2023



Rank **#60** of 92 ranked counties in Indiana

## Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Sullivan (SL) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).



## Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Sullivan (SL) is ranked among the least healthy counties in Indiana (Lowest 0%-25%).





## County Demographics








The health of a place results from past and present policies and practices. The land known as Sullivan County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."











Sullivan County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population). In Sullivan County, 79% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).






[Show More](#)

## County Snapshot

- Show areas to explore
- Show areas of strength

Health Outcomes				
Length of Life		Sullivan (SL) County	Indiana	United States 
Premature Death		9,200	8,600	7,300
Quality of Life		Sullivan (SL) County	Indiana	United States 
Poor or Fair Health		18%	15%	12%
Poor Physical Health Days		3.8	3.3	3.0
Poor Mental Health Days		5.0	4.9	4.4
Low Birthweight		7%	8%	8%
Additional Health Outcomes (not included in overall ranking)		Sullivan (SL) County	Indiana	United States 
Life Expectancy		76.1	76.5	78.5
Premature Age-Adjusted Mortality		460	420	360
Child Mortality		100	60	50
Infant Mortality			7	6
Frequent Physical Distress		12%	10%	9%
Frequent Mental Distress		17%	16%	14%
Diabetes Prevalence		11%	11%	9%
HIV Prevalence		107	211	380
Health Factors				
Health Behaviors		Sullivan (SL) County	Indiana	United States 
Adult Smoking		25%	20%	16%
Adult Obesity		42%	37%	32%
Food Environment Index		7.6	6.5	7.0
Physical Inactivity		29%	26%	22%
Access to Exercise Opportunities		19%	77%	84%
Excessive Drinking		18%	18%	19%
Alcohol-Impaired Driving Deaths		19%	19%	27%
Sexually Transmitted Infections		222.6	495.7	481.3

Teen Births		34	23	19	
Additional Health Behaviors (not included in overall ranking)		Sullivan (SL) County	Indiana	United States	—
Food Insecurity		13%	11%	12%	
Limited Access to Healthy Foods		5%	9%	6%	
Drug Overdose Deaths			28	23	
Insufficient Sleep		36%	36%	33%	
Clinical Care		Sullivan (SL) County	Indiana	United States	—
Uninsured		8%	9%	10%	
Primary Care Physicians		2,290:1	1,500:1	1,310:1	
Dentists		4,150:1	1,700:1	1,380:1	
Mental Health Providers		2,310:1	530:1	340:1	
Preventable Hospital Stays		4,688	3,174	2,809	
Mammography Screening		31%	39%	37%	
Flu Vaccinations		52%	54%	51%	
Additional Clinical Care (not included in overall ranking)		Sullivan (SL) County	Indiana	United States	—
Uninsured Adults		9%	10%	12%	
Uninsured Children		6%	6%	5%	
Other Primary Care Providers		1,300:1	830:1	810:1	
Social & Economic Factors		Sullivan (SL) County	Indiana	United States	—
High School Completion		87%	90%	89%	
Some College		46%	63%	67%	
Unemployment		3.8%	3.6%	5.4%	
Children in Poverty		21%	16%	17%	
Income Inequality		4.2	4.3	4.9	
Children in Single-Parent Households		30%	25%	25%	
Social Associations		11.2	11.9	9.1	

Injury Deaths		70	85	76
Additional Social & Economic Factors (not included in overall ranking)		Sullivan (SL) County	Indiana	United States 
High School Graduation		93%	91%	87%
Disconnected Youth			6%	7%
Reading Scores		3.4	3.1	3.1
Math Scores		3.5	3.2	3.0
School Segregation		0.06	0.26	0.25
School Funding Adequacy		-\$326	\$250	\$1,062
Gender Pay Gap		0.87	0.76	0.81
Median Household Income		\$47,600	\$62,700	\$69,700
Living Wage		\$37.00	\$40.18	\$45.00
Children Eligible for Free or Reduced Price Lunch		51%	47%	53%
Residential Segregation - Black/White			68	63
Child Care Cost Burden		20%	20%	27%
Child Care Centers		2	4	7
Homicides			7	6
Suicides		16	15	14
Firearm Fatalities		12	15	12
Motor Vehicle Crash Deaths		13	12	12
Juvenile Arrests		34	19	24
Voter Turnout		54.2%	61.5%	67.9%
Census Participation		62.6%		65.2%
Physical Environment		Sullivan (SL) County	Indiana	United States 
Air Pollution - Particulate Matter		8.1	8.8	7.4
Drinking Water Violations		No		
Severe Housing Problems		12%	12%	17%
Driving Alone to Work		88%	80%	73%
Long Commute - Driving Alone		35%	32%	37%
Additional Physical Environment (not included in overall ranking)		Sullivan (SL) County	Indiana	United States 
Traffic Volume		91	501	505
Homeownership		75%	70%	65%



Severe Housing Cost Burden		11%	11%	14%
Broadband Access		75%	85%	87%

*Note: Blank values reflect unreliable or missing data.*

COUNTY

2023 ▼

**Vermillion, IN**

Rank **#66** of 92 ranked counties in Indiana

### Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

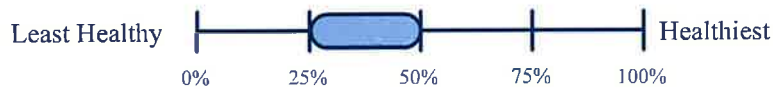
Vermillion (VE) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).



### Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Vermillion (VE) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).





## County Demographics








The health of a place results from past and present policies and practices. The land known as Vermillion County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."











Vermillion County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population). In Vermillion County, 60.4% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).






[Show More](#)

## County Snapshot

- Show areas to explore
- Show areas of strength

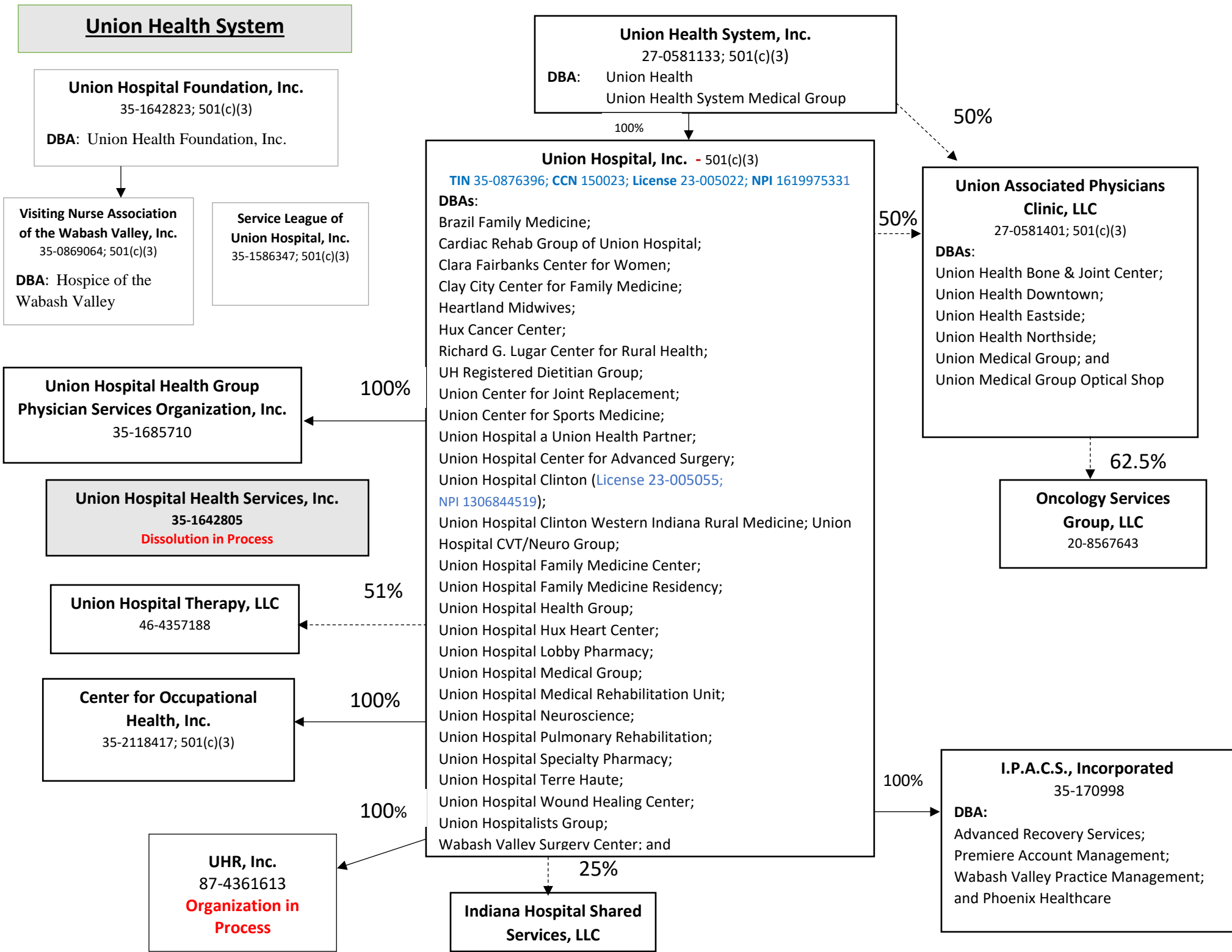
Health Outcomes				
Length of Life		Vermillion (VE) County	Indiana	United States 
Premature Death		9,600	8,600	7,300
Quality of Life		Vermillion (VE) County	Indiana	United States 
Poor or Fair Health		17%	15%	12%
Poor Physical Health Days		3.7	3.3	3.0
Poor Mental Health Days		5.1	4.9	4.4
Low Birthweight		8%	8%	8%
Additional Health Outcomes (not included in overall ranking)		Vermillion (VE) County	Indiana	United States 
Life Expectancy		75.0	76.5	78.5
Premature Age-Adjusted Mortality		480	420	360
Child Mortality			60	50
Infant Mortality			7	6
Frequent Physical Distress		12%	10%	9%
Frequent Mental Distress		17%	16%	14%
Diabetes Prevalence		10%	11%	9%
HIV Prevalence		54	211	380
Health Factors				
Health Behaviors		Vermillion (VE) County	Indiana	United States 
Adult Smoking		24%	20%	16%
Adult Obesity		42%	37%	32%
Food Environment Index		7.7	6.5	7.0
Physical Inactivity		27%	26%	22%
Access to Exercise Opportunities		54%	77%	84%
Excessive Drinking		18%	18%	19%
Alcohol-Impaired Driving Deaths		0%	19%	27%
Sexually Transmitted Infections		354.9	495.7	481.3

Teen Births		29	23	19	
Additional Health Behaviors (not included in overall ranking)		Vermillion (VE) County	Indiana	United States	—
Food Insecurity		15%	11%	12%	
Limited Access to Healthy Foods		2%	9%	6%	
Drug Overdose Deaths			28	23	
Insufficient Sleep		36%	36%	33%	
Clinical Care		Vermillion (VE) County	Indiana	United States	—
Uninsured		9%	9%	10%	
Primary Care Physicians		2,190:1	1,500:1	1,310:1	
Dentists		2,560:1	1,700:1	1,380:1	
Mental Health Providers		900:1	530:1	340:1	
Preventable Hospital Stays		5,646	3,174	2,809	
Mammography Screening		32%	39%	37%	
Flu Vaccinations		54%	54%	51%	
Additional Clinical Care (not included in overall ranking)		Vermillion (VE) County	Indiana	United States	—
Uninsured Adults		10%	10%	12%	
Uninsured Children		6%	6%	5%	
Other Primary Care Providers		1,100:1	830:1	810:1	
Social & Economic Factors		Vermillion (VE) County	Indiana	United States	—
High School Completion		91%	90%	89%	
Some College		55%	63%	67%	
Unemployment		4.0%	3.6%	5.4%	
Children in Poverty		17%	16%	17%	
Income Inequality		4.1	4.3	4.9	
Children in Single-Parent Households		29%	25%	25%	
Social Associations		11.1	11.9	9.1	

Injury Deaths		76	85	76
<b>Additional Social &amp; Economic Factors (not included in overall ranking)</b>		<b>Vermillion (VE) County</b>	<b>Indiana</b>	<b>United States</b> 
High School Graduation		91%	91%	87%
Disconnected Youth			6%	7%
Reading Scores		3.2	3.1	3.1
Math Scores		3.3	3.2	3.0
School Segregation		0.03	0.26	0.25
School Funding Adequacy		\$514	\$250	\$1,062
Gender Pay Gap		0.84	0.76	0.81
Median Household Income		\$53,500	\$62,700	\$69,700
Living Wage		\$38.21	\$40.18	\$45.00
Children Eligible for Free or Reduced Price Lunch		53%	47%	53%
Residential Segregation - Black/White			68	63
Child Care Cost Burden		21%	20%	27%
Child Care Centers		4	4	7
Homicides			7	6
Suicides		18	15	14
Firearm Fatalities			15	12
Motor Vehicle Crash Deaths		18	12	12
Juvenile Arrests		27	19	24
Voter Turnout		62.4%	61.5%	67.9%
Census Participation		64.4%		65.2%
<b>Physical Environment</b>		<b>Vermillion (VE) County</b>	<b>Indiana</b>	<b>United States</b> 
Air Pollution - Particulate Matter		9.1	8.8	7.4
Drinking Water Violations		No		
Severe Housing Problems		10%	12%	17%
Driving Alone to Work		81%	80%	73%
Long Commute - Driving Alone		38%	32%	37%
<b>Additional Physical Environment (not included in overall ranking)</b>		<b>Vermillion (VE) County</b>	<b>Indiana</b>	<b>United States</b> 
Traffic Volume		129	501	505
Homeownership		76%	70%	65%

Severe Housing Cost Burden		7%	11%	14%
Broadband Access		85%	85%	87%

*Note: Blank values reflect unreliable or missing data.*



**Union Health System**

**Union Health System, Inc.**  
27-0581133; 501(c)(3)  
DBA: Union Health  
Union Health System Medical Group

**Union Hospital Foundation, Inc.**  
35-1642823; 501(c)(3)  
DBA: Union Health Foundation, Inc.

**Visiting Nurse Association of the Wabash Valley, Inc.**  
35-0869064; 501(c)(3)  
DBA: Hospice of the Wabash Valley

**Service League of Union Hospital, Inc.**  
35-1586347; 501(c)(3)

**Union Hospital, Inc. - 501(c)(3)**  
TIN 35-0876396; CCN 150023; License 23-005022; NPI 1619975331  
DBAs:  
Brazil Family Medicine;  
Cardiac Rehab Group of Union Hospital;  
Clara Fairbanks Center for Women;  
Clay City Center for Family Medicine;  
Heartland Midwives;  
Hux Cancer Center;  
Richard G. Lugar Center for Rural Health;  
UH Registered Dietitian Group;  
Union Center for Joint Replacement;  
Union Center for Sports Medicine;  
Union Hospital a Union Health Partner;  
Union Hospital Center for Advanced Surgery;  
Union Hospital Clinton (License 23-005055; NPI 1306844519);  
Union Hospital Clinton Western Indiana Rural Medicine; Union Hospital CVT/Neuro Group;  
Union Hospital Family Medicine Center;  
Union Hospital Family Medicine Residency;  
Union Hospital Health Group;  
Union Hospital Hux Heart Center;  
Union Hospital Lobby Pharmacy;  
Union Hospital Medical Group;  
Union Hospital Medical Rehabilitation Unit;  
Union Hospital Neuroscience;  
Union Hospital Pulmonary Rehabilitation;  
Union Hospital Specialty Pharmacy;  
Union Hospital Terre Haute;  
Union Hospital Wound Healing Center;  
Union Hospitalists Group;  
Wabash Valley Surgerv Center; and

**Union Associated Physicians Clinic, LLC**  
27-0581401; 501(c)(3)  
DBAs:  
Union Health Bone & Joint Center;  
Union Health Downtown;  
Union Health Eastside;  
Union Health Northside;  
Union Medical Group; and  
Union Medical Group Optical Shop

**Union Hospital Health Group Physician Services Organization, Inc.**  
35-1685710

**Union Hospital Health Services, Inc.**  
35-1642805  
Dissolution in Process

**Union Hospital Therapy, LLC**  
46-4357188

**Center for Occupational Health, Inc.**  
35-2118417; 501(c)(3)

**UHR, Inc.**  
87-4361613  
Organization in Process






**Indiana Hospital Shared Services, LLC**

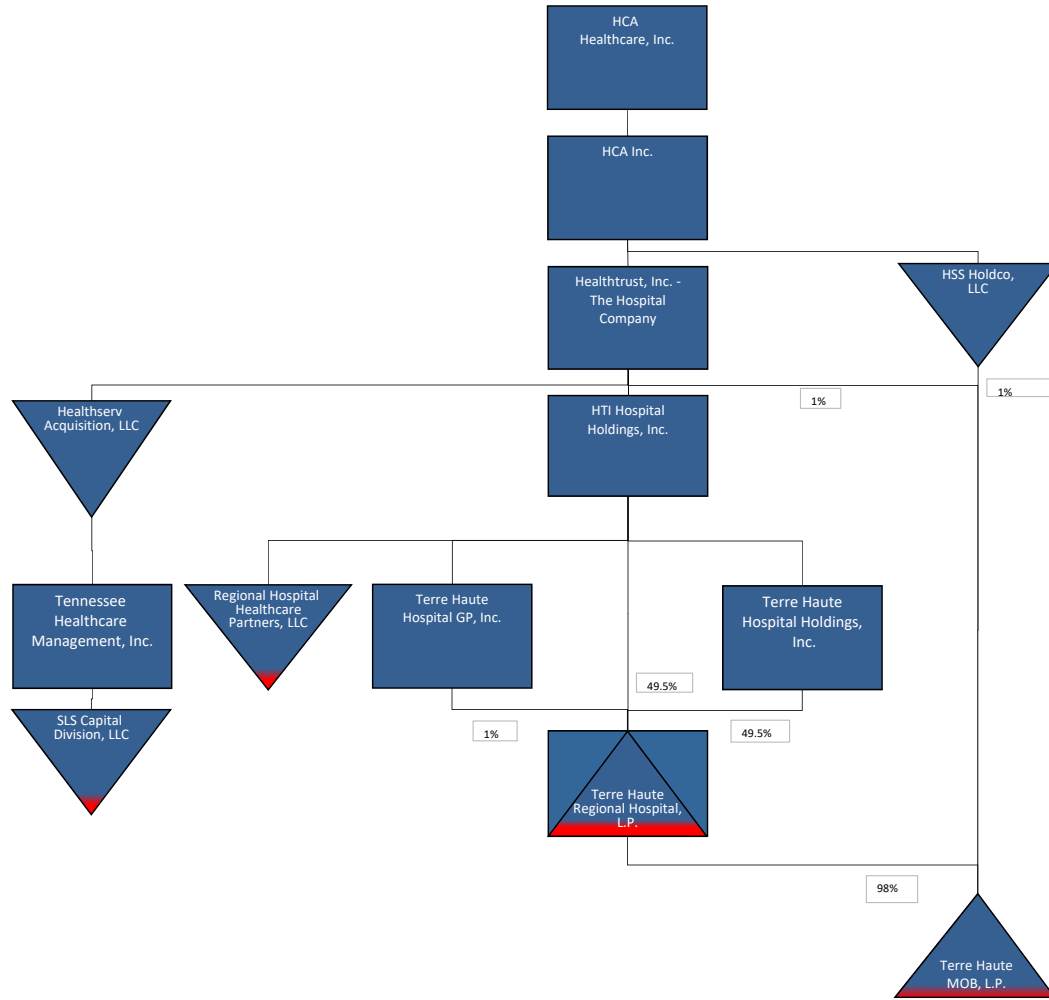
**Oncology Services Group, LLC**  
20-8567643

**I.P.A.C.S., Incorporated**  
35-170998  
DBA:  
Advanced Recovery Services;  
Premiere Account Management;  
Wabash Valley Practice Management;  
and Phoenix Healthcare



Legend

-  Corporation
-  Tax Regarded Partnership
-  Tax Disregarded LLC
-  Partnership taxed as a corporation
-  Entity to Sell Assets





**APPLICATION FOR LICENSE TO OPERATE A HOSPITAL**  
Indiana State Department of Health-Division of Acute Care

Paid Date November 28, 2022  
Amount 10000  
Order Number 57182586

**IDENTIFYING INFORMATION**

**A. Hospital Location** (facility location)

Name of Hospital UNION HOSPITAL INC		
Street Address 1606 N SEVENTH ST		
City TERRE HAUTE	County VIGO	Zip Code 47804
Telephone Number 8122387606	Fax Number 8122387113	

**B. Mailing Address** (If different from hospital location)

Street Address 1606 N SEVENTH ST		
City TERRE HAUTE	County VIGO	Zip Code 47804

**C. Ownership Information**

The applicant entity as registered with the secretary of state UNION HOSPITAL INC		
Street Address 1606 N 7TH ST		
City TERRE HAUTE	State IN	Zip Code 47804
Telephone Number 8122387606	Fax Number 8122387311	EIN Number 350876396

**D. Provider Numbers**

Medicare Provider Number	150023	Medicaid Provider Number	100270020A
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**E. Offsite List**

Name		
WABASH VALLEY SURGERY CENTER		
Address		
1421 N 7TH ST		
City	State	Zip
TERRE HAUTE	IN	47807
Telephone	Fax	

Name		
UNION HOSPITAL FAMILY MEDICINE CENTER		
Address		
1513 N 61/2 ST		
City	State	Zip
TERRE HAUTE	IN	47807
Telephone	Fax	

Name		
CLAY CITY CENTER FOR FAMILY MEDICINE		
Address		
315 LANKFORD STREET, PO BOX 96		
City	State	Zip
CLAY CITY	IN	47841
Telephone	Fax	
8129392126		

Name		
UNION HOSPITAL IMAGING SERVICES THOMAS PLAZA		
Address		
5500 US HWY 41 S		
City	State	Zip
TERRE HAUTE	IN	47802
Telephone	Fax	

Name		
UNION FAMILY MEDICINE EAST		
Address		
4001 WABASH AVE		
City	State	Zip
TERRE HAUTE	IN	47803
Telephone	Fax	

Name		
WEST CENTRAL COMMUNITY HOSPITAL FAMILY PRACTICE CA		
Address		
114 N DIVISION STREET, PO BOX 209		
City	State	Zip
CAYUGA	IN	47928
Telephone	Fax	
7654929042	7654929048	

Name		
CAYUGA FAMILY MEDICINE		
Address		
114 DIVISION ST		
City	State	Zip
CAYUGA	IN	47928
Telephone	Fax	

Name		
MATERNAL HEALTH CLINIC		
Address		
1801 N 6TH ST		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
UNION HOSPITAL HUX CANCER RADIATION THERAPY 1ST FL		
Address		
1711 N 6 1/2 ST		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
STEVE WALTZ MD		
Address		
727 N LINCOLN RD		
City	State	Zip
ROCKVILLE	IN	47872
Telephone	Fax	

Name		
CLAY CITY CENTER FOR FAMILY MEDICINE		
Address		
315 LANKFORD ST PO BOX 96		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
UNION HOSP CATHLAB SERV PROVIDENCE MED STE S		
Address		
2723 S 7TH ST STE S		
City	State	Zip
TERRE HAUTE	IN	47802
Telephone	Fax	

Name		
UNION HOSP CHEMOTHERAPY PROVIDENCE MED STE T		
Address		
2723 S 7TH ST STE T		
City	State	Zip
TERRE HAUTE	IN	47802
Telephone	Fax	

Name		
UNION INFUSION SERVICES HUX CANCER CENTER		
Address		
1711 N 6 1/2 ST		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
UNION HOSPITAL HUX CANCER CENTER CHEMOTHERAPY SERV		
Address		
1711 N 6 1/2 ST SUITE 201		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
CLARA FAIRBANKS CTR FOR WOMEN MAMMOGRAPHY AND B		
Address		
1711 N 6 1/2 ST HUX CANCER CENTER SUITE 301		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
THERAPY SERVICES--THOMAS PROF PLAZA BLDG		
Address		
5500 S US HWY 41		
City	State	Zip
TERRE HAUTE	IN	47802
Telephone	Fax	

Name		
THERAPY SERVICES-ST MARY OF THE WOODS STE A		
Address		
ONE SISTER OF PROVIDENCE		
City	State	Zip
ST MARY OF THE WOO	IN	47876
Telephone	Fax	

Name		
THERAPY SERVICES-PROFESSIONAL PLAZA MOB STE F		
Address		
4001 E WABASH AVENUE		
City	State	Zip
TERRE HAUTE	IN	47803
Telephone	Fax	

Name		
THERAPY SERVICES (UAP BONE & JOINT)		
Address		
1725 N 5TH ST		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name PEDIATRIC THERAPY SERVICES		
Address 450 8TH AVE		
City TERRE HAUTE	State IN	Zip 47804
Telephone	Fax	

Name UNION HOSPITAL RHEUMATOLOGY SERVICES AT HUX CANCER		
Address 1711 N 6 1/2 ST, SUITE 302		
City TERRE HAUTE	State IN	Zip 47804
Telephone	Fax	

Name BRAZIL FAMILY MEDICINE		
Address 115 S MURPHY AVENUE, STE A		
City BRAZIL	State IN	Zip 47834
Telephone 8124422100	Fax 8124464409	

Name UNION HOSPITAL-HUX ONCOLOGY		
Address 1711 N 6 1/2 STREET SUITE 202		
City TERRE HAUTE	State IN	Zip 47804
Telephone	Fax	

**G. Beds**

Total Number of setup and staffed beds for inpatients in the hospital (exclude pediatric visitors, newborn nursery cribs, maternity labor and delivery beds) as of the date of this application:

257

Does this facility have swing beds?

N

**H. Hospital within a Hospital Status:**

Is this a host hospital? N

Is this a tenant hospital? N

**J. Corporate Officers**

Name: MICHELE JOHNSON		Title: ASST SEC
Address 16749 N. Mt. Mariah Rd		
City: Marshall	Zip: 62441	

Name: STEVEN HOLMAN		Title: PRES/CEO
Address 8132 N. County Rd 700 W		
City: Brazil	Zip: 47834	

Name: John Aidoo		Title:
Address 2369 Hulman St		
City: Terre Haute	Zip: 47803	

Name: Robert Coons		Title: Vice Chair
Address 730 S Forest Dr		
City: Terre Haute	Zip: 47803	

Name: Daniel DeBard		Title:
Address 6868 E Bender St		
City: Bloomington	Zip: 47401	

Name: Mary Doti		Title:
Address 109 Briarwood		
City: Terre Haute	Zip: 47803	

Name: John Etling		Title:
Address 3506 College Ave		
City: Terre Haute	Zip: 47803	

Name: Matt Nealon		Title: CFO
Address 4719 Golf Bag Lane		
City: Terre Haute	Zip: 47802	



Name:	Donald	Scott	Title:
Address			
4270 Cartpath			
City:	Terre Haute	Zip:	47802

Name:	Sara	Smith	Title:
Address			
1700 S Fruitridge Ave			
City:	Terre Haute	Zip:	47803

Name:	Tim	Sullivan	Title:
Address			
1764 S Ramsey Dr			
City:	Bloomington	Zip:	47401

Name:	Luke	Terry	Title:
Address			
34 Lakeview Drive			
City:	Terre Haute	Zip:	47803

Name:	MOLLY	CALLAHAN	Title:
Address			
111 BRIARWOOD LANE			
City:	TERRE HAUTE	Zip:	47803

Name:	DON	SCOTT	Title: CHAIRPERSON
Address			
City:		Zip:	

Name:	Steve	Holman	Title: CEO
Address			
City:		Zip:	

Name:	Philip	Ten Brink	Title: CH MED STAFF
Address			
City:		Zip:	

Name:	Don	Scott	Title: GBRDCH PRES
Address			
City:		Zip:	



**APPLICATION FOR LICENSE TO OPERATE A HOSPITAL**  
Indiana State Department of Health-Division of Acute Care

Paid Date December 22, 2022  
Amount 4000  
Order Number 57218327

**IDENTIFYING INFORMATION**

**Hospital Location** (facility location)

Name of Hospital TERRE HAUTE REGIONAL HOSPITAL		
Street Address 3901 S SEVENTH ST		
City TERRE HAUTE	County VIGO	Zip Code 47802
Telephone Number 8122320021	Fax Number 8122379514	

**B. Mailing Address** (if different from hospital location)

Street Address 3901 S SEVENTH ST		
City TERRE HAUTE	County VIGO	Zip Code 47802

**C. Ownership Information**

The applicant entity as registered with the secretary of state TERRE HAUTE REGIONAL HOSPITAL LP			
Street Address 3901 S SEVENTH ST			
City TERRE HAUTE	State IN	Zip Code 47802	
Phone Number 8122320021	Fax Number 8122379514	EIN Number	

**D. Provider Numbers**

Medicare Provider Number	150046	Medicaid Provider Number	100270200A
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**E. Offsite List**

Name

TERRE HAUTE REGIONAL HOSPITAL COMPREHENSIVE REHAB

Address

4500 US 41 SOUTH

City

TERRE HAUTE

State

IN

Zip

47802

Telephone

Fax

Name

TERRE HAUTE REGIONAL PAVILION

Address

501 EAST ST ANTHONY DR

City

TERRE HAUTE

State

IN

Zip

47802

Telephone

Fax

Name

CORRECTIONALLY HOUSED OUTPATIENT SERVICES

Address

3903 SOUTH 7TH ST

City

TERRE HAUTE

State

IN

Zip

47802

Telephone

Fax

Name

PREMIER DIAGNOSTIC IMAGING THRH

Address

135 MCCALISTER DRIVE

City

TERRE HAUTE

State

IN

Zip

47802

Telephone

Fax

**G. Beds**

Total Number of setup and staffed beds for inpatients in the hospital (exclude pediatric visitors, newborn nursery cribs, maternity labor and delivery beds) as of the date of this application:

278

Does this facility have swing beds?

Y

**H. Hospital within a Hospital Status:**

Is this a host hospital? Y

Is this a tenant hospital? Y

**J. Corporate Officers**

Name: Mark Casanova		Title: CEO
Address: 3901 S 7th Street		
City: Terre Haute	Zip: 47802	

Name: Samuel Hazen		Title: HCA CEO
Address:		
City:	Zip:	

Name: John Yacoub		Title: Pr MedStaff
Address:		
City:	Zip:	

Name: Bart Colwell		Title: Pr BOT
Address:		
City:	Zip:	

Name: Charles Hall		Title: Grp_Pres
Address:		
City:	Zip:	

Name: a a		Title: CH_MED_STAFF
Address:		
City:	Zip:	

Name: a a		Title: GBRDCH PRES
Address:		
City:	Zip:	



# Indiana Department of Health

## Hospital License

*This is to certify that:*

Terre Haute Regional Hospital LP d/b/a

**TERRE HAUTE REGIONAL HOSPITAL**  
3901 S SEVENTH ST  
TERRE HAUTE, IN

*a Hospital, along with all off premise locations listed on the supplemental license, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.*

*This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana Department of Health issued thereunder.*

*License number 23-005042-1 is effective January 1, 2023 and expires December 31, 2024.*



A handwritten signature in cursive script that reads "Randall Snyder".

RANDY SNYDER, PT, MBA

Division Director Acute and Continuing Care Services



1606 N SEVENTH ST | CCN-150023  
TERRE HAUTE, IN 47804 | (812) 238-7606

Facility Type: Short-term  
Ownership Type: Voluntary non-profit - Private  
Emergency Service: Yes

## Survey of Patients' Experience

**Attention:** Individual question scores appear only in the Preview Report and downloadable databases. Individual question scores are presented for informational purposes only; they are not official HCAHPS measures. A simple average of the individual questions that comprises a composite measure may not always match the composite score.

HCAHPS individual question scores based on fewer than 50 completed surveys **will not** be reported in the downloadable database.

## HCAHPS Summary Star Rating



Completed Surveys	399
Survey Response Rate	20%

### Star Rating:

More stars are better

"For more information on HCAHPS Star Ratings and Linear Scores, please see [www.hcahpsonline.org](http://www.hcahpsonline.org)"

\*When HCAHPS scores are based on fewer than 25 completed surveys, scores WILL NOT be reported on Hospital Compare.

This data being displayed on this page is being updated. You may see changes to the tables above until the preview period officially opens.

## Communication with Nurses

Q4 (2021) - Q3 (2022)



Linear Score (1 - 100): 92

Composite (Q1 - Q3)

Facility

State

National



## Communication with Nurses


Q4 (2021) - Q3 (2022)

★★★★★ Linear Score (1 - 100): 92

<b>Always</b> Patients who reported that their nurses 'Always' communicated well	79%	79%	79%
<b>Usually</b> Patients who reported that their nurses 'Usually' communicated well	17%	17%	16%
<b>Sometimes/Never</b> Patients who reported that their nurses 'Sometimes' or 'Never' communicated well	4%	4%	5%
<b>Nurse Courtesy &amp; Respect (Q1)</b>	<b>Facility</b>	<b>State</b>	<b>National</b>
<b>Always</b> Patients who reported that their nurses "Always" treated them with courtesy and respect	86%	86%	85%
<b>Usually</b> Patients who reported that their nurses "Usually" treated them with courtesy and respect	11%	11%	11%
<b>Sometimes/Never</b> Patients who reported that their nurses "Sometimes" or "Never" treated them with courtesy and respect	3%	3%	4%
<b>Nurse Listen (Q2)</b>	<b>Facility</b>	<b>State</b>	<b>National</b>
<b>Always</b> Patients who reported that their nurses "Always" listened	78%	77%	76%

## Communication with Nurses

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 92

	Facility	State	National
carefully to them			
<b>Usually</b> Patients who reported that their nurses "Usually" listened carefully to them	18%	18%	19%
<b>Sometimes/Never</b> Patients who reported that their nurses "Sometimes" or "Never" listened carefully to them	4%	5%	5%
<b>Nurse Explain (Q3)</b>	<b>Facility</b>	<b>State</b>	<b>National</b>
<b>Always</b> Patients who reported that their nurses "Always" explained things in a way they could understand	74%	75%	75%
<b>Usually</b> Patients who reported that their nurses "Usually" explained things in a way they could understand	22%	20%	19%
<b>Sometimes/Never</b> Patients who reported that their nurses "Sometimes" or "Never" explained things in a way they could understand	4%	5%	6%

### Star Rating:

More stars are better


"For more information on HCAHPS Star Ratings and Linear Scores, please see [www.hcahpsonline.org](http://www.hcahpsonline.org)"

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## Communication with Doctors

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 90

Composite (Q5 - Q7)	Facility	State	National
<b>Always</b> Patients who reported that their doctors 'Always' communicated well	75%	79%	79%
<b>Usually</b> Patients who reported that their doctors 'Usually' communicated well	20%	16%	16%
<b>Sometimes/Never</b> Patients who reported that their doctors 'Sometimes' or 'Never' communicated well	5%	5%	5%
Doctor Courtesy & Respect (Q5)	Facility	State	National
<b>Always</b> Patients who reported that their doctors "Always" treated them with courtesy and respect	82%	86%	86%
<b>Usually</b> Patients who reported that their doctors "Usually" treated them with courtesy and respect	15%	11%	10%
<b>Sometimes/Never</b> Patients who reported that their doctors "Sometimes" or "Never" treated them with courtesy and respect	3%	3%	4%
Doctor Listen (Q6)	Facility	State	National
<b>Always</b>	75%	77%	78%

## Communication with Doctors

Q4 (2021) - Q3 (2022)

★★★★★ Linear Score (1 - 100): 90

Patients who reported that their doctors "Always" listened carefully to them			
<b>Usually</b> Patients who reported that their doctors "Usually" listened carefully to them	20%	17%	16%
<b>Sometimes/Never</b> Patients who reported that their doctors "Sometimes" or "Never" listened carefully to them	5%	6%	6%
<b>Doctor Explain (Q7)</b>	<b>Facility</b>	<b>State</b>	<b>National</b>
<b>Always</b> Patients who reported that their doctors "Always" explained things in a way they could understand	67%	74%	74%
<b>Usually</b> Patients who reported that their doctors "Usually" explained things in a way they could understand	26%	20%	19%
<b>Sometimes/Never</b> Patients who reported that their doctors "Sometimes" or "Never" explained things in a way they could understand	7%	6%	7%

### Star Rating:

More stars are better


"For more information on HCAHPS Star Ratings and Linear Scores, please see [www.hcahpsonline.org](http://www.hcahpsonline.org)"

\*When HCAHPS scores are based on fewer than 25 completed surveys, scores WILL NOT be reported on Hospital Compare.

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## Responsiveness of Hospital Staff


Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 83

Composite (Q4 & Q11)	Facility	State	National
<b>Always</b> Patients who reported that they 'Always' received help as soon as they wanted	59%	66%	65%
<b>Usually</b> Patients who reported that they 'Usually' received help as soon as they wanted	32%	25%	24%
<b>Sometimes/Never</b> Patients who reported that they 'Sometimes' or 'Never' received help as soon as they wanted	9%	9%	11%
Call Button (Q4)	Facility	State	National
<b>Always</b> Patients who reported that they "Always" received help after using the call button as soon as they wanted	57%	64%	64%
<b>Usually</b> Patients who reported that they "Usually" received help after using the call button as soon as they wanted	34%	27%	26%
<b>Sometimes/Never</b> Patients who reported that they "Sometimes" or "Never" received help after using the call button as soon as they wanted	9%	9%	10%

## Responsiveness of Hospital Staff

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 83

Bathroom Help (Q11)	Facility	State	National
<b>Always</b> Patients who reported that they "Always" received bathroom help as soon as they wanted	62%	67%	66%
<b>Usually</b> Patients who reported that they "Usually" received bathroom help as soon as they wanted	29%	23%	23%
<b>Sometimes/Never</b> Patients who reported that they "Sometimes" or "Never" received bathroom help as soon as they wanted	9%	10%	11%

### Star Rating:

More stars are better


"For more information on HCAHPS Star Ratings and Linear Scores, please see [www.hcahpsonline.org](http://www.hcahpsonline.org)"

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## Communication About Medicines

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 75

Composite (Q13 - Q14)	Facility	State	National
<b>Always</b> Patients who reported that staff 'Always' explained about medicines before giving it to them	56%	60%	61%
<b>Usually</b>	24%	19%	19%

## Communication About Medicines


Q4 (2021) - Q3 (2022)

★★★★★ Linear Score (1 - 100): 75

Patients who reported that staff 'Usually' explained about medicines before giving it to them			
<b>Sometimes/Never</b> Patients who reported that staff 'Sometimes' or 'Never' explained about medicines before giving it to them	20%	21%	20%
<b>Medicine Explain (Q13)</b>	<b>Facility</b>	<b>State</b>	<b>National</b>
<b>Always</b> Patients who reported that when receiving new medication the staff "Always" communicated what the medication was for	69%	75%	75%
<b>Usually</b> Patients who reported that when receiving new medication the staff "Usually" communicated what the medication was for	23%	16%	15%
<b>Sometimes/Never</b> Patients who reported that when receiving new medication the staff "Sometimes" or "Never" communicated what the medication was for	8%	9%	10%
<b>Side Effects (Q14)</b>	<b>Facility</b>	<b>State</b>	<b>National</b>
<b>Always</b> Patients who reported that when receiving new medication the staff "Always" discussed possible side effects	44%	45%	48%

## Communication About Medicines

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 75

	Facility	State	National
<b>Usually</b> Patients who reported that when receiving new medication the staff "Usually" discussed possible side effects	24%	23%	21%
<b>Sometimes/Never</b> Patients who reported that when receiving new medication the staff "Sometimes" or "Never" discussed possible side effects	32%	32%	31%

### Star Rating:

More stars are better


"For more information on HCAHPS Star Ratings and Linear Scores, please see [www.hcahpsonline.org](http://www.hcahpsonline.org)"

\*When HCAHPS scores are based on fewer than 25 completed surveys, scores WILL NOT be reported on Hospital Compare.

This data being displayed on this page is being updated. You may see changes to the tables above until the preview period officially opens.

## Cleanliness of Hospital Environment

Q4 (2021) - Q3 (2022)


 Linear Score (1 - 100): 90

	Facility	State	National
<b>Always</b> Patients who reported that their room and bathroom were 'Always' clean	77%	73%	72%
<b>Usually</b> Patients who reported that their room and bathroom were 'Usually' clean	17%	19%	18%
<b>Sometimes/Never</b> Patients who reported that their room and bathroom were	6%	8%	10%



## Cleanliness of Hospital Environment

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 90

'Sometimes' or 'Never' clean

### Star Rating:

More stars are better


"For more information on HCAHPS Star Ratings and Linear Scores, please see [www.hcahpsonline.org](http://www.hcahpsonline.org)"

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## Quietness of Hospital

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 84

	Facility	State	National
<b>Always</b> Patients who reported that the area around their room was 'Always' quiet at night	60%	61%	62%
<b>Usually</b> Patients who reported that the area around their room was 'Usually' quiet at night	34%	30%	28%
<b>Sometimes/Never</b> Patients who reported that the area around their room was 'Sometimes' or 'Never' quiet at night	6%	9%	10%

### Star Rating:

More stars are better

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## Discharge Information

Q4 (2021) - Q3 (2022)

★★★★★ Linear Score (1 - 100): 87

Composite (Q16 - Q17)	Facility	State	National
<b>Yes</b> Patients who reported that YES, they were given information about what to do during their recovery at home	87%	87%	86%
<b>No</b> Patients who reported that NO, they were not given information about what to do during their recovery at home	13%	13%	14%
<b>Help After Discharge (Q16)</b>	<b>Facility</b>	<b>State</b>	<b>National</b>
<b>Yes</b> Patients who reported that YES, they did discuss whether they would need help after discharge	85%	86%	84%
<b>No</b> Patients who reported that NO, they did not discuss whether they would need help after discharge	15%	14%	16%
<b>Symptoms (Q17)</b>	<b>Facility</b>	<b>State</b>	<b>National</b>
<b>Yes</b> Patients who reported that YES, they did receive written information about possible symptoms to look out for after discharge	88%	88%	87%
<b>No</b> Patients who reported that NO, they did not receive written	12%	12%	13%

## Discharge Information

Q4 (2021) - Q3 (2022)

★★★★★ Linear Score (1 - 100): 87

information about possible symptoms to look out for after discharge

### Star Rating:

More stars are better

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## Care Transition

Q4 (2021) - Q3 (2022)

★★★★★ Linear Score (1 - 100): 81

Composite (Q20 - Q22)	Facility	State	National
<b>Strongly Agree</b> Patients who 'Strongly Agree' they understood their care when they left the hospital	50%	52%	51%
<b>Agree</b> Patients who 'Agree' they understood their care when they left the hospital	45%	43%	43%
<b>Disagree/Strongly Disagree</b> Patients who 'Disagree' or 'Strongly Disagree' they understood their care when they left the hospital	5%	5%	6%
Preference (Q20)	Facility	State	National
<b>Strongly Agree</b> Patients who "Strongly Agree"	40%	45%	45%

## Care Transition

Q4 (2021) - Q3 (2022)

★★★★★ Linear Score (1 - 100): 81

that the staff took my preferences into account when determining their health care needs

<b>Agree</b> Patients who "Agree" that the staff took my preferences into account when determining my health care their needs	55%	48%	47%
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<b>Disagree/Strongly Disagree</b> Patients who "Disagree" or "Strongly Disagree" that the staff took my preferences into account when determining their health care needs	5%	7%	8%
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Understanding (Q21)	Facility	State	National
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<b>Strongly Agree</b> Patients who "Strongly Agree" that they understood their responsibilities in managing their health	52%	52%	51%
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<b>Agree</b> Patients who "Agree" that they understood their responsibilities in managing their health	44%	43%	43%
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<b>Disagree/Strongly Disagree</b> Patients who "Disagree" or "Strongly Disagree" that they understood their responsibilities in managing their health	4%	5%	6%
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## Care Transition

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 81

Medicine Purpose (Q22)	Facility	State	National
<b>Strongly Agree</b> Patients who "Strongly Agree" that they understood the purposes of their medications when leaving the hospital	59%	59%	58%
<b>Agree</b> Patients who "Agree" that they understood the purposes of their medications when leaving the hospital	36%	36%	37%
<b>Disagree/Strongly Disagree</b> Patients who "Disagree" or "Strongly Disagree" that they understood the purposes of their medications when leaving the hospital	5%	5%	5%

### Star Rating:

More stars are better


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## Overall Hospital Rating

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 90

	Facility	State	National
<b>0-6 Rating</b> Patients who gave their hospital	6%	8%	9%

## Overall Hospital Rating

Q4 (2021) - Q3 (2022)

★★★★★ Linear Score (1 - 100): 90

a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)

### 7-8 Rating

Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)

19%

19%

21%

### 9-10 Rating

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)

75%

73%

70%

### Star Rating:

More stars are better

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## Willingness to Recommend this Hospital


Q4 (2021) - Q3 (2022)

★★★★★ Linear Score (1 - 100): 89

	Facility	State	National
<b>Definitely Yes</b> Patients who reported YES, they would definitely recommend the hospital	72%	71%	69%
<b>Probably</b> Patients who reported YES, they would probably recommend the hospital	24%	24%	25%
<b>Definitely No</b> Patients who reported NO, they	4%	5%	6%

## Willingness to Recommend this Hospital

Q4 (2021) - Q3 (2022)

 Linear Score (1 - 100): 89

would probably not or definitely  
not recommend the hospital

### Star Rating:

More stars are better

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## Timely and Effective Care

### Sepsis

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>SEP-1</b> Q4 (2021) - Q3 (2022) Severe Sepsis and Septic Shock	52%	613	51%(25,26)	58%(25,26)	79%(25,26)
<b>SEV-SEP-3HR</b> Q4 (2021) - Q3 (2022) Severe Sepsis 3-Hour Bundle	78%	613	77%(25,26)	78%(25,26)	91%(25,26)
<b>SEV-SEP-6HR</b> Q4 (2021) - Q3 (2022) Severe Sepsis 6-Hour Bundle	85%	381	85%(25,26)	89%(25,26)	100%(25,26)
<b>SEP-SH-3HR</b> Q4 (2021) - Q3 (2022) Septic Shock 3-Hour Bundle	68%	225	60%(25,26)	66%(25,26)	94%(25,26)
<b>SEP-SH-6HR</b> Q4 (2021) - Q3 (2022) Septic Shock 6-Hour Bundle	80%	98	76%(25,26)	84%(25,26)	100%(25,26)

#### Footnotes:

25. State and national averages include Veterans Health Administration (VHA) hospital data.

26. State and national averages include Department of Defense (DoD) hospital data.

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## Emergency Department Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>OP-18b</b> Q4 (2021) - Q3 (2022) Median Time from ED Arrival to ED Departure for Discharged ED Patients  An EDV-1 indicator will be shown in the volume category row of your facility.	196 mins.	1,891	138 mins.(25,26)	160 mins.(25,26)	100 mins.(25,26)
Low Volume	-	-	126 mins.(25,26)	127 mins.(25,26)	-
Medium Volume	-	-	159 mins.(25,26)	171 mins.(25,26)	-
High Volume	EDV-1	-	192 mins.(25,26)	207 mins.(25,26)	-
Very High Volume	-	-	131 mins.(25,26)	191 mins.(25,26)	-
<b>OP-18c</b> Q4 (2021) - Q3 (2022) Median Time from ED Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients  An EDV-1 indicator will be shown in the volume category row of your facility.	387 mins.	130	209 mins.(25)	267 mins.(25)	131 mins.(25)
Low Volume	-	-	183 mins.(25)	205 mins.(25)	-
Medium Volume	-	-	241 mins.(25)	271 mins.(25)	-
High Volume	EDV-1	-	296 mins.(25)	348 mins.(25)	-
Very High Volume	-	-	172 mins.(25)	334 mins.(25)	-
<b>OP-22</b> Q1 (2021) - Q4 (2021) Left Without Being Seen	2%	50,039	2%(25,26)	3%(25,26)	0%(25,26)
<b>OP-23</b> Q4 (2021) - Q3 (2022) Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	75%	16	77%(25)	69%(25)	100%(25)

## Emergency Department Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>ED-2-Strata-1</b> Q1 (2021) - Q4 (2021) Admit Decision Time to ED Departure Time for Admitted Patients - non psychiatric/ mental health disorders	N/A(5)	N/A(5)	123 mins.	138 mins.	20 mins.
<b>ED-2-Strata-2</b> Q1 (2021) - Q4 (2021) Admit Decision Time to ED Departure Time for Admitted Patients – psychiatric/mental health disorders	N/A(5)	N/A(5)	105 mins.	108 mins.	31 mins.

### Footnotes:

- 5. Results are not available for this reporting period.
- 25. State and national averages include Veterans Health Administration (VHA) hospital data.
- 26. State and national averages include Department of Defense (DoD) hospital data.

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## Healthcare Personnel Vaccination

	Facility's Adherence Rate	State Adherence Rate	National Adherence Rate
<b>IMM-3</b> Q4 (2021) - Q1 (2022) Influenza Vaccination Coverage among Healthcare Personnel	95%	80%	80%
<b>HCP_COVID-19</b> Q3 (2022) - Q3 (2022) COVID-19 Vaccination Coverage	89.2%	81.1%	90.4%

## Healthcare Personnel Vaccination

Facility's Adherence Rate

State Adherence Rate

National Adherence Rate

Among Healthcare Personnel

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## Perinatal Care

Facility Rate

Number of Patients

State Rate

National Rate

Top 10%

<b>PC-01</b> Q4 (2021) - Q3 (2022) Elective Delivery	0%	165	2%(26)	2%(26)	0%(26)
<b>PC-05</b> Q1 (2021) - Q4 (2021) Exclusive Breast Milk Feeding	N/A(5)	N/A(5)	55%	53%	85%

### Footnotes:

- 5. Results are not available for this reporting period.
- 26. State and national averages include Department of Defense (DoD) hospital data.

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## Cardiac Care

Facility Rate

Number of Patients

State Rate

National Rate

Top 10%

<b>OP-2</b> Q4 (2021) - Q3 (2022) Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	N/A(5)	N/A(5)	38%(26)	51%(26)	100%(26)
<b>OP-3b</b> Q4 (2021) - Q3 (2022) Median Time to Transfer to Another Facility for Acute	N/A(5)	N/A(5)	50 mins.(26)	64 mins.(26)	41 mins.(26)

## Cardiac Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
Coronary Intervention - Reporting Rate					

### Footnotes:

- 5. Results are not available for this reporting period.
- 26. State and national averages include Department of Defense (DoD) hospital data.

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## Cataracts

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>OP-31</b> Q1 (2021) - Q4 (2021) Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	N/A(5)	N/A(5)	N/A(5)	99%	100%

### Footnotes:

- 5. Results are not available for this reporting period.

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## Colonoscopy

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>OP-29</b> Q1 (2021) - Q4 (2021) Appropriate Follow-Up Interval for Normal Colonoscopy in	83%	305	94%(25,26)	91%(25,26)	100%(25,26)

## Colonoscopy

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
Average Risk Patients					

### Footnotes:

25. State and national averages include Veterans Health Administration (VHA) hospital data.  
26. State and national averages include Department of Defense (DoD) hospital data.

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## Opioid Use

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
Safe Use of Opioids Q1 (2021) - Q4 (2021) Safe Use of Opioids – Concurrent Prescribing	N/A(5)	N/A(5)	18%	17%	9%

### Footnotes:

5. Results are not available for this reporting period.

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## Venous Thromboembolism

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
VTE-1 Q1 (2021) - Q4 (2021) Venous Thromboembolism Prophylaxis	N/A(5)	N/A(5)	91%	90%	99%
VTE-2 Q1 (2021) - Q4 (2021)	N/A(5)	N/A(5)	96%	96%	100%

## Venous Thromboembolism

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
Intensive Care Unit Venous Thromboembolism Prophylaxis					

### Footnotes:

5. Results are not available for this reporting period.

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## Stroke Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>STK-02</b> Q1 (2021) - Q4 (2021) Discharged on Antithrombotic Therapy	92%	125	96%	95%	100%
<b>STK-03</b> Q1 (2021) - Q4 (2021) Anticoagulation Therapy for Atrial Fibrillation/Flutter	70%	33	69%	72%	100%
<b>STK-05</b> Q1 (2021) - Q4 (2021) Antithrombotic Therapy by End of Hospital Day 2	93%	105	88%	90%	100%
<b>STK-06</b> Q1 (2021) - Q4 (2021) Discharged on Statin Medication	96%	124	95%	94%	100%

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## Structural Measures

### Structural Measures

	Measure Response
<b>SM-7</b> Q4 (2021) - Q4 (2021) Maternal Morbidity Structural Measure	Yes

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## Complications & Deaths

### 30 Day Death Rates

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
<b>MORT-30-AMI</b> Q3 (2019) - Q2 (2022) Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	245	13.1% (10.6%, 16.0%)	12.6%	SAME	State	0	50	0	56
					Nation	22	1,929	14	1,981
<b>MORT-30-HF</b> Q3 (2019) - Q2 (2022) Heart Failure (HF) 30-Day Mortality Rate	669	12.7% (10.7%, 15.1%)	11.8%	SAME	State	1	85	3	23
					Nation	215	2,808	97	1,398
<b>MORT-30-PN</b> Q3 (2019) - Q2 (2022) Pneumonia 30-Day Mortality Rate	530	17.3% (14.8%, 20.2%)	18.2%	SAME	State	2	97	1	12
					Nation	219	3,240	135	1,008
<b>MORT-30-STK</b> Q3 (2019) - Q2 (2022) Acute Ischemic Stroke (STK) 30-Day Mortality Rate	226	14.7% (11.2%, 18.6%)	13.9%	SAME	State	0	58	1	44
					Nation	76	2,035	43	1,901
<b>MORT-30-COPD</b> Q3 (2019) - Q2 (2022) Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	195	11.6% (8.8%, 15.3%)	9.2%	SAME	State	1	78	1	32
					Nation	24	2,569	20	1,885
<b>MORT-30-CABG</b> Q3 (2019) - Q2 (2022) 30-Day All-Cause Mortality Following Coronary Artery	87	2.7% (1.3%, 5.3%)	2.9%	SAME	State	0	25	0	3
					Nation	2	880	6	209



### 30 Day Death Rates

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages			
					Better	Same	Worse	Too Few
Bypass Graft (CABG) Surgery								
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### CMS Patient Safety Indicators

	Eligible Discharges	Facility Rate (95% int. limits)	National Ratio	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
<b>PSI-3</b> Q3 (2019) - Q2 (2021) Pressure Ulcer Rate	4,959	1.94 (1.08, 2.81)	0.62	WORSE	State	2	79	1	2
					Nation	27	3,015	229	59
<b>PSI-4</b> Q3 (2019) - Q2 (2021) Death among surgical inpatients with serious treatable complications Rate	102	147.33 (107.09, 187.56)	143.04	SAME	State	0	39	0	26
					Nation	27	1,381	28	1,201
<b>PSI-6</b> Q3 (2019) - Q2 (2021) Iatrogenic pneumothorax, adult Rate	6,949	0.23 (0.09, 0.37)	0.19	SAME	State	0	83	0	1
					Nation	1	3,293	4	44
<b>PSI-8</b> Q3 (2019) - Q2 (2021) In-Hospital Fall With Hip Fracture Rate	7,239	0.04 (0, 0.17)	0.07	SAME	State	0	82	1	1
					Nation	0	3,271	26	45
<b>PSI-9</b> Q3 (2019) - Q2 (2021)	1,633	1.74 (0.46, 3.01)	2.39	SAME	State	0	80	0	2

## CMS Patient Safety Indicators

	Eligible Discharges	Facility Rate (95% int. limits)	National Ratio	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
Perioperative Hemorrhage or Hematoma Rate					Nation	1	2,949	30	173
<b>PSI-10</b> Q3 (2019) - Q2 (2021) Postoperative Acute Kidney Injury Requiring Dialysis Rate	666	1.43 (0.46, 2.41)	0.92	SAME	State	0	69	3	9
					Nation	1	2,624	33	342
<b>PSI-11</b> Q3 (2019) - Q2 (2021) Postoperative Respiratory Failure Rate	621	6.71 (2.04, 11.38)	6.47	SAME	State	0	62	10	9
					Nation	45	2,484	129	343
<b>PSI-12</b> Q3 (2019) - Q2 (2021) Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate	1,756	2.67 (0.76, 4.58)	3.41	SAME	State	0	79	1	2
					Nation	12	2,912	62	167
<b>PSI-13</b> Q3 (2019) - Q2 (2021) Postoperative Sepsis Rate	641	3.55 (0.78, 6.33)	4.09	SAME	State	0	72	0	8
					Nation	17	2,565	38	355
<b>PSI-14</b> Q3 (2019) - Q2 (2021) Postoperative Wound Dehiscence Rate	438	0.94 (0.03, 1.84)	0.82	SAME	State	0	71	0	10
					Nation	0	2,670	7	396
<b>PSI-15</b> Q3 (2019) - Q2 (2021) Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1,195	1.01 (0, 2.13)	1.04	SAME	State	0	75	2	5
					Nation	1	2,899	42	219

## CMS Patient Safety Indicators

	Eligible Discharges	Facility Rate (95% int. limits)	National Ratio	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
<b>PSI-90</b> Q3 (2019) - Q2 (2021) Patient Safety and Adverse Events Composite	Not Applicable	1.17 (0.87, 1.46)	1.00	SAME	State	2	78	1	N/A(5)
					Nation	105	2,899	102	N/A(5)

### Footnotes:

5. Results are not available for this reporting period.

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## Infections

	Predicted	Reported	Days / Procedure	Facility Ratio (95% conf. int.)	State Ratio (95% conf. int.)	National Ratio	National Compare
<b>HAI-1</b> Q4 (2021) - Q3 (2022) Central Line Associated Bloodstream Infection (ICU + select Wards)	12.591	5	12,237	0.397 (0.145, 0.880)	0.813 (0.735, 0.899)	0.909	BETTER
<b>HAI-2</b> Q4 (2021) - Q3 (2022) Catheter Associated Urinary Tract Infections (ICU + select Wards)	15.945	5	12,647	0.314 (0.115, 0.695)	0.683 (0.613, 0.758)	0.720	BETTER
<b>HAI-3</b> Q4 (2021) - Q3 (2022) SSI - Colon Surgery	3.116	0	162	0.000 (--(8), 0.961)	0.897 (0.770, 1.040)	0.873	BETTER

## Infections

	Predicted	Reported	Days / Procedure	Facility Ratio (95% conf. int.)	State Ratio (95% conf. int.)	National Ratio	National Compare
<b>HAI-4</b> Q4 (2021) - Q3 (2022) SSI - Abdominal Hysterectomy	0.664	1	98	N/A(13) (N/A(13), N/A(13))	0.989 (0.750, 1.281)	0.942	N/A(13)
<b>HAI-5</b> Q4 (2021) - Q3 (2022) MRSA Bacteremia	5.828	7	71,432	1.201 (0.525, 2.376)	0.931 (0.808, 1.068)	0.978	SAME
<b>HAI-6</b> Q4 (2021) - Q3 (2022) Clostridium Difficile (C.Diff)	32.948	14	64,358	0.425 (0.242, 0.696)	0.464 (0.434, 0.495)	0.487	BETTER

### Footnotes:

8. The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.  
13. Results cannot be calculated for this reporting period.

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## Surgical Complications

	Eligible Discharges	Complication Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
<b>COMP-HIP-KNEE</b> Q2 (2019) - Q1 (2022) HIP/Knee Complication Rate (RSCR) following Total Hip/ Knee Arthroplasty	144	2.8% (1.6%, 4.6%)	3.2%	SAME	State	0	58	0	35
					Nation	24	2,102	7	1,225

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## Unplanned Hospital Visits

### Condition Specific Readmission

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
<b>READM-30-AMI</b> Q3 (2019) - Q2 (2022) Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	257	13.2% (10.8%, 15.9%)	14%	SAME	State	0	46	0	53
					Nation	6	1,798	12	1,936
<b>READM-30-HF</b> Q3 (2019) - Q2 (2022) Heart Failure (HF) 30-day Readmission Rate	813	21.7% (19.5%, 24.1%)	20.2%	SAME	State	0	94	1	17
					Nation	58	3,066	63	1,334
<b>READM-30-PN</b> Q3 (2019) - Q2 (2022) Pneumonia (PN) 30-day Readmission Rate	578	18.1% (16.0%, 20.5%)	16.9%	SAME	State	1	98	0	14
					Nation	10	3,544	39	1,016
<b>READM-30-COPD</b> Q3 (2019) - Q2 (2022) Chronic Obstructive Pulmonary Disease (COPD) 30-day Readmission Rate	208	18.8% (15.7%, 22.5%)	19.3%	SAME	State	0	80	0	32
					Nation	2	2,645	17	1,836

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## Procedure Specific Readmission

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
<b>READM-30-CABG</b> Q3 (2019) - Q2 (2022) Hospital-Level 30-day All-Cause Unplanned Readmission Following Coronary Artery Bypass Graft Surgery (CABG)	86	9.7% (7.1%, 12.9%)	11%	SAME	State	0	25	0	3
					Nation	0	878	4	215
<b>READM-30-HIP-KNEE</b> Q3 (2019) - Q2 (2022) 30-Day Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	139	4% (2.7%, 6.0%)	4.3%	SAME	State	1	58	0	34
					Nation	21	2,085	4	1,234

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## Hospital Wide Readmission

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
<b>READM-30-HOSPWIDE</b> Q3 (2021) - Q2 (2022) 30-Day Hospital-Wide All-Cause Unplanned Readmission Rate	2,908	14.9% (14.1%, 15.8%)	14.6%	SAME	State	3	111	3	3
					Nation	185	4,027	195	268

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## Procedure Specific Outcomes

	Eligible Discharges	Facility Rate/ Ratio	National Rate/ Ratio	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
<b>OP-32</b> Q1 (2019) - Q4 (2021) Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy	2,001	12.2 (9.4, 15.8)	14.2	SAME	State	0	105	0	3
					Nation	12	3,291	2	480
<b>OP-35_ADM</b> Q1 (2021) - Q4 (2021) Admissions (ADM) for Patients Receiving Outpatient Chemotherapy	350	14.1 (11.5, 17)	10.2	WORSE	State	0	51	3	41
					Nation	12	1,446	95	1,788
<b>OP-35_ED</b> Q1 (2021) - Q4 (2021) Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	350	5.5 (4, 7.4)	5.4	SAME	State	0	54	0	41
					Nation	29	1,502	22	1,788
<b>OP-36</b> Q1 (2021) - Q4 (2021) Hospital Visits after Hospital Outpatient Surgery	894	0.8 (0.6, 1)	Not Applicable	BETTER	State	2	79	3	30
					Nation	84	2,631	88	979

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## Excess Days in Acute Care

	Eligible Discharges	Patients Included	Returned to a Hospital	Measr. Days (95% int. limits)	Compare	Facility Compared to Averages (Days)			
						Fewer	Same	More	Too Few

## Excess Days in Acute Care

	Eligible Discharges	Patients Included	Returned to a Hospital	Measr. Days (95% int. limits)	Compare	Facility Compared to Averages (Days)				
						Fewer	Same	More	Too Few	
<b>EDAC-30-AMI</b> Q3 (2019) - Q2 (2022) Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	257	249	72	-21.5 (-34.2, -6.6)	BETTER	State	8	23	8	60
						Nation	142	1,066	314	2,230
<b>EDAC-30-HF</b> Q3 (2019) - Q2 (2022) Excess Days in Acute Care after Hospitalization for Heart Failure	813	643	244	14.1 (-1.1, 30.4)	SAME	State	15	72	8	17
						Nation	338	2,243	606	1,334
<b>EDAC-30-PN</b> Q3 (2019) - Q2 (2022) Excess Days in Acute Care after Hospitalization for Pneumonia	578	526	163	29.7 (12.8, 48)	WORSE	State	13	75	11	14
						Nation	415	2,336	842	1,016

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## Payment & Value of Care

### Payment

	Eligible Discharges	Facility Payment (95% conf. int.)	National Average Payment	National Compare	Facility Compared to Averages				
					Greater	Same	Less	Too Few	
<b>PAYM-30-AMI</b> Q3 (2019) - Q2 (2022) Risk-Standardized Payment Associated with a 30-Day AMI Episode-of-Care for Acute Myocardial Infarction	232	\$26,947 (\$24,676, \$29,432)	\$27,314	SAME	State	7	40	2	53
					Nation	129	1,644	75	1,917
					Value of Care	Average Mortality and Average Payment			
<b>PAYM-30-HF</b> Q3 (2019) - Q2 (2022) Risk-Standardized Payment Associated with a 30-Day Episode of Care for Heart Failure	643	\$19,665 (\$18,704, \$20,704)	\$18,764	SAME	State	8	75	4	23
					Nation	346	2,334	275	1,431
					Value of Care	Average Mortality and Average Payment			
<b>PAYM-30-PN</b> Q3 (2019) - Q2 (2022) Risk-Standardized Payment Associated with a 30-Day Episode of Care for Pneumonia	500	\$20,970 (\$19,877, \$22,080)	\$20,362	SAME	State	10	81	6	13
					Nation	444	2,502	462	1,066
					Value of Care	Average Mortality and Average Payment			
<b>PAYM-90-HIP-KNEE</b> Q2 (2019) - Q1 (2022) Risk-Standardized Payment Associated with a 90-Day Episode of Care for THA/TKA	143	\$22,615 (\$21,146, \$24,236)	\$21,247	SAME	State	2	37	17	36
					Nation	261	1,247	536	1,216
					Value of Care	Average Complications and Average Payment			

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## Medicare Spending per Beneficiary

	Facility Rate	State Rate	National Rate	National Median Amount
<b>MSPB-1</b> Q1 (2021) - Q4 (2021) Spending per hospital patient with Medicare	1.01	1.00	0.99	\$24,299.69

**Note:**

An MSPB performance of greater than one indicates that your hospital's MSPB Amount is more expensive than the U.S. National Median MSPB Amount.

A MSPB performance of less than one indicates that your hospital's MSPB Amount is less expensive than the National Median Amount.

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## Use of Medical Imaging

### Imaging Efficiency

	Number of Patients	Facility Rate	State Rate	National Rate
<b>OP-8</b> Q3 (2021) - Q2 (2022) MRI Lumbar Spine for Low Back Pain	120	34.2%	37.1%	37.1%
<b>OP-10</b> Q3 (2021) - Q2 (2022) Abdomen CT - Use of Contrast Material	1,937	5.6%	5.6%	6%
<b>OP-13</b> Q3 (2021) - Q2 (2022) Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	573	3.3%	3.5%	3.8%
<b>OP-39</b> Q3 (2021) - Q2 (2022) Breast Cancer Screening Recall Rates	2,519	6.7%	7.7%	9.2%

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 An official website of the United States government  
[Here's how you know](#) 

Medicare.gov



### Terre Haute Regional...



3901 S Seventh St  
Terre Haute, IN 47802

(812) 232-0021



### Union Hospital Inc



1606 N Seventh St  
Terre Haute, IN 47804

(812) 238-7606





HOSPITALS

## Overview





Distance from 47802	0.1 miles	4.5 miles
Overall star rating		
Patient survey rating		
Hospital type	Acute Care Hospitals	Acute Care Hospitals

<p><b>Provides emergency services?</b></p>	<p>Yes</p>	<p>Yes</p>
<p><b>Save this provider</b></p>	<p></p>	<p></p>

## Patient survey rating ^

The HCAHPS star ratings summarize patient experience, which is one aspect of hospital quality. Use the star ratings along with other quality information when...

[Read more](#)

<p><b><u>Patient survey rating</u></b></p>	<p></p>	<p></p>
<p><b>Number of completed surveys</b></p>	<p>395</p>	<p>399</p>
<p><b>Survey response rate</b></p>	<p>21%</p>	<p>20%</p>
<p><b>Patients who reported that their nurses "Always" communicated well.</b></p>	<p>74%</p>	<p>79%</p>

National average:  
79%  
Patients who reported that their doctors "Always" communicated well.

National average:  
79%  
IN average: 79%

76%

75%

Patients who reported that they "Always" received help as soon as they wanted.

National average:  
65%  
IN average: 66%

55%

59%

Patients who reported that the staff "Always" explained about medicines before giving it to them.

National average:  
61%  
IN average: 60%

55%

56%

Patients who reported that their room and

70%

77%

**bathroom were  
"Always" clean.**

National average:

72%

IN average: 73%

**Patients who  
reported that  
the area around  
their room was  
"Always" quiet at  
night.**

National average:

62%

IN average: 61%

**Patients who  
reported that  
YES, they were  
given  
information  
about what to  
do during their  
recovery at  
home.**

National average:

86%

IN average: 87%

**Patients who  
"Strongly Agree"  
they understood  
their care when  
they left the  
hospital.**

National average:

51%

49%

60%

84%

87%

45%

50%

IN average: 52%

**Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).**

National average:  
70%

IN average: 73%

66%

75%

**Patients who reported YES, they would definitely recommend the hospital.**

National average:  
69%

IN average: 71%

64%

72%

## Timely & effective care ^

These measures show how often or how quickly hospitals provide care that research shows gets the best results for patients with certain conditions, and how hospitals...

[Read more](#)

## Sepsis care

**Percentage of patients who received appropriate care for severe sepsis**

**65%** ?  
of 81 patients

**52%**  
of 613 patients



**and/or septic shock***Higher*↑ *percentages are better*

National average:

58% [25,26](#)

IN average:

51% [25,26](#)**Cataract surgery outcome**

Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery

*Higher*↑ *percentages are better*

National average:

99%

IN average:

Not available [5](#)Not available [5](#)Not available [5](#)**Colonoscopy follow-up**

Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy

**89%**  
of 19 patients

**83%**  
of 305 patients

*Higher*  
 ↑ *percentages are better*

National average:

91% [25,26](#)

IN average:

94% [25,26](#)

**Heart attack care**

**Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital**

*A lower number*  
 ↓ *of minutes is better*

National average:

64 minutes [26](#)

IN average:

50 minutes [26](#)

**Not available** [1,3](#)

**Not available** [5](#)

**Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30**

**Not available** [3,7](#)

**Not available** [5](#)

**minutes of arrival**

*Higher*

↑ *percentages are better*

National average:

51% [26](#)

IN average: 38% [26](#)

**Emergency department care**

**Percentage of patients who left the emergency department before being seen**

*Lower*

↓ *percentages are better*

National average:

3% [25,26](#)

IN average:

2% [25,26](#)

**1%**  
of 20979 patients

**2%**  
of 50039 patients

**Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival**

*Higher*

↑ *percentages are better*

**Not available <sup>1</sup>**

**79%**  
of 14 patients

National average:

69% [25](#)

IN average: 77% [25](#)

**Emergency department volume**

**Medium**

20,000 - 39,999 patients annually

**High**

40,000 - 59,999 patients annually

**Average (median) time patients spent in the emergency department before leaving from the visit**

*A lower number*

↓ *of minutes is better*

**160 minutes**

Other Medium volume hospitals:

Nation: 171 minutes [25,26](#)

Indiana: 159 minutes [25,26](#)

Number of included patients: 516

**196 minutes**

Other High volume hospitals:

Nation: 207 minutes [25,26](#)

Indiana: 192 minutes [25,26](#)

Number of included patients: 1891

## Healthcare personnel vaccination

**Percentage of healthcare personnel who completed COVID-19 primary vaccination series**

*Higher*

↑ *percentages are better*

National average:

90.4%

IN average: 81.1%

**74.8%**

of 934 healthcare workers

**89.2%**

of 3019 healthcare workers

Percentage of healthcare workers given influenza vaccination

*Higher*

↑ *percentages are better*

National average:

80%

IN average: 80%

**69%**

of 1068 healthcare workers

**95%**

of 3455 healthcare workers

## Use of medical imaging

Percentage of outpatients with low-back pain who had an MRI without trying recommended treatments (like physical therapy) first

*Lower*

↓ *percentages are better*

National average:

37.1%

IN average: 37.1%

Not available <sup>1</sup>

34.2%

Percentage of outpatient CT scans of the abdomen that were “combination” (double) scans

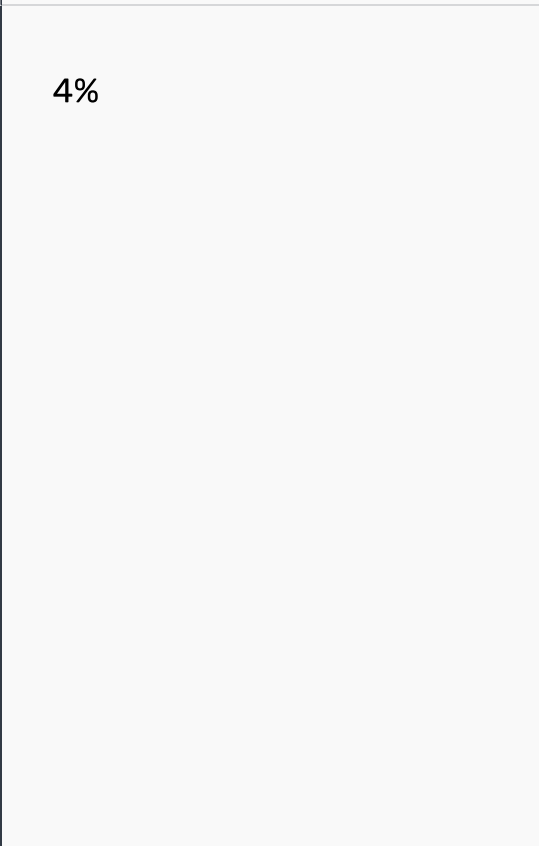
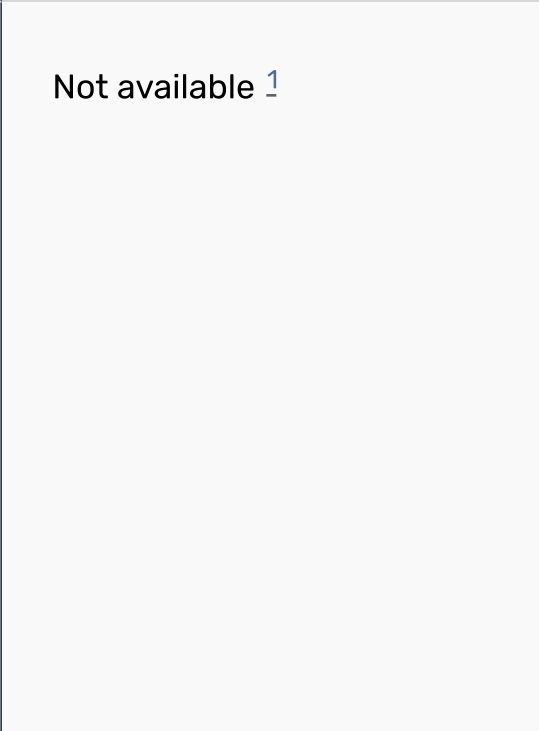
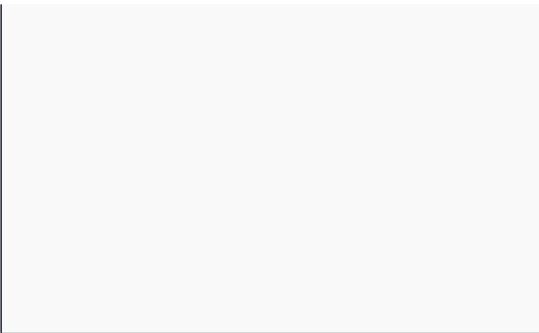
3.4%

5.6%

*Lower*  
 ↓ *percentages are better*  
 National average:  
 6%  
 IN average: 5.6%

**Percentage of outpatients who got cardiac imaging stress tests before low-risk outpatient surgery**  
*Lower*  
 ↓ *percentages are better*  
 National average:  
 3.8%  
 IN average: 3.5%

**Percentage of patients who had an advanced breast screening on the same day or within 45 days of their initial mammogram or digital breast tomosynthesis (DBT) study**  
*Percentages between 5 - 12% are best*



Not available <sup>1</sup>

3.3%

4%

6.7%

## National average: Complications & deaths



9.2%  
IN average: 7.7%  
Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even...

[Read more](#)

### Complications

<p><b>Rate of complications for hip/knee replacement patients</b></p> <p>National result: 3.2%</p>	<p><b>3.2%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 25</p>	<p><b>2.8%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 144</p>
<p><b>Serious complications</b></p> <p>National result: 1.00</p>	<p><b>0.81</b></p> <p>No different than the national value</p>	<p><b>1.17</b></p> <p>No different than the national value</p>
<p><b>Deaths among patients with serious treatable complications after surgery</b></p> <p>National result: 143.04</p>	<p><b>Not available <sup>1</sup></b></p> <p>Number of cases too small</p>	<p><b>147.33</b></p> <p>No different than the national rate</p>

### Infections

<p><b>Central line-associated bloodstream</b></p>	<p><b>0.606</b></p> <p>No different than national benchmark</p>	<p><b>0.397</b></p> <p>Better than the national benchmark</p>
---	---	---

**infections (CLABSI) in ICUs and select wards**

↓ *Lower numbers are better*

National benchmark:  
1.000

**Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards**

↓ *Lower numbers are better*

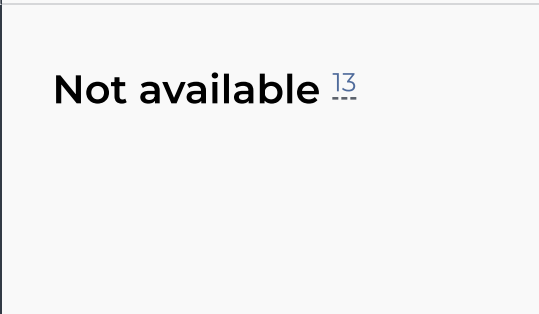
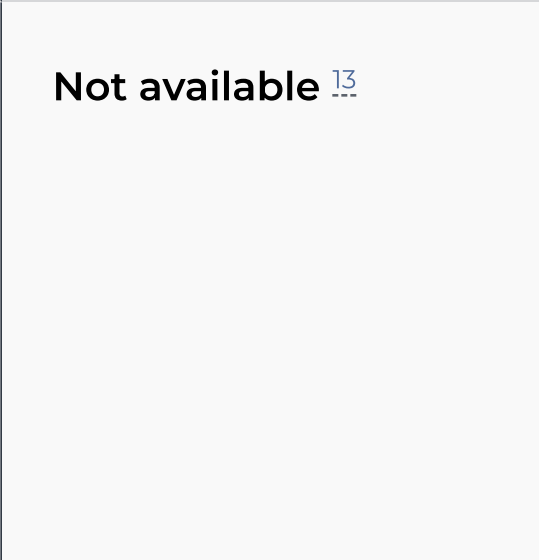
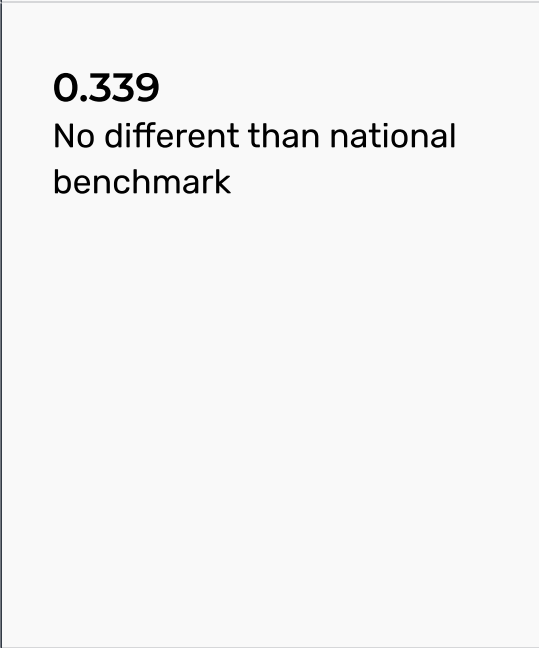
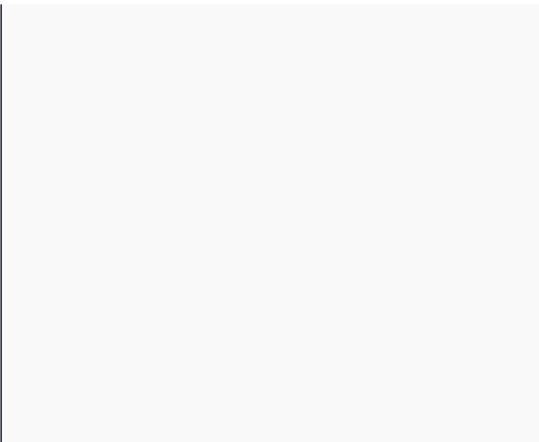
National benchmark:  
1.000

**Surgical site infections (SSI) from colon surgery**

↓ *Lower numbers are better*

National benchmark:  
1.000

**Surgical site infections (SSI) from abdominal hysterectomy**



**0.314**  
Better than the national benchmark

**Not available** <sup>13</sup>

**0.000**  
Better than the national benchmark

**Not available** <sup>13</sup>

**Not available** <sup>13</sup>



↓ *Lower numbers  
are better*

National  
benchmark:  
1.000

**Methicillin-  
resistant  
Staphylococcus  
Aureus (MRSA)  
blood infections**

↓ *Lower numbers  
are better*

National  
benchmark:  
1.000

**Not available** <sup>13</sup>

**1.201**

No different than national  
benchmark

**Clostridium  
difficile (C.diff.)  
intestinal  
infections**

↓ *Lower numbers  
are better*

National  
benchmark:  
1.000

**0.741**

No different than national  
benchmark

**0.425**

Better than the national  
benchmark

## Death rates

**Death rate for  
COPD patients**

National result:  
9.2%

**9.8%**

No different than the  
national rate

Number of included  
patients: 57

**11.6%**

No different than the  
national rate

Number of included  
patients: 195

<p><b>Death rate for heart attack patients</b></p> <p>National result: 12.6%</p>	<p><b>11.6%</b> No different than the national rate</p> <p>Number of included patients: 107</p>	<p><b>13.1%</b> No different than the national rate</p> <p>Number of included patients: 245</p>
<p><b>Death rate for heart failure patients</b></p> <p>National result: 11.8%</p>	<p><b>12.5%</b> No different than the national rate</p> <p>Number of included patients: 157</p>	<p><b>12.7%</b> No different than the national rate</p> <p>Number of included patients: 669</p>
<p><b>Death rate for pneumonia patients</b></p> <p>National result: 18.2%</p>	<p><b>19.6%</b> No different than the national rate</p> <p>Number of included patients: 103</p>	<p><b>17.3%</b> No different than the national rate</p> <p>Number of included patients: 530</p>
<p><b>Death rate for stroke patients</b></p> <p>National result: 13.9%</p>	<p><b>13.8%</b> No different than the national rate</p> <p>Number of included patients: 58</p>	<p><b>14.7%</b> No different than the national rate</p> <p>Number of included patients: 226</p>
<p><b>Death rate for CABG surgery patients</b></p> <p>National result: 2.9%</p>	<p><b>3.6%</b> No different than the national rate</p> <p>Number of included patients: 36</p>	<p><b>2.7%</b> No different than the national rate</p> <p>Number of included patients: 87</p>

# Unplanned hospital visits



Returning to the hospital for unplanned care disrupts patients' lives, increases their risk of harmful events like healthcare-associated infections, and costs more mone...

[Read more](#)

<p><b>Rate of readmission after discharge from hospital (hospital-wide)</b></p> <p>National result: 14.6%</p>	<p><b>14%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 808</p>	<p><b>14.9%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 2908</p>
	<p><b>14%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 808</p>	<p><b>14.9%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 2908</p>

## By medical condition

<p><b>Rate of readmission for chronic obstructive pulmonary disease (COPD) patients</b></p> <p>National result: 19.3%</p>	<p><b>18.4%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 65</p>	<p><b>18.8%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 208</p>
	<p><b>18.4%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 65</p>	<p><b>18.8%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 208</p>

<p><b>Rate of readmission for heart attack patients</b></p> <p>National result: 14%</p>	<p><b>15.8%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 110</p>	<p><b>13.2%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 257</p>
	<p><b>15.8%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 110</p>	<p><b>13.2%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 257</p>

	<p><b>19.1 days</b></p> <p>Average days per 100 discharges</p>	<p><b>-21.5 days</b></p> <p>Fewer days than average per 100 discharges</p>
	<p><b>19.1 days</b></p> <p>Average days per 100 discharges</p>	<p><b>-21.5 days</b></p> <p>Fewer days than average per 100 discharges</p>

### Hospital return days for heart attack patients

National result:  
Not applicable

Number of included patients: 109

**20.3%**  
No different than the national rate

Number of included patients: 172

Number of included patients: 249

**21.7%**  
No different than the national rate

Number of included patients: 813

### Rate of readmission for heart failure patients

National result:  
20.2%

**15.6 days**  
Average days per 100 discharges

Number of included patients: 147

**14.1 days**  
Average days per 100 discharges

Number of included patients: 643

### Hospital return days for heart failure patients

National result:  
Not applicable

**16.8%**  
No different than the national rate

Number of included patients: 108

**18.1%**  
No different than the national rate

Number of included patients: 578

### Rate of readmission for pneumonia patients

National result:  
16.9%

**-5 days**  
Average days per 100 discharges

Number of included patients: 103

**29.7 days**  
More days than average per 100 discharges

Number of included patients: 526

### Hospital return days for pneumonia patients

National result:  
By procedure  
Not applicable

**11.8%****9.7%**

Rate of  
readmission for  
coronary artery  
bypass graft  
(CABG) surgery  
patients

No different than the  
national rate

No different than the  
national rate

Number of included  
patients: 34

Number of included  
patients: 86

National result:  
11%

**4.1%****4%**

Rate of  
readmission  
after hip/knee  
replacement

No different than the  
national rate

No different than the  
national rate

Number of included  
patients: 34

Number of included  
patients: 139

National result:  
4.3%

**12.9 per 1,000  
colonoscopies****12.2 per 1,000  
colonoscopies**

Rate of  
unplanned  
hospital visits  
after an  
outpatient  
colonoscopy

No different than the  
national rate

No different than the  
national rate

National result:  
14.2 per 1,000  
colonoscopies

**10.4%****14.1%**

Rate of inpatient  
admissions for  
patients  
receiving  
outpatient  
chemotherapy  
(per 100

No different than the  
national rate

Worse than the national  
rate

Number of included  
patients: 70

Number of included  
patients: 350

**chemotherapy patients)**

National result:  
10.2%

**Rate of emergency department (ED) visits for patients receiving outpatient chemotherapy (per 100 chemotherapy patients)**

National result:  
5.4%

**Ratio of unplanned hospital visits after hospital outpatient surgery**

National result:  
Not applicable

**6.4%**

No different than the national rate

Number of included patients: 70

**5.5%**

No different than the national rate

Number of included patients: 350

**1**

No different than expected

Number of included procedures: 173

**0.8**

Better than expected

Number of included procedures: 894

**Maternal health**



These measures aim to improve maternal health. By providing care to pregnant individuals that follows best practices that advance health care quality, safety, and...

[Read more](#)

**0%**

of 49 patients

**0%**

of 165 patients

**Percentage of mothers whose deliveries were scheduled too**

early (1-2 weeks early), when a scheduled delivery wasn't medically necessary

*Lower*

↓ *percentages are better*

National average:

2% [26](#)

IN average: 2% [26](#)

Whether a hospital participated in a state or national program aimed at improving maternal and child health

Yes

Yes

## Psychiatric unit services ^

These quality measures show how often or how quickly inpatient psychiatric facilities give recommended treatments and services known to get the best results...

[Read more](#)

Healthcare personnel vaccination

80.6%

Not available [5](#)

of 26 health care workers

Percentage of healthcare personnel who completed COVID-19 primary vaccination series

**(psychiatric services)**

*Higher*

↑ *percentages are better*

National average:

89.9%

IN average: 80.3%

**Preventive care & screening**

**83%**

**Not available** <sup>5</sup>

of 154 patients

**Patients discharged on one or more antipsychotic medications who had body mass index, blood pressure, blood sugar, and cholesterol level screenings in the past year**

*Higher*

↑ *percentages are better*

National average:

77%

IN average: 65%

**99%**

**Not available** <sup>5</sup>

of 350 patients

**Patients assessed and given influenza vaccination**

*Higher*

↑ *percentages are better*

National average:

77%



IN average: 64%

**Substance use treatment**

**Patients with alcohol abuse who received or refused a brief intervention during their inpatient stay**

*Higher*  
 ↑ *percentages are better*

National average: 65%  
 IN average: 45%

**95%**  
 of 74 patients

**Not available** <sup>5</sup>

**Patients with alcohol abuse who received a brief intervention during their inpatient stay**

*Higher*  
 ↑ *percentages are better*

National average: 76%  
 IN average: 75%

**95%**  
 of 74 patients

**Not available** <sup>5</sup>

**Patients who screened positive for an alcohol or drug use disorder during their**

**100%**  
 of 94 patients

**Not available** <sup>5</sup>

**inpatient stay who, at discharge, either: (1) received or refused a prescription for medications to treat their alcohol or drug use disorder OR (2) received or refused a referral for addiction treatment**

*Higher*  
↑ *percentages are better*

National average:  
75%  
IN average: 69%

**Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received a prescription for medications to treat their alcohol or drug use disorder OR (2) received a referral for addiction treatment**

**100%**  
of 94 patients

**Not available** 5

*Higher*

↑ *percentages are better*

National average:

62%

IN average: 63%

**Patients who use tobacco and who received or refused counseling to quit AND received or refused medications to help them quit tobacco or had a reason for not receiving medication during their hospital stay**

*Higher*

↑ *percentages are better*

National average:

72%

IN average: 65%

**Patients who use tobacco and who received counseling to quit AND received medications to help them quit tobacco or had a reason for not receiving**

**98%**  
of 140 patients

**Not available** <sup>5</sup>

**84%**  
of 139 patients

**Not available** <sup>5</sup>

**medication during their hospital stay**

*Higher*

↑ *percentages are better*

National average:  
42%

IN average: 43%

**99%**  
of 131 patients

**Not available** <sup>5</sup>

**Patients who use tobacco and at discharge (1) received or refused a referral for outpatient counseling AND (2) received or refused a prescription for medications to help them quit or had a reason for not receiving medication**

*Higher*

↑ *percentages are better*

National average:  
58%

IN average: 57%

**99%**  
of 131 patients

**Not available** <sup>5</sup>

**Patients who use tobacco and at discharge (1) received a referral for outpatient counseling AND**

**(2) received a prescription for medications to help them quit or had a reason for not receiving medication**

*Higher*  
 ↑ *percentages are better*

National average:  
 18%

IN average: 17%

**Patient safety**

**Hours that patients spent in physical restraints for every 1,000 hours of patient care**

↓ *Lower rates are better*

National average:  
 0.38

IN average: 0.20

**Hours that patients spent in seclusion for every 1,000 hours of patient care**

↓ *Lower rates are better*

National average:  
 0.36

**0.10**  
 of 6426 days

**Not available** <sup>5</sup>

**0.04**  
 of 6426 days

**Not available** <sup>5</sup>

IN average: 0.22

**Follow up care**

**Patients discharged from an inpatient psychiatric facility who received (or whose caregiver received) a complete record of inpatient psychiatric care and plans for follow-up**

*Higher*  
↑ *percentages are better*

National average:  
67%  
IN average: 61%

**0%**  
of 304 patients

**Not available** <sup>5</sup>

**Patients whose follow-up care provider received a complete record of their inpatient psychiatric care and plans for follow-up within 24 hours of discharge**

*Higher*  
↑ *percentages are better*

**0%**  
of 304 patients

**Not available** <sup>5</sup>

National average:

58%

IN average: 54%

**Patients discharged from an inpatient psychiatric facility on two or more antipsychotic medications (medications to prevent individuals from experiencing hallucinations, delusions, extreme mood swings, or other issues), and whose multiple prescriptions were clinically appropriate**

*Higher*

↑ *percentages are better*

National average:

62%

IN average: 63%

**Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within**

**Not available** <sup>1</sup>

**Not available** <sup>5</sup>

**44.1%**  
of 59 patients

**Not available** <sup>5</sup>

**30 days of discharge**

*Higher*

↑ *percentages are better*

National average:  
51.7%

IN average: 61.5%

**16.9%**  
of 59 patients

**Not available** <sup>5</sup>

**Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 7 days of discharge**

*Higher*

↑ *percentages are better*

National average:  
28.6%

IN average: 31.3%

**71.7%**  
of 127 patients

**Not available** <sup>5</sup>

**Patients admitted to an inpatient psychiatric facility for major depressive disorder (MDD), schizophrenia, or bipolar disorder who filled at least one prescription**



between the 2 days before they were discharged and 30 days after they were discharged from the facility

*Higher*  
↑ *percentages are better*

National average: 73.1%  
IN average: 76.1%

### Unplanned readmission

Patients readmitted to any hospital within 30 days of discharge from the inpatient psychiatric facility

*Lower*  
↓ *percentages are better*

National average: 20.1%

**21.5%**

No different than the national rate

Number of included patients: 174

**Not available** <sup>5</sup>

### Payment & value of care



The payment for heart attack, heart failure, and pneumonia measures add up all payments made for care starting the day the patient enters the hospital and...

[Read more](#)

### Medicare Spending per Beneficiary

0.99

1.01

## Medicare Spending per Beneficiary

- (displayed in ratio)

National average:  
0.99

IN average: 1.00

## Payment

**\$26,178**

No different than the national average payment

Number of included patients: 101

**\$26,947**

No different than the national average payment

Number of included patients: 232

## Payment for heart attack patients

National average payment: \$27,314

**\$18,758**

No different than the national average payment

Number of included patients: 143

**\$19,665**

No different than the national average payment

Number of included patients: 643

## Payment for heart failure patients

National average payment: \$18,764

**Not available <sup>1</sup>**

Number of cases too small

**\$22,615**

No different than the national average payment

Number of included patients: 143

## Payment for hip/knee replacement patients

National average payment: \$21,247

**\$19,838**

No different than the national average payment

Number of included patients: 101

**\$20,970**

No different than the national average payment

Number of included patients: 500

## Payment for pneumonia patients

National average payment: \$20,362		
<b>Value of care</b>	<b>11.6%</b> No different than the national rate	<b>13.1%</b> No different than the national rate
<b>Death rate for heart attack patients</b>	Number of included patients: 107	Number of included patients: 245
National result: 12.6%		
<b>Payment for heart attack patients</b>	<b>\$26,178</b> No different than the national average payment	<b>\$26,947</b> No different than the national average payment
Number of included patients: 101		Number of included patients: 232
National average payment: \$27,314		
<b>Death rate for heart failure patients</b>	<b>12.5%</b> No different than the national rate	<b>12.7%</b> No different than the national rate
Number of included patients: 157		Number of included patients: 669
National result: 11.8%		
<b>Payment for heart failure patients</b>	<b>\$18,758</b> No different than the national average payment	<b>\$19,665</b> No different than the national average payment
Number of included patients: 143		Number of included patients: 643
National average payment: \$18,764		
<b>Payment for heart failure patients</b>	<b>3.2%</b> No different than the national rate	<b>2.8%</b> No different than the national rate

**Rate of complications for hip/knee replacement patients**

National result:  
3.2%

Number of included patients: 25

Number of included patients: 144

**Not available** <sup>1</sup>  
Number of cases too small

**\$22,615**  
No different than the national average payment  
Number of included patients: 143

**Payment for hip/knee replacement patients**

National average payment: \$21,247

**19.6%**  
No different than the national rate  
Number of included patients: 103

**17.3%**  
No different than the national rate  
Number of included patients: 530

**Death rate for pneumonia patients**

National result:  
18.2%

**\$19,838**  
No different than the national average payment  
Number of included patients: 101

**\$20,970**  
No different than the national average payment  
Number of included patients: 500

**Payment for pneumonia patients**

National average payment:  
\$20,362

Data last updated: July 26, 2023

To explore and download hospital data, [visit the data catalog on CMS.gov](#)

To explore data on ambulatory surgical centers (ASC), [visit the ASC data on CMS.gov](#)



## Consider this when choosing a hospital

[Guide to choosing a hospital](#)

[How Medicare covers inpatient hospital care](#)

[How Medicare covers outpatient hospital services](#)

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# Medicare.gov

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

FORM APPROVED  
OMB NO. 0938-0050  
EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/23/2023 2:23 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/23/2023	Time: 2:23 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)**  
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNION HOSPITAL, INC. ( 15-0023 ) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	1,061,146	1,876	0	-2,642,343
2.00	SUBPROVIDER - IPF	0	0	0		0
3.00	SUBPROVIDER - IRF	0	6,092	3		39,778
5.00	SWING BED - SNF	0	0	0		0
6.00	SWING BED - NF	0				0
200.00	TOTAL	0	1,067,238	1,879	0	-2,602,565

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 number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm
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1.00	Hospital and Hospital Health Care Complex Address:		2.00	3.00	4.00				
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)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	UNION HOSPITAL, INC.	150023	45460	1	01/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	MEDICAL REHAB	15T023	45460	5	09/01/1989	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022	12/31/2022		20.00	
21.00	Type of Control (see instructions)					2			21.00	
						1.00	2.00	3.00		

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, 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 a final UCP 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	N			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	898	1,402	71	444	13,430	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.	37	28	0	0	456			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, 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. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			57.00	



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm		
		V	XVIII	XIX		
		1.00	2.00	3.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
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)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
						Y
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
				1.00	2.00	3.00	
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	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
				1.00	2.00	3.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.00	21.00	0.000000	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		Y N 0		76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
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
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0 88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0 89.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		Y 91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		N 92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N 93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N 94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N 96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. 1V, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
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
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				113.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	748,480	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.06	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.				123.00
<b>Certified Transplant Center Information</b>					
125.00	Does this facility operate a Medicare-certified 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 program, 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 program, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare-certified liver transplant program, 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 program, 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 program, 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 program, 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 program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H043	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101	141.00
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:			142.00
143.00	City: TERRE HAUTE	State: IN	Zip Code: 47804		143.00
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
			1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 2:23 pm													
1.00																			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00											
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00											
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Part A</th> <th style="width: 25%;">Part B</th> <th style="width: 25%;">Title V</th> <th style="width: 25%;">Title XIX</th> </tr> <tr> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.00</td> <td style="text-align: center;">3.00</td> <td style="text-align: center;">4.00</td> </tr> </table>								Part A	Part B	Title V	Title XIX	1.00	2.00	3.00	4.00				
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	N	155.00												
156.00	Subprovider - IPF	N	N	N	N	N	156.00												
157.00	Subprovider - IRF	N	N	N	N	N	157.00												
158.00	SUBPROVIDER	N	N	N	N	N	158.00												
159.00	SNF	N	N	N	N	N	159.00												
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00												
161.00	CMHC	N	N	N	N	N	161.00												
1.00																			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 10%;">County</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip Code</th> <th style="width: 10%;">CBSA</th> <th style="width: 10%;">FTE/Campus</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.00</td> <td style="text-align: center;">3.00</td> <td style="text-align: center;">4.00</td> <td style="text-align: center;">5.00</td> </tr> </tbody> </table>								Name	County	State	Zip Code	CBSA	FTE/Campus	0	1.00	2.00	3.00	4.00	5.00
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 §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00											
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00											
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01											
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Beginning</th> <th style="width: 50%;">Ending</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.00</td> </tr> </tbody> </table>								Beginning	Ending	1.00	2.00								
Beginning	Ending																		
1.00	2.00																		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Beginning</th> <th style="width: 50%;">Ending</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.00</td> </tr> </tbody> </table>								Beginning	Ending	1.00	2.00								
Beginning	Ending																		
1.00	2.00																		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	171.00											

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/23/2023 2:23 pm		
			Y/N	Date		
			1.00	2.00		
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>						
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
<b>COMPLETED BY ALL HOSPITALS</b>						
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	
<b>Financial Data and Reports</b>						
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		
<b>Approved Educational Activities</b>						
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00	
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00	
			Y/N			
			1.00			
<b>Bad Debts</b>						
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 coinsurance amounts waived? If yes, see instructions.		N		14.00	
<b>Bed Complement</b>						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
<b>PS&amp;R Data</b>						
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	02/15/2023	Y	02/15/2023	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/23/2023 2:23 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
34.00	Were 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	
<b>Home Office Costs</b>					
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		
<b>Cost Report Preparer Contact Information</b>					
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.	MI KE		ALESSANDRI NI	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.	317-713-7959		MALESSANDRI NI@BLUEANDCO.COM	43.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/23/2023 2:23 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2023 2:23 pm

Component	Worksheet A Line No.	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		
<b>PART I - STATISTICAL DATA</b>							
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	219	79,935	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)		219	79,935	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	INTENSIVE NURSERY	35.00	15	5,475	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		258	94,170	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		273				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2023 2:23 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	
<b>PART I - STATISTICAL DATA</b>						
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)	19,287	483	52,133		1.00
2.00	HMO and other (see instructions)	12,555	15,231			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	42	456			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	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	19,287	483	52,133		7.00
8.00	INTENSIVE CARE UNIT	2,634	0	7,173		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	4,640		12.00
13.00	NURSERY		409	2,437		13.00
14.00	Total (see instructions)	21,921	892	66,383	20.99	1,429.22
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	1,405	65	3,486	0.00	18.16
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)			10		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				20.99	1,447.38
28.00	Observation Bed Days		1,367	11,279		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	122	200		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			312		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part I Date/Time Prepared: 5/23/2023 2:23 pm
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,536	74	14,382	1.00
2.00	HMO and other (see instructions)			2,083	2,962		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				34		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	INTENSIVE NURSERY						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,536	74	14,382	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	107	2	241	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/23/2023 2:23 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	113,470,659	0	113,470,659	3,010,549.86	37.69 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		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		590,375	0	590,375	4,056.00	145.56 4.01
5.00	Physician and Non-Physician-Part B		2,958,210	0	2,958,210	17,471.50	169.32 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,420,985	1,420,985	43,680.00	32.53 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 and/or related organization 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)		18,662,581	-2,886,014	15,776,567	219,327.00	71.93 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		31,533,036	0	31,533,036	259,611.00	121.46 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		166,625	0	166,625	1,111.00	149.98 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		26,840,066	0	26,840,066	581,614.90	46.15 14.01
14.02	Related organization salaries		6,652,078	0	6,652,078	180,991.00	36.75 14.02
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
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		25,275,606	0	25,275,606		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,705,081	0	2,705,081		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		63,774	0	63,774		
23.00	Physician Part B		289,117	0	289,117		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		351,872	0	351,872		
25.50	Home office wage-related (core)		5,570,606	0	5,570,606		
25.51	Related organization wage-related (core)		1,681,712	0	1,681,712		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/23/2023 2:23 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	140,953	903,170	1,044,123	35,559.30	29.36	26.00
27.00	Administrative & General	4,911,337	2,298,010	7,209,347	242,351.33	29.75	27.00
28.00	Administrative & General under contract (see inst.)	2,336,952	0	2,336,952	16,463.00	141.95	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	79,594	-1,957	77,637	3,254.90	23.85	30.00
31.00	Laundry & Linen Service	833,907	-20,504	813,403	43,671.34	18.63	31.00
32.00	Housekeeping	2,600,090	-63,930	2,536,160	140,655.97	18.03	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,156,141	-1,744,743	411,398	22,945.76	17.93	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,689,021	1,689,021	94,207.00	17.93	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,341,528	-32,985	1,308,543	30,725.60	42.59	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	1,160,677	-28,538	1,132,139	47,396.28	23.89	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/23/2023 2:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	112,259,026	-1,420,985	110,838,041	2,961,805.36	37.42	1.00
2.00	Excluded area salaries (see instructions)	18,662,581	-2,886,014	15,776,567	219,327.00	71.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,596,445	1,465,029	95,061,474	2,742,478.36	34.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	65,191,805	0	65,191,805	1,023,327.90	63.71	4.00
5.00	Subtotal wage-related costs (see inst.)	32,527,924	0	32,527,924	0.00	34.22	5.00
6.00	Total (sum of lines 3 thru 5)	191,316,174	1,465,029	192,781,203	3,765,806.26	51.19	6.00
7.00	Total overhead cost (see instructions)	15,561,179	2,997,544	18,558,723	677,230.48	27.40	7.00

Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	3,631,721	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	16,359,756	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	-49,323	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	52,791	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)	207,863	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	112,942	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	8,060,112	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	309,588	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	28,685,450	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00



HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/23/2023 2:23 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	31,533,036	28,685,450	1.00
2.00	Hospital	31,533,036	28,685,450	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	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			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 I			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/23/2023 2:23 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.219837	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			51,172,043	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			329,781,814	6.00	
7.00	Medicaid cost (line 1 times line 6)			72,498,245	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)			21,326,202	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			143,985	9.00	
10.00	Stand-alone CHIP charges			483,573	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			106,307	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			21,326,202	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,739,285	0	11,739,285	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,580,729	0	2,580,729	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	2,580,729	0	2,580,729	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			24,867,530	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			526,697	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			810,302	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			24,057,228	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,572,274	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,153,003	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			29,479,205	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A  
Date/Time Prepared:  
5/23/2023 2:23 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		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		14,815,583	14,815,583	5,681,601	20,497,184	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		9,100,348	9,100,348	2,622,976	11,723,324	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	140,953	14,887	155,840	4,557,470	4,713,310	4.00
5.01	00540	NONPATIENT TELEPHONES	526,284	365,783	892,067	-12,940	879,127	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	1,319,049	288,361	1,607,410	-32,432	1,574,978	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	3,066,004	43,982,232	47,048,236	-6,207,152	40,841,084	5.06
7.00	00700	OPERATION OF PLANT	79,594	518,904	598,498	-1,957	596,541	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	833,907	454,400	1,288,307	-20,504	1,267,803	8.00
9.00	00900	HOUSEKEEPING	2,600,090	1,431,349	4,031,439	-63,930	3,967,509	9.00
10.00	01000	DIETARY	2,156,141	3,007,102	5,163,243	-4,163,232	1,000,011	10.00
11.00	01100	CAFETERIA	0	0	0	4,107,510	4,107,510	11.00
13.00	01300	NURSING ADMINISTRATION	1,341,528	205,528	1,547,056	-32,985	1,514,071	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,160,677	913,828	2,074,505	-28,538	2,045,967	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,564,737	1,564,737	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,794,306	1,794,306	22.00
23.00	02300	PARAMED PRGM	0	0	0	89,296	89,296	23.00
23.01	02341	OTHER MED ED	1,348,789	157,901	1,506,690	15,650	1,522,340	23.01
23.02	02301	PARAMED PRGM	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	24,574,731	24,931,569	49,506,300	-1,862,499	47,643,801	30.00
31.00	03100	INTENSIVE CARE UNIT	5,193,888	8,274,408	13,468,296	-42,026	13,426,270	31.00
35.00	02040	INTENSIVE NURSERY	2,696,369	1,398,522	4,094,891	-10,849	4,084,042	35.00
41.00	04100	SUBPROVIDER - IIRF	1,773,292	437,799	2,211,091	-1,973	2,209,118	41.00
43.00	04300	NURSERY	0	0	0	1,078,218	1,078,218	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,171,319	24,631,057	27,802,376	-7,624,244	20,178,132	50.00
50.01	05001	CARDIAC SURGERY	1,908,948	2,304,364	4,213,312	-111,770	4,101,542	50.01
50.02	05002	WVSC	10,453	14,793,330	14,803,783	-1,832,746	12,971,037	50.02
51.00	05100	RECOVERY ROOM	1,826,536	407,310	2,233,846	-44,886	2,188,960	51.00
51.02	05101	O/P TREATMENT ROOM	396,619	112,321	508,940	-9,752	499,188	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,935,262	4,311,995	8,247,257	-91,888	8,155,369	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,765,526	4,083,548	8,849,074	-76,307	8,772,767	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	429,615	4,618,069	5,047,684	-10,529	5,037,155	55.00
56.00	05600	RADIOLOGY-SOTOPE	286,244	1,408,934	1,695,178	-7,038	1,688,140	56.00
57.00	05700	CT SCAN	1,228,146	1,907,481	3,135,627	-30,172	3,105,455	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	901,174	704,299	1,605,473	-22,158	1,583,315	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,213,876	19,203,874	22,417,750	-2,375,459	20,042,291	59.00
60.00	06000	LABORATORY	5,449,012	10,987,810	16,436,822	-133,978	16,302,844	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,657,837	1,657,837	0	1,657,837	62.00
65.00	06500	RESPIRATORY THERAPY	3,745,985	1,512,221	5,258,206	-44,687	5,213,519	65.00
66.00	06600	PHYSICAL THERAPY	564	4,967,676	4,968,240	-14	4,968,226	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	2,852,550	2,852,550	0	2,852,550	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	821,312	821,312	0	821,312	68.00
69.00	06900	ELECTROCARDIOLOGY	2,813,168	1,944,511	4,757,679	-69,169	4,688,510	69.00
69.01	06901	CARDIAC REHAB	344,054	69,677	413,731	-8,459	405,272	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,453,320	2,161,881	4,615,201	-60,321	4,554,880	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,350,773	1,350,773	-1,350,773	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,940,127	12,940,127	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,401,904	70,621,315	76,023,219	-4,508,875	71,514,344	73.00
76.00	03020	RENAL ACUTE	0	1,999,043	1,999,043	0	1,999,043	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	216,782	45,425	262,207	-5,330	256,877	90.00
90.05	09005	PATIENT NUTRITION	0	2,454	2,454	0	2,454	90.05
90.07	09007	WOUND CLINIC	446,865	1,172,612	1,619,477	-50,468	1,569,009	90.07
91.00	09100	EMERGENCY	6,173,491	9,005,021	15,178,512	-144,168	15,034,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,930,159	299,957,204	397,887,363	3,357,683	401,245,046	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	2,132,731	3,831,758	5,964,489	85,071	6,049,560	194.00
194.01	07951	RENTAL PROPERTY	0	38,444	38,444	0	38,444	194.01
194.02	07954	FAMILY PRACTICE	5,514,177	1,931,541	7,445,718	-3,494,623	3,951,095	194.02
194.03	07952	WELLNESS	0	0	0	331,533	331,533	194.03
194.04	07955	PHYSICIAN PRACTICES	7,276,446	30,641,174	37,917,620	-178,910	37,738,710	194.04
194.06	07953	SYCAMORE SPORTS MED	17,400	1,394,187	1,411,587	-428	1,411,159	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/23/2023 2:23 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	599,746	102,058	701,804	-100,326	601,478	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	113,470,659	337,896,366	451,367,025	0	451,367,025	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A  
Date/Time Prepared:  
5/23/2023 2:23 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-2,098,663	18,398,521	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-1,055,314	10,668,010	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	17,087,818	21,801,128	4.00
5.01	00540 NONPATIENT TELEPHONES	-58,671	820,456	5.01
5.02	00550 DATA PROCESSING	18,238,274	18,238,274	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	2,109,600	2,109,600	5.03
5.04	00570 ADMITTING	0	1,574,978	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	17,230,891	17,230,891	5.05
5.06	00590 OTHER ADMIN AND GENERAL	-7,056,306	33,784,778	5.06
7.00	00700 OPERATION OF PLANT	10,311,909	10,908,450	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-10,574	1,257,229	8.00
9.00	00900 HOUSEKEEPING	-61,022	3,906,487	9.00
10.00	01000 DIETARY	-776,067	223,944	10.00
11.00	01100 CAFETERIA	-1,095,297	3,012,213	11.00
13.00	01300 NURSING ADMINISTRATION	1,690,751	3,204,822	13.00
16.00	01600 MEDICAL RECORDS & LIBRARY	181,680	2,227,647	16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,564,737	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,794,306	22.00
23.00	02300 PARAMED ED PRGM	0	89,296	23.00
23.01	02341 OTHER MED ED	-1,284,923	237,417	23.01
23.02	02301 PARAMED ED PRGM	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-3,149,647	44,494,154	30.00
31.00	03100 INTENSIVE CARE UNIT	0	13,426,270	31.00
35.00	02040 INTENSIVE NURSERY	-828,667	3,255,375	35.00
41.00	04100 SUBPROVIDER - IRF	-450,497	1,758,621	41.00
43.00	04300 NURSERY	0	1,078,218	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-4,099,248	16,078,884	50.00
50.01	05001 CARDIAC SURGERY	-2,469,886	1,631,656	50.01
50.02	05002 WASC	-2,360,275	10,610,762	50.02
51.00	05100 RECOVERY ROOM	12,527	2,201,487	51.00
51.02	05101 O/P TREATMENT ROOM	0	499,188	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	-3,215,958	4,939,411	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	352,239	9,125,006	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,037,155	55.00
56.00	05600 RADIOISOTOPE	0	1,688,140	56.00
57.00	05700 CT SCAN	316,712	3,422,167	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	79,773	1,663,088	58.00
59.00	05900 CARDIAC CATHETERIZATION	151,250	20,193,541	59.00
60.00	06000 LABORATORY	0	16,302,844	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,657,837	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,213,519	65.00
66.00	06600 PHYSICAL THERAPY	-1,869,656	3,098,570	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	-1,037,340	1,815,210	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,451,605	2,451,605	67.00
68.00	06800 SPEECH PATHOLOGY	158,489	979,801	68.00
69.00	06900 ELECTROCARDIOLOGY	-304,166	4,384,344	69.00
69.01	06901 CARDIAC REHAB	2,425	407,697	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	-3,225,794	1,329,086	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,825	-3,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,940,127	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,318,335	72,832,679	73.00
76.00	03020 RENAL ACUTE	0	1,999,043	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	-5,578	251,299	90.00
90.05	09005 PATIENT NUTRITION	0	2,454	90.05
90.07	09007 WOUND CLINIC	10,882	1,579,891	90.07
91.00	09100 EMERGENCY	-3,525,924	11,508,420	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	31,661,862	432,906,908	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 RURAL HEALTH	0	6,049,560	194.00
194.01	07951 RENTAL PROPERTY	0	38,444	194.01
194.02	07954 FAMILY PRACTICE	0	3,951,095	194.02
194.03	07952 WELLNESS	0	331,533	194.03
194.04	07955 PHYSICIAN PRACTICES	-410,000	37,328,710	194.04
194.06	07953 SYCAMORE SPORTS MED	-1,315,281	95,878	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	601,478	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
200.00	TOTAL (SUM OF LINES 118 through 199)	29,936,581	481,303,606	200.00	

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-6  
Date/Time Prepared:  
5/23/2023 2:23 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PARAMED RECLASS</b>					
1.00	PARAMED ED PRGM	23.00	74,834	16,302	1.00
	O		74,834	16,302	
<b>B - FITNESS ACTIVITY RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	117,517	33,488	1.00
2.00	WELLNESS	194.03	263,042	74,959	2.00
	O		380,559	108,447	
<b>C - CLAY CITY RURAL HEALTH RECLASS</b>					
1.00	RURAL HEALTH	194.00	0	56,049	1.00
	O		0	56,049	
<b>D - CORK MEDICAL RURAL HEALTH RECLASS</b>					
1.00	RURAL HEALTH	194.00	0	67,783	1.00
	O		0	67,783	
<b>E - BRAZIL MEDICAL CENTER RECLASS</b>					
1.00	RURAL HEALTH	194.00	0	13,678	1.00
	O		0	13,678	
<b>F - HOUSE NURSE ASSISTANT RECLASS</b>					
1.00	INTENSIVE CARE UNIT	31.00	79,458	8,175	1.00
2.00	INTENSIVE NURSERY	35.00	51,423	5,290	2.00
3.00	SUBPROVIDER - IRF	41.00	38,605	3,972	3.00
	O		169,486	17,437	
<b>G - EMPLOYEE ACCESS RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	74,704	12,712	1.00
	O		74,704	12,712	
<b>H - TUBE FEEDING RECLASS</b>					
1.00	ADULTS & PEDIATRICS	30.00	2,776	0	1.00
	O		2,776	0	
<b>I - FAMILY MEDICINE RECLASS</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,456,804	143,752	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,378,750	449,456	2.00
	O		2,835,554	593,208	
<b>J - LOBBY PHARMACY RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	737,269	3,608,100	1.00
	O		737,269	3,608,100	
<b>K - IMPLANTABLE DEVICES RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,940,127	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	O		0	12,940,127	
<b>L - INTEREST RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,819,111	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,622,976	2.00
	O		0	8,442,087	
<b>M - NURSERY RECLASS</b>					
1.00	NURSERY	43.00	910,129	190,467	1.00
	O		910,129	190,467	
<b>N - PHARMACY PARAMED RECLASS</b>					
1.00	OTHER MED ED	23.01	45,450	4,481	1.00
	O		45,450	4,481	
<b>O - CAFE RECLASS</b>					
1.00	CAFETERIA	11.00	1,731,597	2,418,489	1.00
	O		1,731,597	2,418,489	
<b>P - CENTRAL SUPPLY RECLASS</b>					
1.00	OPERATING ROOM	50.00		255,723	1.00
2.00	CARDIAC SURGERY	50.01		8,674	2.00
3.00	WVSC	50.02		87,157	3.00
4.00	RECOVERY ROOM	51.00		24	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00		4,871	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		130,162	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00		34	7.00
8.00	CT SCAN	57.00		25	8.00
9.00	CARDIAC CATHETERIZATION	59.00		809,062	9.00
10.00	RESPIRATORY THERAPY	65.00		47,418	10.00
11.00	EMERGENCY	91.00		7,623	11.00
	O		0	1,350,773	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	Q - BONUS RECLASS				
1.00	OTHER ADMIN AND GENERAL	5.06	2,723,941	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
	0		2,723,941	0	
500.00	Grand Total: Increases		9,686,299	29,840,140	500.00



RECLASSIFICATIONS

Provider CCN: 15-0023

Period: From 01/01/2022 To 12/31/2022

Worksheet A-6

Date/Time Prepared: 5/23/2023 2:23 pm

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
<b>A - PARAMED RECLASS</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	74,834	16,302	0	1.00
	O		74,834	16,302		
<b>B - FITNESS ACTIVITY RECLASS</b>						
1.00	OTHER ADMIN AND GENERAL	5.06	380,559	108,447	0	1.00
2.00	O	0.00	0	0	0	2.00
			380,559	108,447		
<b>C - CLAY CITY RURAL HEALTH RECLASS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	56,049	9	1.00
	O		0	56,049		
<b>D - CORK MEDICAL RURAL HEALTH RECLASS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	67,783	9	1.00
	O		0	67,783		
<b>E - BRAZIL MEDICAL CENTER RECLASS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,678	9	1.00
	O		0	13,678		
<b>F - HOUSE NURSE ASSISTANT RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	169,486	17,437	0	1.00
2.00	O	0.00	0	0	0	2.00
3.00	O	0.00	0	0	0	3.00
			169,486	17,437		
<b>G - EMPLOYEE ACCESS RECLASS</b>						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	74,704	12,712	0	1.00
	O		74,704	12,712		
<b>H - TUBE FEEDING RECLASS</b>						
1.00	DIETARY	10.00	2,776	0	0	1.00
	O		2,776	0		
<b>I - FAMILY MEDICINE RECLASS</b>						
1.00	FAMILY PRACTICE	194.02	2,835,554	593,208	0	1.00
2.00	O	0.00	0	0	0	2.00
			2,835,554	593,208		
<b>J - LOBBY PHARMACY RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	737,269	3,608,100	0	1.00
	O		737,269	3,608,100		
<b>K - IMPLANTABLE DEVICES RECLASS</b>						
1.00	OPERATING ROOM	50.00	0	7,801,992	0	1.00
2.00	CARDIAC SURGERY	50.01	0	73,508	0	2.00
3.00	WVSC	50.02	0	1,919,646	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,105,500	0	4.00
5.00	WOUND CLINIC	90.07	0	39,481	0	5.00
	O		0	12,940,127		
<b>L - INTEREST RECLASS</b>						
1.00	OTHER ADMIN AND GENERAL	5.06	0	8,442,087	11	1.00
2.00	O	0.00	0	0	11	2.00
			0	8,442,087		
<b>M - NURSERY RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	910,129	190,467	0	1.00
	O		910,129	190,467		
<b>N - PHARMACY PARAMED RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	45,450	4,481	0	1.00
	O		45,450	4,481		
<b>O - CAFE RECLASS</b>						
1.00	DIETARY	10.00	1,731,597	2,418,489	0	1.00
	O		1,731,597	2,418,489		
<b>P - CENTRAL SUPPLY RECLASS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,350,773	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
	O		0	1,350,773		

RECLASSIFICATIONS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-6

Date/Time Prepared:  
5/23/2023 2:23 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
Q - BONUS RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	26,320	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	12,940	0	0		2.00
3.00	ADMINISTRATIVE	5.04	32,432	0	0		3.00
4.00	OPERATION OF PLANT	7.00	1,957	0	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	20,504	0	0		5.00
6.00	HOUSEKEEPING	9.00	63,930	0	0		6.00
7.00	DIETARY	10.00	10,370	0	0		7.00
8.00	CAFETERIA	11.00	42,576	0	0		8.00
9.00	NURSING ADMINISTRATION	13.00	32,985	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	28,538	0	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	35,819	0	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33,900	0	0		12.00
13.00	PARAMEDICAL PRGM	23.00	1,840	0	0		13.00
14.00	OTHER MEDICAL	23.01	34,281	0	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	577,756	0	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	129,659	0	0		16.00
17.00	INTENSIVE NURSERY	35.00	67,562	0	0		17.00
18.00	SUBPROVIDER - IRF	41.00	44,550	0	0		18.00
19.00	NURSERY	43.00	22,378	0	0		19.00
20.00	OPERATING ROOM	50.00	77,975	0	0		20.00
21.00	CARDIAC SURGERY	50.01	46,936	0	0		21.00
22.00	WVSC	50.02	257	0	0		22.00
23.00	RECOVERY ROOM	51.00	44,910	0	0		23.00
24.00	O/P TREATMENT ROOM	51.02	9,752	0	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	96,759	0	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	115,333	0	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	10,563	0	0		27.00
28.00	RADIOISOTOPE	56.00	7,038	0	0		28.00
29.00	CT SCAN	57.00	30,197	0	0		29.00
30.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	22,158	0	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	79,021	0	0		31.00
32.00	LABORATORY	60.00	133,978	0	0		32.00
33.00	RESPIRATORY THERAPY	65.00	92,105	0	0		33.00
34.00	PHYSICAL THERAPY	66.00	14	0	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	69,169	0	0		35.00
36.00	CARDIAC REHAB	69.01	8,459	0	0		36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	60,321	0	0		37.00
38.00	DRUGS CHARGED TO PATIENTS	73.00	113,575	0	0		38.00
39.00	CLINIC	90.00	5,330	0	0		39.00
40.00	WOUND CLINIC	90.07	10,987	0	0		40.00
41.00	EMERGENCY	91.00	151,791	0	0		41.00
42.00	RURAL HEALTH	194.00	52,439	0	0		42.00
43.00	FAMILY PRACTICE	194.02	65,861	0	0		43.00
44.00	WELLNESS	194.03	6,468	0	0		44.00
45.00	PHYSICIAN PRACTICES	194.04	178,910	0	0		45.00
46.00	SYCAMORE SPORTS MED	194.06	428	0	0		46.00
47.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	12,910	0	0		47.00
			2,723,941	0			
500.00	Grand Total: Decreases		9,686,299	29,840,140			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/23/2023 2:23 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	19,574,412	0	0	0	702,917	1.00
2.00	Land Improvements	20,846,581	362,217	0	362,217	0	2.00
3.00	Buildings and Fixtures	307,982,453	0	0	0	0	3.00
4.00	Building Improvements	104,445,092	3,399,710	0	3,399,710	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	191,028,380	14,472,873	0	14,472,873	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	643,876,918	18,234,800	0	18,234,800	702,917	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	643,876,918	18,234,800	0	18,234,800	702,917	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	18,871,495	0				1.00
2.00	Land Improvements	21,208,798	0				2.00
3.00	Buildings and Fixtures	307,982,453	0				3.00
4.00	Building Improvements	107,844,802	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	205,501,253	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	661,408,801	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	661,408,801	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/23/2023 2:23 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,815,583	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	9,100,348	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,915,931	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	14,815,583				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	9,100,348				2.00
3.00	Total (sum of lines 1-2)	0	23,915,931				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/23/2023 2:23 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	455,907,548	0	455,907,548	0.689298	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	205,501,253	0	205,501,253	0.310702	0	2.00
3.00	Total (sum of lines 1-2)	661,408,801	0	661,408,801	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,935,271	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,206,266	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,141,537	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	5,463,250	0	0	0	18,398,521	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,461,744	0	0	0	10,668,010	2.00
3.00	Total (sum of lines 1-2)	7,924,994	0	0	0	29,066,531	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	-355,861	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-161,232	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-2,072	OTHER ADMIN AND GENERAL	5.06	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-229,363	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	-25,318	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	-24,354,093			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	94,424,656			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,530,220	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	-3,825	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients	A	0	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-29,720	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	A	-13,224	OPERATION OF PLANT	7.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 TELEPHONE DEPRECIATION	A	-53	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
33.01 VENDING HOUSEKEEPING	A	-13,589	HOUSEKEEPING	9.00	0	33.01
33.02 HAMILTON CENTER OPERATION OF PLANT	A	-119,691	OPERATION OF PLANT	7.00	0	33.02
33.03 HAMILTON CENTER NUTRITION	A	-252,690	DIETARY	10.00	0	33.03
33.04 FITNESS ACTIVITY	B	-67,112	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05 UHF - HOUSEKEEPING	A	-1,461	HOUSEKEEPING	9.00	0	33.05
33.06 MISCELLANEOUS	B	-315,699	OTHER ADMIN AND GENERAL	5.06	0	33.06
33.07 CATERING	B	-43,472	CAFETERIA	11.00	0	33.07
33.08 MANAGEMENT SERVICES	B	-979,368	OTHER ADMIN AND GENERAL	5.06	0	33.08
33.09 PHYSICIAN EQUIPMENT REVENUE	B	-31,080	OPERATION OF PLANT	7.00	0	33.09
33.10 LOBBY PHARMACY	B	-237,981	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11 LOBBYING COSTS	A	-26,294	OTHER ADMIN AND GENERAL	5.06	0	33.11
33.12 AP&S REVENUE	B	-120,902	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.12
33.13 AP&S REVENUE	B	-218,691	DATA PROCESSING	5.02	0	33.13
33.14 COH REVENUE	B	-17,086	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.14
33.15 COH REVENUE	B	-4,650	NONPATIENT TELEPHONES	5.01	0	33.15
33.16 PHYSICIAN RENTAL	A	-378,242	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.16
33.17 PHYSICIAN RENTAL	A	-307,164	OPERATION OF PLANT	7.00	0	33.17
33.18 ACCELERATED DEPRECIATION	A	13,280	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.18
33.19 CHILD BIRTH CLASS	B	-2,707	DELIVERY ROOM & LABOR ROOM	52.00	0	33.19
33.20 CONTINUING EDUCATION	B	-1,250	OTHER ADMIN AND GENERAL	5.06	0	33.20
33.21 EDUCATION SERVICES	B	-17,381	OTHER ADMIN AND GENERAL	5.06	0	33.21
33.22 TRANSCRIPTION	B	-12,877	MEDICAL RECORDS & LIBRARY	16.00	0	33.22
33.23 LAUNDRY	B	-10,574	LAUNDRY & LINEN SERVICE	8.00	0	33.23
33.24 LANDSBAUM	B	-108,364	OPERATION OF PLANT	7.00	0	33.24
33.25 MAPLE CENTER	B	-130,797	OTHER ADMIN AND GENERAL	5.06	0	33.25
33.26 AP&S A/P PD SPACE/EQUIP RENT R	B	-1,062,787	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.26
33.27 HAF	A	-32,430,485	OTHER ADMIN AND GENERAL	5.06	0	33.27
33.28 DIETARY EXPENSES	A	-819,218	DIETARY	10.00	0	33.28
33.29 RECUITMENT EXPENSE	A	-64,762	NURSING ADMINISTRATION	13.00	0	33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		29,936,581				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0023

Period: From 01/01/2022 To 12/31/2022

Worksheet A-8-1

Date/Time Prepared: 5/23/2023 2:23 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS:</b>					
1.00	23.01	OTHER MED ED	PARAMED	0	1,284,923 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	1,824,295 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	5,039,993 3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	221,917 4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE	0	89,950 4.01
4.02	9.00	HOUSEKEEPING	HOME OFFICE	0	473,647 4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	1,647,230	0 4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	4,145,964	0 4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	17,392,911	0 4.05
4.06	5.01	NONPATIENT TELEPHONES	HOME OFFICE	193,214	0 4.06
4.07	5.02	DATA PROCESSING	HOME OFFICE	18,456,965	0 4.07
4.08	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	2,338,963	0 4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	17,230,891	0 4.09
4.10	5.06	OTHER ADMIN AND GENERAL	HOME OFFICE	26,847,040	0 4.10
4.11	7.00	OPERATION OF PLANT	HOME OFFICE	10,981,382	0 4.11
4.12	9.00	HOUSEKEEPING	HOME OFFICE	427,675	0 4.12
4.13	10.00	DIETARY	HOME OFFICE	295,841	0 4.13
4.14	11.00	CAFETERIA	HOME OFFICE	478,395	0 4.14
4.15	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,755,513	0 4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	224,277	0 4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE	193,194	0 4.17
4.18	50.01	CARDIAC SURGERY	HOME OFFICE	5,710	0 4.18
4.19	50.02	WVSC	HOME OFFICE	128,063	0 4.19
4.20	51.00	RECOVERY ROOM	HOME OFFICE	12,527	0 4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	352,239	0 4.21
4.22	57.00	CT SCAN	HOME OFFICE	316,712	0 4.22
4.23	58.00	MAGNETIC RESONANCE IMAGING (	HOME OFFICE	79,773	0 4.23
4.24	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	151,250	0 4.24
4.25	66.00	PHYSICAL THERAPY	HOME OFFICE	183,577	0 4.25
4.26	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	92,014	0 4.26
4.27	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	156,494	0 4.27
4.28	68.00	SPEECH PATHOLOGY	HOME OFFICE	56,413	0 4.28
4.29	69.00	ELECTROCARDIOLOGY	HOME OFFICE	139,584	0 4.29
4.30	69.01	CARDIAC REHAB	HOME OFFICE	2,425	0 4.30
4.31	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	6,674	0 4.31
4.32	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	1,318,335	0 4.32
4.33	90.07	WOUND CLINIC	HOME OFFICE	10,882	0 4.33
4.34	50.00	OPERATING ROOM	HOME OFFICE	247,935	0 4.34
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	2,692,567	4,745,800 4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,349,460	2,478,814 4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	2,295,111	0 4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	827,335	725,259 4.39
4.40	194.04	PHYSICIAN PRACTICES	UNION THERAPIES	0	410,000 4.40
4.41	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	1,315,281 4.41
5.00	0			113,034,535	18,609,879 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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



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

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-1

Date/Time Prepared:  
5/23/2023 2:23 pm

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

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

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

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

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-1

Date/Time Prepared:  
5/23/2023 2:23 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-1,284,923	0		1.00
2.00	-1,824,295	9		2.00
3.00	-5,039,993	9		3.00
4.00	-221,917	0		4.00
4.01	-89,950	0		4.01
4.02	-473,647	0		4.02
4.03	1,647,230	9		4.03
4.04	4,145,964	9		4.04
4.05	17,392,911	0		4.05
4.06	193,214	0		4.06
4.07	18,456,965	0		4.07
4.08	2,338,963	0		4.08
4.09	17,230,891	0		4.09
4.10	26,847,040	0		4.10
4.11	10,981,382	0		4.11
4.12	427,675	0		4.12
4.13	295,841	0		4.13
4.14	478,395	0		4.14
4.15	1,755,513	0		4.15
4.16	224,277	0		4.16
4.17	193,194	0		4.17
4.18	5,710	0		4.18
4.19	128,063	0		4.19
4.20	12,527	0		4.20
4.21	352,239	0		4.21
4.22	316,712	0		4.22
4.23	79,773	0		4.23
4.24	151,250	0		4.24
4.25	183,577	0		4.25
4.26	92,014	0		4.26
4.27	156,494	0		4.27
4.28	56,413	0		4.28
4.29	139,584	0		4.29
4.30	2,425	0		4.30
4.31	6,674	0		4.31
4.32	1,318,335	0		4.32
4.33	10,882	0		4.33
4.34	247,935	0		4.34
4.36	-2,053,233	0		4.36
4.37	-1,129,354	0		4.37
4.38	2,295,111	0		4.38
4.39	102,076	0		4.39
4.40	-410,000	0		4.40
4.41	-1,315,281	0		4.41
5.00	94,424,656			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8-1 Date/Time Prepared: 5/23/2023 2:23 pm
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	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:  
5/23/2023 2:23 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	3,149,647	3,149,647	0	169,700	0	1.00
2.00	35.00	INTENSIVE NURSERY	828,667	828,667	0	169,700	0	2.00
3.00	41.00	SUBPROVIDER - IRF	450,497	450,497	0	211,500	0	3.00
4.00	50.00	OPERATING ROOM	4,594,751	4,525,876	68,875	246,400	459	4.00
5.00	50.01	CARDIAC SURGERY	2,475,596	2,475,596	0	246,400	0	5.00
6.00	50.02	WVSC	2,488,338	2,488,338	0	246,400	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	3,213,251	3,213,251	0	237,100	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	443,750	443,750	0	271,900	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	3,232,468	3,232,468	0	179,000	0	9.00
10.00	90.00	CLINIC	5,578	5,578	0	179,000	0	10.00
11.00	91.00	EMERGENCY	3,583,324	3,483,324	100,000	179,000	667	11.00
200.00			24,465,867	24,296,992	168,875		1,126	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	54,374	2,719	0	0	0	4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	0	0	5.00
6.00	50.02	WVSC	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	90.00	CLINIC	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	57,400	2,870	0	0	0	11.00
200.00			111,774	5,589	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,149,647		1.00
2.00	35.00	INTENSIVE NURSERY	0	0	0	828,667		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	450,497		3.00
4.00	50.00	OPERATING ROOM	0	54,374	14,501	4,540,377		4.00
5.00	50.01	CARDIAC SURGERY	0	0	0	2,475,596		5.00
6.00	50.02	WVSC	0	0	0	2,488,338		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	3,213,251		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	443,750		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	3,232,468		9.00
10.00	90.00	CLINIC	0	0	0	5,578		10.00
11.00	91.00	EMERGENCY	0	57,400	42,600	3,525,924		11.00
200.00			0	111,774	57,101	24,354,093		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2023 2:23 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			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	18,398,521	18,398,521			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	10,668,010		10,668,010		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,801,128	111,069	0	21,912,197	4.00
5.01 00540	NONPATIENT TELEPHONES	820,456	12,312	12,984	101,091	946,843 5.01
5.02 00550	DATA PROCESSING	18,238,274	0	0	0	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	2,109,600	0	0	0	0 5.03
5.04 00570	ADMINISTRATIVE	1,574,978	57,380	0	253,370	34,334 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	17,230,891	0	0	0	0 5.05
5.06 00590	OTHER ADMIN AND GENERAL	33,784,778	326,160	28,714	1,065,254	88,504 5.06
7.00 00700	OPERATION OF PLANT	10,908,450	6,275,389	3,650	15,289	54,171 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,257,229	112,212	111,955	160,181	13,733 8.00
9.00 00900	HOUSEKEEPING	3,906,487	29,009	9,406	499,438	6,104 9.00
10.00 01000	DIETARY	223,944	205,684	112,330	89,197	4,578 10.00
11.00 01100	CAFETERIA	3,012,213	146,767	2,802	324,413	18,311 11.00
13.00 01300	NURSING ADMINISTRATION	3,204,822	44,525	53	257,687	6,867 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,227,647	99,000	4,538	222,949	22,889 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,564,737	0	0	279,830	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,794,306	0	0	264,837	0 22.00
23.00 02300	PARAMED ED PRGM	89,296	0	0	14,374	0 23.00
23.01 02341	OTHER MED ED	237,417	13,492	10	40,196	0 23.01
23.02 02301	PARAMED ED PRGM	0	0	0	0	0 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	44,494,154	3,605,410	618,161	4,513,607	130,466 30.00
31.00 03100	INTENSIVE CARE UNIT	13,426,270	430,819	552,471	1,012,931	22,126 31.00
35.00 02040	INTENSIVE NURSERY	3,255,375	73,683	207,644	527,810	13,733 35.00
41.00 04100	SUBPROVIDER - IRF	1,758,621	289,018	11,529	348,038	23,652 41.00
43.00 04300	NURSERY	1,078,218	14,204	0	174,822	3,052 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	16,078,884	783,608	1,887,247	609,163	62,563 50.00
50.01 05001	CARDIAC SURGERY	1,631,656	34,424	192,347	366,680	4,578 50.01
50.02 05002	WVSC	10,610,762	569,622	658,656	2,008	0 50.02
51.00 05100	RECOVERY ROOM	2,201,487	26,835	43,487	350,850	13,733 51.00
51.02 05101	O/P TREATMENT ROOM	499,188	448,360	30,943	76,185	20,600 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,939,411	444,237	180,695	755,905	17,548 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,125,006	602,098	1,661,244	901,012	82,401 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,037,155	494,590	594,916	82,523	31,282 55.00
56.00 05600	RADIOISOTOPE	1,688,140	164,907	238,344	54,983	0 56.00
57.00 05700	CT SCAN	3,422,167	40,702	190,022	235,909	5,341 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,663,088	48,591	614,706	173,102	3,052 58.00
59.00 05900	CARDIAC CATHETERIZATION	20,193,541	682,359	569,954	617,338	25,941 59.00
60.00 06000	LABORATORY	16,302,844	0	424,593	1,046,674	6,104 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,657,837	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	5,213,519	97,014	286,946	719,548	10,682 65.00
66.00 06600	PHYSICAL THERAPY	3,098,570	190,205	5,512	108	17,548 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 66.01
66.02 06602	O/P PHYSICAL THERAPY	1,815,210	0	53,619	0	763 66.02
67.00 06700	OCCUPATIONAL THERAPY	2,451,605	31,070	0	0	3,815 67.00
68.00 06800	SPEECH PATHOLOGY	979,801	61,615	308	0	763 68.00
69.00 06900	ELECTROCARDIOLOGY	4,384,344	59,610	801,517	540,367	3,052 69.00
69.01 06901	CARDIAC REHAB	407,697	122,443	45,386	66,088	4,578 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,329,086	0	46,721	471,246	12,970 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,825	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,940,127	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	72,832,679	388,187	89,729	887,276	38,148 73.00
76.00 03020	RENAL ACUTE	1,999,043	66,056	351	0	3,052 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	251,299	13,080	0	41,641	0 90.00
90.05 09005	PATIENT NUTRITION	2,454	36,167	472	0	0 90.05
90.07 09007	WOUND CLINIC	1,579,891	167,755	18,650	85,836	9,919 90.07
91.00 09100	EMERGENCY	11,508,420	451,676	116,233	1,185,835	48,067 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	432,906,908	17,871,344	10,428,845	19,435,591	869,020 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00 07950	RURAL HEALTH	6,049,560	0	32,689	409,666	763 194.00
194.01 07951	RENTAL PROPERTY	38,444	0	983	0	0 194.01
194.02 07954	FAMILY PRACTICE	3,951,095	224,873	61,875	514,523	54,171 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2023 2:23 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	331,533	248,597	0	50,526	0	194.03
194.04 07955 PHYSICIAN PRACTICES	37,328,710	0	143,214	1,397,696	16,785	194.04
194.06 07953 SYCAMORE SPORTS MED	95,878	0	0	3,342	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	601,478	53,707	404	100,853	6,104	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	481,303,606	18,398,521	10,668,010	21,912,197	946,843	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2023 2:23 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550	18,238,274					5.02
5.03	00560	0	2,109,600				5.03
5.04	00570	107,772	11,695	2,039,529			5.04
5.05	00580	0	0	0	17,230,891		5.05
5.06	00590	406,216	45	0	0	35,699,671	5.06
7.00	00700	0	2	0	0	17,256,951	7.00
8.00	00800	41,451	2,583	0	0	1,699,344	8.00
9.00	00900	74,611	468	0	0	4,525,523	9.00
10.00	01000	33,160	199	0	0	669,092	10.00
11.00	01100	149,222	0	0	0	3,653,728	11.00
13.00	01300	8,290	0	0	0	3,522,244	13.00
16.00	01600	538,858	112	0	0	3,115,993	16.00
21.00	02100	0	0	0	0	1,844,567	21.00
22.00	02200	0	0	0	0	2,059,143	22.00
23.00	02300	0	0	0	0	103,670	23.00
23.01	02341	0	0	0	0	291,115	23.01
23.02	02301	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	4,899,467	460,611	419,715	1,270,648	60,412,239	30.00
31.00	03100	8,290	184,159	106,116	290,041	16,033,223	31.00
35.00	02040	157,512	31,776	73,320	200,402	4,541,255	35.00
41.00	04100	0	14,935	13,337	36,453	2,495,583	41.00
43.00	04300	0	0	8,693	23,761	1,302,750	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	853,883	66,518	193,804	1,711,703	22,247,373	50.00
50.01	05001	82,901	150,623	18,519	50,625	2,532,353	50.01
50.02	05002	945,074	474,983	139	1,135,447	14,396,691	50.02
51.00	05100	364,765	44,203	11,716	111,066	3,168,142	51.00
51.02	05101	41,451	15,176	71	22,786	1,154,760	51.02
52.00	05200	447,667	71,255	72,000	249,890	7,178,608	52.00
54.00	05400	547,148	28,586	69,618	754,231	13,771,344	54.00
55.00	05500	530,568	1,563	8,984	476,425	7,258,006	55.00
56.00	05600	66,321	1,419	4,394	103,724	2,322,232	56.00
57.00	05700	0	66,455	63,786	560,739	4,585,121	57.00
58.00	05800	16,580	4,184	9,909	141,239	2,674,451	58.00
59.00	05900	795,852	12,496	114,351	968,066	23,979,898	59.00
60.00	06000	0	98,315	201,544	1,519,551	19,599,625	60.00
62.00	06200	0	0	10,328	34,402	1,702,567	62.00
65.00	06500	182,383	77,296	149,763	444,182	7,181,333	65.00
66.00	06600	397,926	1,071	29,448	122,874	3,863,262	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	74,611	1,294	0	61,582	2,007,079	66.02
67.00	06700	0	0	23,693	104,737	2,614,920	67.00
68.00	06800	0	0	4,530	37,755	1,084,772	68.00
69.00	06900	406,216	130	63,990	893,964	7,153,190	69.00
69.01	06901	33,160	529	353	15,534	695,768	69.01
70.00	07000	290,154	906	3,619	42,742	2,197,444	70.00
71.00	07100	0	0	0	0	-3,825	71.00
72.00	07200	0	0	56,504	559,729	13,556,360	72.00
73.00	07300	1,616,574	45,739	162,078	3,783,589	79,843,999	73.00
76.00	03020	0	26,760	13,063	38,359	2,146,684	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	24,870	185	6	7,668	338,749	90.00
90.05	09005	41,451	0	0	900	81,444	90.05
90.07	09007	140,932	30,722	17	96,488	2,130,210	90.07
91.00	09100	1,119,167	170,568	132,121	1,359,589	16,091,676	91.00
92.00	09200					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		15,444,503	2,097,561	2,039,529	17,230,891	426,780,327	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	887,043	4,173	0	0	7,383,894	194.00
194.01	07951	0	0	0	0	39,427	194.01
194.02	07954	497,407	25	0	0	5,303,969	194.02
194.03	07952	0	0	0	0	630,656	194.03
194.04	07955	1,409,321	7,783	0	0	40,303,509	194.04
194.06	07953	0	0	0	0	99,220	194.06
194.07	07956	0	58	0	0	762,604	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2023 2:23 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 through 201)	18,238,274	2,109,600	2,039,529	17,230,891	481,303,606	202.00



COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/23/2023 2:23 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
<b>GENERAL SERVICE COST CENTERS</b>							
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	35,699,671				5.06
7.00	00700	OPERATION OF PLANT	1,382,541	18,639,492			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	136,143	180,056	2,015,543		8.00
9.00	00900	HOUSEKEEPING	362,562	46,548	143,550	5,078,183	9.00
10.00	01000	DIETARY	53,604	330,042	7,551	91,024	1,151,313
11.00	01100	CAFETERIA	292,718	235,504	0	64,951	0
13.00	01300	NURSING ADMINISTRATION	282,185	71,445	0	19,704	0
16.00	01600	MEDICAL RECORDS & LIBRARY	249,638	158,857	0	43,812	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	147,777	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	164,968	0	0	0	0
23.00	02300	PARAMED ED PRGM	8,306	0	0	0	0
23.01	02341	OTHER MED ED	23,323	21,650	0	5,971	0
23.02	02301	PARAMED ED PRGM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,839,927	5,785,276	633,791	1,595,550	891,573
31.00	03100	INTENSIVE CARE UNIT	1,284,502	691,297	84,772	190,656	122,178
35.00	02040	INTENSIVE NURSERY	363,823	118,233	12,140	32,608	0
41.00	04100	SUBPROVIDER - IRF	199,934	463,761	18,194	127,903	59,379
43.00	04300	NURSERY	104,370	22,793	0	6,286	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,782,348	1,257,385	124,092	346,781	0
50.01	05001	CARDIAC SURGERY	202,879	55,238	99	15,234	0
50.02	05002	WVSC	1,153,391	914,022	132,050	252,083	0
51.00	05100	RECOVERY ROOM	253,816	43,059	92,719	11,876	0
51.02	05101	O/P TREATMENT ROOM	92,514	719,442	7,547	198,419	73,067
52.00	05200	DELIVERY ROOM & LABOR ROOM	575,114	712,827	99,353	196,594	24
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,103,291	966,132	64,229	266,454	0
55.00	05500	RADIOLOGY-THERAPEUTIC	581,475	793,623	23,861	218,877	0
56.00	05600	RADIO SOTOPE	186,046	264,611	8,869	72,978	0
57.00	05700	CT SCAN	367,337	65,311	0	18,012	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	214,264	77,970	90,245	21,504	0
59.00	05900	CARDIAC CATHETERIZATION	1,921,150	1,094,920	60,486	301,973	5,092
60.00	06000	LABORATORY	1,570,224	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	136,401	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	575,332	155,670	0	42,933	0
66.00	06600	PHYSICAL THERAPY	309,505	305,205	8,311	84,174	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	160,797	0	29,325	0	0
67.00	06700	OCCUPATIONAL THERAPY	209,494	49,855	0	13,750	0
68.00	06800	SPEECH PATHOLOGY	86,907	98,868	0	27,267	0
69.00	06900	ELECTROCARDIOLOGY	573,078	95,651	40,916	26,380	0
69.01	06901	CARDIAC REHAB	55,741	196,474	546	54,187	0
70.00	07000	ELECTROENCEPHALOGRAPHY	176,048	0	7,230	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,086,068	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,396,504	622,889	7,658	171,790	0
76.00	03020	RENAL ACUTE	171,982	105,995	7,916	29,233	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	27,139	20,988	0	5,789	0
90.05	09005	PATIENT NUTRITION	6,525	58,034	0	16,006	0
90.07	09007	WOUND CLINIC	170,662	269,182	16,757	74,239	0
91.00	09100	EMERGENCY	1,289,185	724,764	281,031	199,886	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,331,538	17,793,577	2,003,238	4,844,884	1,151,313
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	591,561	0	924	0	0
194.01	07951	RENTAL PROPERTY	3,159	0	0	0	0
194.02	07954	FAMILY PRACTICE	424,927	360,834	1,736	99,516	0
194.03	07952	WELLNESS	50,525	398,902	0	110,015	0
194.04	07955	PHYSICIAN PRACTICES	3,228,916	0	9,645	0	0
194.06	07953	SYCAMORE SPORTS MED	7,949	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,096	86,179	0	23,768	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
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5/23/2023 2:23 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 through 201)	35,699,671	18,639,492	2,015,543	5,078,183	1,151,313	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2023 2:23 pm

Cost Center Description	INTERNS & RESIDENTS						
	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS		
	11.00	13.00	16.00	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMIN AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA	4,246,901					11.00	
13.00 01300 NURSING ADMINISTRATION	54,542	3,950,120				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	84,024	0	3,652,324			16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	77,391	0	0	2,069,735		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	15,110	0	0	0	2,239,221	22.00	
23.00 02300 PARAMED ED PRGM	4,054	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	39,432	57,140	0	0	0	23.01	
23.02 02301 PARAMED ED PRGM	0	0	0	0	0	23.02	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	1,035,189	1,402,329	269,286	844,794	913,976	30.00	
31.00 03100 INTENSIVE CARE UNIT	211,166	305,991	61,468	17,279	18,694	31.00	
35.00 02040 INTENSIVE NURSERY	115,717	167,681	42,471	2,970	3,213	35.00	
41.00 04100 SUBPROVIDER - IRF	70,389	101,997	7,725	0	0	41.00	
43.00 04300 NURSERY	46,434	67,286	5,036	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	185,369	268,610	362,758	102,866	111,289	50.00	
50.01 05001 CARDIAC SURGERY	20,269	12,816	10,729	0	0	50.01	
50.02 05002 WVSC	0	0	240,633	0	0	50.02	
51.00 05100 RECOVERY ROOM	88,815	128,698	23,538	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	16,215	23,497	4,829	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	175,419	237,103	52,959	203,032	219,657	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	246,913	0	159,843	33,209	35,928	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	19,532	0	100,968	22,679	24,536	55.00	
56.00 05600 RADIO SOTOPE	11,793	0	21,982	0	0	56.00	
57.00 05700 CT SCAN	42,749	0	118,836	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	35,747	0	29,932	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	139,303	0	205,160	12,419	13,436	59.00	
60.00 06000 LABORATORY	417,172	0	322,035	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,291	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	153,676	208,266	94,135	7,290	7,887	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	26,040	3,240	3,505	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	0	13,051	48,598	52,578	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	22,197	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	8,001	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	160,678	232,831	189,456	0	0	69.00	
69.01 06901 CARDIAC REHAB	16,215	23,497	3,292	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	42,012	21,895	9,058	5,940	6,426	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	118,622	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	182,789	228,025	802,465	0	0	73.00	
76.00 03020 RENAL ACUTE	0	0	8,129	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	7,739	11,214	1,625	370,965	401,342	90.00	
90.05 09005 PATIENT NUTRITION	0	0	191	0	0	90.05	
90.07 09007 WOUND CLINIC	21,743	31,507	20,448	20,249	21,907	90.07	
91.00 09100 EMERGENCY	289,662	419,737	288,135	191,152	206,805	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,027,258	3,950,120	3,652,324	1,886,682	2,041,179	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	111,664	0	0	180,083	194,829	194.02	
194.03 07952 WELLNESS	0	0	0	0	0	194.03	
194.04 07955 PHYSICIAN PRACTICES	84,393	0	0	0	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

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Part I  
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5/23/2023 2:23 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				11.00	13.00	
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	23,586	0	0	2,970	3,213	194.07
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	4,246,901	3,950,120	3,652,324	2,069,735	2,239,221	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/23/2023 2:23 pm		
Cost Center	Description	PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.00	23.01	23.02	24.00	25.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMIN AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00	
23.00	02300	PARAMED ED PRGM	116,030				23.00	
23.01	02341	OTHER MED ED		438,631			23.01	
23.02	02301	PARAMED ED PRGM			0		23.02	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	78,623,930	-1,758,770	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	19,021,226	-35,973	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	5,400,111	-6,183	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,544,865	0	41.00
43.00	04300	NURSERY	0	0	0	1,554,955	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	26,788,871	-214,155	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	2,849,617	0	50.01
50.02	05002	WVSC	0	0	0	17,088,870	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,810,663	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,290,290	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,650,690	-422,689	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,030	0	0	16,763,373	-69,137	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,043,557	-47,215	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,888,511	0	56.00
57.00	05700	CT SCAN	0	0	0	5,197,366	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,144,113	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	27,733,837	-25,855	59.00
60.00	06000	LABORATORY	0	0	0	21,909,056	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,846,259	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,426,522	-15,177	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,603,242	-6,745	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	2,311,428	-101,176	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,910,216	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,305,815	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,472,180	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,045,720	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,466,053	-12,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	-3,825	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,761,050	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	438,631	0	88,694,750	0	73.00
76.00	03020	RENAL ACUTE	0	0	0	2,469,939	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	1,185,550	-772,307	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	162,200	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	2,776,904	-42,156	90.07
91.00	09100	EMERGENCY	0	0	0	19,982,033	-397,957	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,030	438,631	0	420,719,937	-3,927,861	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	0	0	7,976,379	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	42,586	0	194.01
194.02	07954	FAMILY PRACTICE	0	0	0	6,677,558	-374,912	194.02
194.03	07952	WELLNESS	0	0	0	1,190,098	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	0	0	43,626,463	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	107,169	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	963,416	-6,183	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	116,030	438,631	0	481,303,606	-4,308,956	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02341 OTHER MED ED		23.01
23.02	02301 PARAMED ED PRGM		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	76,865,160	30.00
31.00	03100 INTENSIVE CARE UNIT	18,985,253	31.00
35.00	02040 INTENSIVE NURSERY	5,393,928	35.00
41.00	04100 SUBPROVIDER - IRF	3,544,865	41.00
43.00	04300 NURSERY	1,554,955	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	26,574,716	50.00
50.01	05001 CARDIAC SURGERY	2,849,617	50.01
50.02	05002 WVSC	17,088,870	50.02
51.00	05100 RECOVERY ROOM	3,810,663	51.00
51.02	05101 O/P TREATMENT ROOM	2,290,290	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,228,001	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,694,236	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,996,342	55.00
56.00	05600 RADIOISOTOPE	2,888,511	56.00
57.00	05700 CT SCAN	5,197,366	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,144,113	58.00
59.00	05900 CARDIAC CATHETERIZATION	27,707,982	59.00
60.00	06000 LABORATORY	21,909,056	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,846,259	62.00
65.00	06500 RESPIRATORY THERAPY	8,411,345	65.00
66.00	06600 PHYSICAL THERAPY	4,596,497	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,210,252	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,910,216	67.00
68.00	06800 SPEECH PATHOLOGY	1,305,815	68.00
69.00	06900 ELECTROCARDIOLOGY	8,472,180	69.00
69.01	06901 CARDIAC REHAB	1,045,720	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	2,453,687	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,761,050	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	88,694,750	73.00
76.00	03020 RENAL ACUTE	2,469,939	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	413,243	90.00
90.05	09005 PATIENT NUTRITION	162,200	90.05
90.07	09007 WOUND CLINIC	2,734,748	90.07
91.00	09100 EMERGENCY	19,584,076	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	416,792,076	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	7,976,379	194.00
194.01	07951 RENTAL PROPERTY	42,586	194.01
194.02	07954 FAMILY PRACTICE	6,302,646	194.02
194.03	07952 WELLNESS	1,190,098	194.03
194.04	07955 PHYSICIAN PRACTICES	43,626,463	194.04
194.06	07953 SYCAMORE SPORTS MED	107,169	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	957,233	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: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	476,994,650	202.00	



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	111,069	0	111,069	4.00
5.01 00540	NONPATIENT TELEPHONES	0	12,312	12,984	25,296	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	3,115	57,380	0	60,495	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	26,362	326,160	28,714	381,236	5.06
7.00 00700	OPERATION OF PLANT	24,000	6,275,389	3,650	6,303,039	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	21,569	112,212	111,955	245,736	8.00
9.00 00900	HOUSEKEEPING	623	29,009	9,406	39,038	9.00
10.00 01000	DIETARY	2,993	205,684	112,330	321,007	10.00
11.00 01100	CAFETERIA	0	146,767	2,802	149,569	11.00
13.00 01300	NURSING ADMINISTRATION	1,039	44,525	53	45,617	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	11,194	99,000	4,538	114,732	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	23.00
23.01 02341	OTHER MED ED	0	13,492	10	13,502	23.01
23.02 02301	PARAMED PRGM	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	233,745	3,605,410	618,161	4,457,316	30.00
31.00 03100	INTENSIVE CARE UNIT	785,283	430,819	552,471	1,768,573	31.00
35.00 02040	INTENSIVE NURSERY	9,999	73,683	207,644	291,326	35.00
41.00 04100	SUBPROVIDER - IRF	10,468	289,018	11,529	311,015	41.00
43.00 04300	NURSERY	0	14,204	0	14,204	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	790,539	783,608	1,887,247	3,461,394	50.00
50.01 05001	CARDIAC SURGERY	36,021	34,424	192,347	262,792	50.01
50.02 05002	WVSC	519,630	569,622	658,656	1,747,908	50.02
51.00 05100	RECOVERY ROOM	3,233	26,835	43,487	73,555	51.00
51.02 05101	O/P TREATMENT ROOM	1,849	448,360	30,943	481,152	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	17,041	444,237	180,695	641,973	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	281,995	602,098	1,661,244	2,545,337	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	263,194	494,590	594,916	1,352,700	55.00
56.00 05600	RADIOISOTOPE	146,407	164,907	238,344	549,658	56.00
57.00 05700	CT SCAN	93,656	40,702	190,022	324,380	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	495	48,591	614,706	663,792	58.00
59.00 05900	CARDIAC CATHETERIZATION	146,636	682,359	569,954	1,398,949	59.00
60.00 06000	LABORATORY	135,072	0	424,593	559,665	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	92,816	97,014	286,946	476,776	65.00
66.00 06600	PHYSICAL THERAPY	990	190,205	5,512	196,707	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	3,142	0	53,619	56,761	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	31,070	0	31,070	67.00
68.00 06800	SPEECH PATHOLOGY	0	61,615	308	61,923	68.00
69.00 06900	ELECTROCARDIOLOGY	481,371	59,610	801,517	1,342,498	69.00
69.01 06901	CARDIAC REHAB	599	122,443	45,386	168,428	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	20,357	0	46,721	67,078	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	810,670	388,187	89,729	1,288,586	73.00
76.00 03020	RENAL ACUTE	1,065	66,056	351	67,472	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	13,080	0	13,080	90.00
90.05 09005	PATIENT NUTRITION	0	36,167	472	36,639	90.05
90.07 09007	WOUND CLINIC	3,604	167,755	18,650	190,009	90.07
91.00 09100	EMERGENCY	54,531	451,676	116,233	622,440	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,035,303	17,871,344	10,428,845	33,335,492	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	166,727	0	32,689	199,416	194.00
194.01 07951	RENTAL PROPERTY	0	0	983	983	194.01
194.02 07954	FAMILY PRACTICE	9,023	224,873	61,875	295,771	194.02
194.03 07952	WELLNESS	0	248,597	0	248,597	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2023 2:23 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	1,363,552	0	143,214	1,506,766	7,083	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	17	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,654	53,707	404	57,765	511	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6,578,259	18,398,521	10,668,010	35,644,790	111,069	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 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	
<b>GENERAL SERVICE COST CENTERS</b>								
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	25,808					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	936	0	0	62,715		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	2,412	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	1,477	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	374	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	166	0	0	0	0	9.00
10.00	01000	DIETARY	125	0	0	0	0	10.00
11.00	01100	CAFETERIA	499	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	187	0	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	624	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02341	OTHER MED ED	0	0	0	0	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,557	0	0	13,024	0	30.00
31.00	03100	INTENSIVE CARE UNIT	603	0	0	3,255	0	31.00
35.00	02040	INTENSIVE NURSERY	374	0	0	2,249	0	35.00
41.00	04100	SUBPROVIDER - IRF	645	0	0	409	0	41.00
43.00	04300	NURSERY	83	0	0	267	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,705	0	0	5,945	0	50.00
50.01	05001	CARDIAC SURGERY	125	0	0	568	0	50.01
50.02	05002	WVSC	0	0	0	4	0	50.02
51.00	05100	RECOVERY ROOM	374	0	0	359	0	51.00
51.02	05101	O/P TREATMENT ROOM	561	0	0	2	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	478	0	0	2,209	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,246	0	0	2,136	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	853	0	0	276	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	135	0	56.00
57.00	05700	CT SCAN	146	0	0	1,957	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	83	0	0	304	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	707	0	0	3,508	0	59.00
60.00	06000	LABORATORY	166	0	0	6,183	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	317	0	62.00
65.00	06500	RESPIRATORY THERAPY	291	0	0	4,594	0	65.00
66.00	06600	PHYSICAL THERAPY	478	0	0	903	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	21	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	104	0	0	727	0	67.00
68.00	06800	SPEECH PATHOLOGY	21	0	0	139	0	68.00
69.00	06900	ELECTROCARDIOLOGY	83	0	0	1,963	0	69.00
69.01	06901	CARDIAC REHAB	125	0	0	11	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	354	0	0	111	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,733	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,040	0	0	4,972	0	73.00
76.00	03020	RENAL ACUTE	83	0	0	401	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	270	0	0	1	0	90.07
91.00	09100	EMERGENCY	1,310	0	0	4,053	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,686	0	0	62,715	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	21	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	1,477	0	0	0	0	194.02
194.03	07952	WELLNESS	0	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	458	0	0	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	166	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 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	0	201.00
202.00	TOTAL (sum lines 118 through 201)	25,808	0	0	62,715	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 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	
<b>GENERAL SERVICE COST CENTERS</b>								
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	389,047					5.06
7.00	00700	OPERATION OF PLANT	15,065	6,319,658				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,484	61,047	309,453			8.00
9.00	00900	HOUSEKEEPING	3,951	15,782	22,040	83,508		9.00
10.00	01000	DIETARY	584	111,900	1,159	1,497	436,724	10.00
11.00	01100	CAFETERIA	3,190	79,847	0	1,068	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,075	24,223	0	324	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,720	53,860	0	720	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,610	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,798	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	91	0	0	0	0	23.00
23.01	02341	OTHER MED ED	254	7,340	0	98	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	52,740	1,961,480	97,308	26,240	338,199	30.00
31.00	03100	INTENSIVE CARE UNIT	13,997	234,382	13,015	3,135	46,345	31.00
35.00	02040	INTENSIVE NURSERY	3,965	40,087	1,864	536	0	35.00
41.00	04100	SUBPROVIDER - I&R	2,179	157,237	2,793	2,103	22,524	41.00
43.00	04300	NURSERY	1,137	7,728	0	103	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	19,422	426,312	19,052	5,703	0	50.00
50.01	05001	CARDIAC SURGERY	2,211	18,728	15	251	0	50.01
50.02	05002	WVSC	12,568	309,896	20,274	4,145	0	50.02
51.00	05100	RECOVERY ROOM	2,766	14,599	14,235	195	0	51.00
51.02	05101	O/P TREATMENT ROOM	1,008	243,924	1,159	3,263	27,716	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,267	241,682	15,254	3,233	9	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,022	327,564	9,861	4,382	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,336	269,075	3,663	3,599	0	55.00
56.00	05600	RADIOISOTOPE	2,027	89,716	1,362	1,200	0	56.00
57.00	05700	CT SCAN	4,003	22,143	0	296	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,335	26,436	13,856	354	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,934	371,229	9,287	4,966	1,931	59.00
60.00	06000	LABORATORY	17,110	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,486	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,269	52,779	0	706	0	65.00
66.00	06600	PHYSICAL THERAPY	3,373	103,479	1,276	1,384	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	1,752	0	4,502	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,283	16,903	0	226	0	67.00
68.00	06800	SPEECH PATHOLOGY	947	33,521	0	448	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,245	32,430	6,282	434	0	69.00
69.01	06901	CARDIAC REHAB	607	66,614	84	891	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,918	0	1,110	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,835	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,735	211,188	1,176	2,825	0	73.00
76.00	03020	RENAL ACUTE	1,874	35,937	1,215	481	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	296	7,116	0	95	0	90.00
90.05	09005	PATIENT NUTRITION	71	19,676	0	263	0	90.05
90.07	09007	WOUND CLINIC	1,860	91,265	2,573	1,221	0	90.07
91.00	09100	EMERGENCY	14,048	245,729	43,148	3,287	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	341,448	6,032,854	307,563	79,672	436,724	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	6,446	0	142	0	0	194.00
194.01	07951	RENTAL PROPERTY	34	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	4,630	122,339	267	1,636	0	194.02
194.03	07952	WELLNESS	551	135,246	0	1,809	0	194.03
194.04	07955	PHYSICIAN PRACTICES	35,185	0	1,481	0	0	194.04
194.06	07953	SYCAMORE SPORTS MED	87	0	0	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	666	29,219	0	391	0	194.07
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2023 2:23 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 through 201)	389,047	6,319,658	309,453	83,508	436,724	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description	INTERNS & RESIDENTS					
	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS	
	11.00	13.00	16.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	235,817				11.00
13.00 01300	NURSING ADMINISTRATION	3,029	77,761			13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,666	0	178,452		16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,297	0	0	7,325	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	839	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	225	0	0	0	23.00
23.01 02341	OTHER MED ED	2,190	1,125	0	0	23.01
23.02 02301	PARAMED ED PRGM	0	0	0	0	23.02
3,979						
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	57,482	27,603	13,143		30.00
31.00 03100	INTENSIVE CARE UNIT	11,725	6,024	3,000		31.00
35.00 02040	INTENSIVE NURSERY	6,425	3,301	2,073		35.00
41.00 04100	SUBPROVIDER - IRF	3,908	2,008	377		41.00
43.00 04300	NURSERY	2,578	1,325	246		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,293	5,288	17,705		50.00
50.01 05001	CARDIAC SURGERY	1,125	252	524		50.01
50.02 05002	WVSC	0	0	11,744		50.02
51.00 05100	RECOVERY ROOM	4,932	2,534	1,149		51.00
51.02 05101	O/P TREATMENT ROOM	900	463	236		51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,740	4,668	2,585		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,710	0	7,801		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,085	0	4,928		55.00
56.00 05600	RADIOISOTOPE	655	0	1,073		56.00
57.00 05700	CT SCAN	2,374	0	5,800		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,985	0	1,461		58.00
59.00 05900	CARDIAC CATHETERIZATION	7,735	0	10,013		59.00
60.00 06000	LABORATORY	23,164	0	15,717		60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	356		62.00
65.00 06500	RESPIRATORY THERAPY	8,533	4,100	4,594		65.00
66.00 06600	PHYSICAL THERAPY	0	0	1,271		66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		66.01
66.02 06602	O/P PHYSICAL THERAPY	0	0	637		66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,083		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	391		68.00
69.00 06900	ELECTROCARDIOLOGY	8,922	4,583	9,247		69.00
69.01 06901	CARDIAC REHAB	900	463	161		69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	2,333	431	442		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,789		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,150	4,489	39,360		73.00
76.00 03020	RENAL ACUTE	0	0	397		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	430	221	79		90.00
90.05 09005	PATIENT NUTRITION	0	0	9		90.05
90.07 09007	WOUND CLINIC	1,207	620	998		90.07
91.00 09100	EMERGENCY	16,084	8,263	14,063		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	223,621	77,761	178,452	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00 07950	RURAL HEALTH	0	0	0		194.00
194.01 07951	RENTAL PROPERTY	0	0	0		194.01
194.02 07954	FAMILY PRACTICE	6,200	0	0		194.02
194.03 07952	WELLNESS	0	0	0		194.03
194.04 07955	PHYSICIAN PRACTICES	4,686	0	0		194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2023 2:23 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				11.00	13.00	
194.06 07953 SYCAMORE SPORTS MED	0	0	0			194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,310	0	0			194.07
200.00 Cross Foot Adjustments				7,325	3,979	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	235,817	77,761	178,452	7,325	3,979	202.00



ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm		
Cost Center Description				PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
				23.00	23.01	23.02	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM	389					23.00
23.01	02341	OTHER MED ED		24,713				23.01
23.02	02301	PARAMED ED PRGM			0			23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS				7,070,986	0	30.00
31.00	03100	INTENSIVE CARE UNIT				2,109,187	0	31.00
35.00	02040	INTENSIVE NURSERY				354,875	0	35.00
41.00	04100	SUBPROVIDER - IRF				506,962	0	41.00
43.00	04300	NURSERY				28,557	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM				3,975,906	0	50.00
50.01	05001	CARDIAC SURGERY				288,449	0	50.01
50.02	05002	WVSC				2,106,549	0	50.02
51.00	05100	RECOVERY ROOM				116,476	0	51.00
51.02	05101	O/P TREATMENT ROOM				760,770	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM				931,929	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,929,625	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				1,642,933	0	55.00
56.00	05600	RADIOISOTOPE				646,105	0	56.00
57.00	05700	CT SCAN				362,295	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				711,483	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,832,388	0	59.00
60.00	06000	LABORATORY				627,309	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				2,159	0	62.00
65.00	06500	RESPIRATORY THERAPY				562,289	0	65.00
66.00	06600	PHYSICAL THERAPY				308,872	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY				63,673	0	66.02
67.00	06700	OCCUPATIONAL THERAPY				52,396	0	67.00
68.00	06800	SPEECH PATHOLOGY				97,390	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,415,426	0	69.00
69.01	06901	CARDIAC REHAB				238,619	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY				76,165	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				19,357	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				1,638,018	0	73.00
76.00	03020	RENAL ACUTE				107,860	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC				21,528	0	90.00
90.05	09005	PATIENT NUTRITION				56,658	0	90.05
90.07	09007	WOUND CLINIC				290,459	0	90.07
91.00	09100	EMERGENCY				978,435	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	32,932,088	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
194.00	07950	RURAL HEALTH				208,101	0	194.00
194.01	07951	RENTAL PROPERTY				1,017	0	194.01
194.02	07954	FAMILY PRACTICE				434,928	0	194.02
194.03	07952	WELLNESS				386,459	0	194.03
194.04	07955	PHYSICIAN PRACTICES				1,555,659	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm			
Cost Center Description		PARAMED ED PRGM	OTHER MED ED	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
194.06	07953 SYCAMORE SPORTS MED				104	0	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				90,028	0	194.07
200.00	Cross Foot Adjustments	389	24,713	0	36,406	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	389	24,713	0	35,644,790	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02341 OTHER MED ED		23.01
23.02	02301 PARAMED ED PRGM		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	7,070,986	30.00
31.00	03100 INTENSIVE CARE UNIT	2,109,187	31.00
35.00	02040 INTENSIVE NURSERY	354,875	35.00
41.00	04100 SUBPROVIDER - IRF	506,962	41.00
43.00	04300 NURSERY	28,557	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	3,975,906	50.00
50.01	05001 CARDIAC SURGERY	288,449	50.01
50.02	05002 WVSC	2,106,549	50.02
51.00	05100 RECOVERY ROOM	116,476	51.00
51.02	05101 O/P TREATMENT ROOM	760,770	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	931,929	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,929,625	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,642,933	55.00
56.00	05600 RADIOISOTOPE	646,105	56.00
57.00	05700 CT SCAN	362,295	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	711,483	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,832,388	59.00
60.00	06000 LABORATORY	627,309	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,159	62.00
65.00	06500 RESPIRATORY THERAPY	562,289	65.00
66.00	06600 PHYSICAL THERAPY	308,872	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	63,673	66.02
67.00	06700 OCCUPATIONAL THERAPY	52,396	67.00
68.00	06800 SPEECH PATHOLOGY	97,390	68.00
69.00	06900 ELECTROCARDIOLOGY	1,415,426	69.00
69.01	06901 CARDIAC REHAB	238,619	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	76,165	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,357	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,638,018	73.00
76.00	03020 RENAL ACUTE	107,860	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	21,528	90.00
90.05	09005 PATIENT NUTRITION	56,658	90.05
90.07	09007 WOUND CLINIC	290,459	90.07
91.00	09100 EMERGENCY	978,435	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	32,932,088	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	208,101	194.00
194.01	07951 RENTAL PROPERTY	1,017	194.01
194.02	07954 FAMILY PRACTICE	434,928	194.02
194.03	07952 WELLNESS	386,459	194.03
194.04	07955 PHYSICIAN PRACTICES	1,555,659	194.04
194.06	07953 SYCAMORE SPORTS MED	104	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	90,028	194.07
200.00	Cross Foot Adjustments	36,406	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	35,644,790		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/23/2023 2:23 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	981,808				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		6,231,965			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,927	0	111,270,693		4.00
5.01 00540	NONPATIENT TELEPHONES	657	7,585	513,344	1,241	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	3,062	0	1,286,617	45	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMIN AND GENERAL	17,405	16,774	5,409,384	116	5.06
7.00 00700	OPERATION OF PLANT	334,876	2,132	77,637	71	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,988	65,401	813,403	18	8.00
9.00 00900	HOUSEKEEPING	1,548	5,495	2,536,160	8	9.00
10.00 01000	DIETARY	10,976	65,620	452,945	6	10.00
11.00 01100	CAFETERIA	7,832	1,637	1,647,379	24	11.00
13.00 01300	NURSING ADMINISTRATION	2,376	31	1,308,543	9	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,283	2,651	1,132,139	30	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,420,985	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,344,850	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	72,994	0	23.00
23.01 02341	OTHER MED ED	720	6	204,115	0	23.01
23.02 02301	PARAMED ED PRGM	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	192,397	361,113	22,920,232	171	30.00
31.00 03100	INTENSIVE CARE UNIT	22,990	322,739	5,143,688	29	31.00
35.00 02040	INTENSIVE NURSERY	3,932	121,300	2,680,230	18	35.00
41.00 04100	SUBPROVIDER - I&R	15,423	6,735	1,767,347	31	41.00
43.00 04300	NURSERY	758	0	887,751	4	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	41,816	1,102,478	3,093,344	82	50.00
50.01 05001	CARDIAC SURGERY	1,837	112,364	1,862,012	6	50.01
50.02 05002	WVSC	30,397	384,769	10,196	0	50.02
51.00 05100	RECOVERY ROOM	1,432	25,404	1,781,626	18	51.00
51.02 05101	O/P TREATMENT ROOM	23,926	18,076	386,867	27	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	23,706	105,557	3,838,503	23	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,130	970,454	4,575,359	108	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	26,393	347,534	419,052	41	55.00
56.00 05600	RADIOISOTOPE	8,800	139,234	279,206	0	56.00
57.00 05700	CT SCAN	2,172	111,006	1,197,949	7	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	359,095	879,016	4	58.00
59.00 05900	CARDIAC CATHETERIZATION	36,413	332,952	3,134,855	34	59.00
60.00 06000	LABORATORY	0	248,036	5,315,034	8	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	5,177	167,626	3,653,880	14	65.00
66.00 06600	PHYSICAL THERAPY	10,150	3,220	550	23	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	0	31,323	0	1	66.02
67.00 06700	OCCUPATIONAL THERAPY	1,658	0	0	5	67.00
68.00 06800	SPEECH PATHOLOGY	3,288	180	0	1	68.00
69.00 06900	ELECTROCARDIOLOGY	3,181	468,225	2,743,999	4	69.00
69.01 06901	CARDIAC REHAB	6,534	26,513	335,595	6	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	27,293	2,392,999	17	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	20,715	52,417	4,505,610	50	73.00
76.00 03020	RENAL ACUTE	3,525	205	0	4	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	698	0	211,452	0	90.00
90.05 09005	PATIENT NUTRITION	1,930	276	0	0	90.05
90.07 09007	WOUND CLINIC	8,952	10,895	435,878	13	90.07
91.00 09100	EMERGENCY	24,103	67,900	6,021,700	63	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	953,676	6,092,251	98,694,425	1,139	1,863
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	0	19,096	2,080,292	1	107
194.01 07951	RENTAL PROPERTY	0	574	0	0	194.01
194.02 07954	FAMILY PRACTICE	12,000	36,146	2,612,762	71	60

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/23/2023 2:23 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				
194.03	07952	WELLNESS	13,266	0	256,574	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	83,662	7,097,536	22	170	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	16,972	0	0	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	236	512,132	8	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)	18,398,521	10,668,010	21,912,197	946,843	18,238,274	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.739429	1.711821	0.196927	762.967768	8,290.124545	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			111,069	25,808	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000998	20.796132	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet B-1	
Date/Time Prepared: 5/23/2023 2:23 pm								
Cost Center	Description	PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
<b>GENERAL SERVICE COST CENTERS</b>								
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	8,257,326					5.03
5.04	00570	ADMITTING	45,775	613,449,243				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,895,931,964			5.05
5.06	00590	OTHER ADMIN AND GENERAL	176	0	0	-35,699,671	445,607,760	5.06
7.00	00700	OPERATION OF PLANT	9	0	0	0	17,256,951	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,110	0	0	0	1,699,344	8.00
9.00	00900	HOUSEKEEPING	1,833	0	0	0	4,525,523	9.00
10.00	01000	DIETARY	778	0	0	0	669,092	10.00
11.00	01100	CAFETERIA	0	0	0	0	3,653,728	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,522,244	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	440	0	0	0	3,115,993	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,844,567	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,059,143	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	103,670	23.00
23.01	02341	OTHER MED ED	0	0	0	0	291,115	23.01
23.02	02301	PARAMED PRGM	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,802,911	126,286,194	139,816,045	0	60,412,239	30.00
31.00	03100	INTENSIVE CARE UNIT	720,828	31,914,715	31,914,715	0	16,033,223	31.00
35.00	02040	INTENSIVE NURSERY	124,377	22,051,240	22,051,240	0	4,541,255	35.00
41.00	04100	SUBPROVIDER - IRF	58,458	4,011,135	4,011,135	0	2,495,583	41.00
43.00	04300	NURSERY	0	2,614,500	2,614,500	0	1,302,750	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	260,363	58,286,859	188,347,651	0	22,247,373	50.00
50.01	05001	CARDIAC SURGERY	589,565	5,569,580	5,570,580	0	2,532,353	50.01
50.02	05002	WVSC	1,859,147	41,818	124,939,184	0	14,396,691	50.02
51.00	05100	RECOVERY ROOM	173,020	3,523,619	12,221,136	0	3,168,142	51.00
51.02	05101	O/P TREATMENT ROOM	59,402	21,278	2,507,230	0	1,154,760	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	278,905	21,654,144	27,496,748	0	7,178,608	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,892	20,937,845	82,992,013	0	13,771,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,117	2,701,991	52,423,512	0	7,258,006	55.00
56.00	05600	RADIO SOTOPE	5,556	1,321,643	11,413,331	0	2,322,232	56.00
57.00	05700	CT SCAN	260,116	19,183,900	61,701,014	0	4,585,121	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,378	2,980,279	15,541,251	0	2,674,451	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,910	34,391,269	106,521,382	0	23,979,898	59.00
60.00	06000	LABORATORY	384,822	60,614,855	167,204,152	0	19,599,625	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,106,167	3,785,417	0	1,702,567	62.00
65.00	06500	RESPIRATORY THERAPY	302,551	45,041,472	48,875,659	0	7,181,333	65.00
66.00	06600	PHYSICAL THERAPY	4,194	8,856,679	13,520,505	0	3,863,262	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	5,064	0	6,776,203	0	2,007,079	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7,125,809	11,524,711	0	2,614,920	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,362,335	4,154,395	0	1,084,772	68.00
69.00	06900	ELECTROCARDIOLOGY	510	19,245,099	98,367,469	0	7,153,190	69.00
69.01	06901	CARDIAC REHAB	2,069	106,144	1,709,280	0	695,768	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,547	1,088,503	4,703,137	0	2,197,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,825	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,993,782	61,589,910	0	13,556,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,030	48,745,342	416,255,103	0	79,843,999	73.00
76.00	03020	RENAL ACUTE	104,743	3,928,754	4,220,876	0	2,146,684	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	725	1,665	843,735	0	338,749	90.00
90.05	09005	PATIENT NUTRITION	0	0	99,028	0	81,444	90.05
90.07	09007	WOUND CLINIC	120,250	5,000	10,617,061	0	2,130,210	90.07
91.00	09100	EMERGENCY	667,632	39,735,628	149,602,656	0	16,091,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,210,203	613,449,243	1,895,931,964	-35,695,846	391,084,481	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	16,334	0	0	0	7,383,894	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	39,427	194.01
194.02	07954	FAMILY PRACTICE	96	0	0	0	5,303,969	194.02
194.03	07952	WELLNESS	0	0	0	0	630,656	194.03
194.04	07955	PHYSICIAN PRACTICES	30,465	0	0	0	40,303,509	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/23/2023 2:23 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	99,220	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	228	0	0	0	762,604	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,109,600	2,039,529	17,230,891		35,699,671	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.255482	0.003325	0.009088		0.080115	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	62,715	0		389,047	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000102	0.000000		0.000873	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/23/2023 2:23 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	619,881				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,158,515			8.00
9.00	00900	HOUSEKEEPING	1,548	82,511	612,345		9.00
10.00	01000	DIETARY	10,976	4,340	10,976	189,257	10.00
11.00	01100	CAFETERIA	7,832	0	7,832	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	0	2,376	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
23.01	02341	OTHER MED ED	720	0	720	0	23.01
23.02	02301	PARAMED ED PRGM	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	192,397	364,296	192,397	146,560	2,809
31.00	03100	INTENSIVE CARE UNIT	22,990	48,726	22,990	20,084	573
35.00	02040	INTENSIVE NURSERY	3,932	6,978	3,932	0	314
41.00	04100	SUBPROVIDER - IRF	15,423	10,458	15,423	9,761	191
43.00	04300	NURSERY	758	0	758	0	126
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	41,816	71,327	41,816	0	503
50.01	05001	CARDIAC SURGERY	1,837	57	1,837	0	55
50.02	05002	WVSC	30,397	75,901	30,397	0	0
51.00	05100	RECOVERY ROOM	1,432	53,294	1,432	0	241
51.02	05101	O/P TREATMENT ROOM	23,926	4,338	23,926	12,011	44
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,706	57,107	23,706	4	476
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,130	36,918	32,130	0	670
55.00	05500	RADIOLOGY-THERAPEUTIC	26,393	13,715	26,393	0	53
56.00	05600	RADIOISOTOPE	8,800	5,098	8,800	0	32
57.00	05700	CT SCAN	2,172	0	2,172	0	116
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	51,872	2,593	0	97
59.00	05900	CARDIAC CATHETERIZATION	36,413	34,767	36,413	837	378
60.00	06000	LABORATORY	0	0	0	0	1,132
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,177	0	5,177	0	417
66.00	06600	PHYSICAL THERAPY	10,150	4,777	10,150	0	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	16,856	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	3,181	23,518	3,181	0	436
69.01	06901	CARDIAC REHAB	6,534	314	6,534	0	44
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,156	0	0	114
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	20,715	4,402	20,715	0	496
76.00	03020	RENAL ACUTE	3,525	4,550	3,525	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	698	0	698	0	21
90.05	09005	PATIENT NUTRITION	1,930	0	1,930	0	0
90.07	09007	WOUND CLINIC	8,952	9,632	8,952	0	59
91.00	09100	EMERGENCY	24,103	161,534	24,103	0	786
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	591,749	1,151,442	584,213	189,257	10,928
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	531	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	12,000	998	12,000	0	303
194.03	07952	WELLNESS	13,266	0	13,266	0	0
194.04	07955	PHYSICIAN PRACTICES	0	5,544	0	0	229
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/23/2023 2:23 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	64	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	18,639,492	2,015,543	5,078,183	1,151,313	4,246,901	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	30.069468	1.739764	8.293010	6.083331	368.526640	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,319,658	309,453	83,508	436,724	235,817	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.194954	0.267112	0.136374	2.307571	20.463120	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet B-1 Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (PARAMED RADIOLOGY)	
			SERVICES-SALA RY & FRINGES (INTERNS)	SERVICES-OTHE R PRGM COSTS (INTERNS)		
	13.00	16.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMIN AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	7,397					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,895,931,964				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	7,666			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		7,666		22.00
23.00 02300 PARAMED ED PRGM	0	0			100	23.00
23.01 02341 OTHER MED ED	107	0				23.01
23.02 02301 PARAMED ED PRGM	0	0				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,626	139,816,045	3,129	3,129	0	30.00
31.00 03100 INTENSIVE CARE UNIT	573	31,914,715	64	64	0	31.00
35.00 02040 INTENSIVE NURSERY	314	22,051,240	11	11	0	35.00
41.00 04100 SUBPROVIDER - IRF	191	4,011,135	0	0	0	41.00
43.00 04300 NURSERY	126	2,614,500	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	503	188,347,651	381	381	0	50.00
50.01 05001 CARDIAC SURGERY	24	5,570,580	0	0	0	50.01
50.02 05002 WVSC	0	124,939,184	0	0	0	50.02
51.00 05100 RECOVERY ROOM	241	12,221,136	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	44	2,507,230	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	444	27,496,748	752	752	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	82,992,013	123	123	100	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	52,423,512	84	84	0	55.00
56.00 05600 RADIO SOTOPE	0	11,413,331	0	0	0	56.00
57.00 05700 CT SCAN	0	61,701,014	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	15,541,251	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	106,521,382	46	46	0	59.00
60.00 06000 LABORATORY	0	167,204,152	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,785,417	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	390	48,875,659	27	27	0	65.00
66.00 06600 PHYSICAL THERAPY	0	13,520,505	12	12	0	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	6,776,203	180	180	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	11,524,711	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,154,395	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	436	98,367,469	0	0	0	69.00
69.01 06901 CARDIAC REHAB	44	1,709,280	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	41	4,703,137	22	22	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	61,589,910	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	427	416,255,103	0	0	0	73.00
76.00 03020 RENAL ACUTE	0	4,220,876	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	21	843,735	1,374	1,374	0	90.00
90.05 09005 PATIENT NUTRITION	0	99,028	0	0	0	90.05
90.07 09007 WOUND CLINIC	59	10,617,061	75	75	0	90.07
91.00 09100 EMERGENCY	786	149,602,656	708	708	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,397	1,895,931,964	6,988	6,988	100
<b>NONREIMBURSABLE COST CENTERS</b>						
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	667	667	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/23/2023 2:23 pm

Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (PARAMED RADIOLOGY)	
			SERVICES-SALA RY & FRINGES (INTERNS)	SERVICES-OTHE R PRGM COSTS (INTERNS)		
			13.00	16.00		
194.03 07952 WELLNESS	0	0	0	0	0	0 194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	0	0	0	0 194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	0	0	0 194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	11	11	0	0 194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,950,120	3,652,324	2,069,735	2,239,221	116,030	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	534.016493	0.001926	269.988912	292.097704	1,160.300000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	77,761	178,452	7,325	3,979	389	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	10.512505	0.000094	0.955518	0.519045	3.890000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02341	OTHER MED ED	100	23.01
23.02	02301	PARAMED ED PRGM		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	100	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	100	73.00
76.00	03020	RENAL ACUTE	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	RURAL HEALTH	0	194.00
194.01	07951	RENTAL PROPERTY	0	194.01
194.02	07954	FAMILY PRACTICE	0	194.02
194.03	07952	WELLNESS	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		OTHER MED ED (ASSIGNED TIME)	PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.01	23.02	
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)	438,631	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4,386.310000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	24,713	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	247.130000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE			
					Di sallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,865,160		76,865,160	0	76,865,160	30.00
31.00	03100	INTENSIVE CARE UNIT	18,985,253		18,985,253	0	18,985,253	31.00
35.00	02040	INTENSIVE NURSERY	5,393,928		5,393,928	0	5,393,928	35.00
41.00	04100	SUBPROVIDER - IRF	3,544,865		3,544,865	0	3,544,865	41.00
43.00	04300	NURSERY	1,554,955		1,554,955	0	1,554,955	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,574,716		26,574,716	14,501	26,589,217	50.00
50.01	05001	CARDIAC SURGERY	2,849,617		2,849,617	0	2,849,617	50.01
50.02	05002	WVSC	17,088,870		17,088,870	0	17,088,870	50.02
51.00	05100	RECOVERY ROOM	3,810,663		3,810,663	0	3,810,663	51.00
51.02	05101	O/P TREATMENT ROOM	2,290,290		2,290,290	0	2,290,290	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,228,001		9,228,001	0	9,228,001	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,694,236		16,694,236	0	16,694,236	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,996,342		8,996,342	0	8,996,342	55.00
56.00	05600	RADIOISOTOPE	2,888,511		2,888,511	0	2,888,511	56.00
57.00	05700	CT SCAN	5,197,366		5,197,366	0	5,197,366	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,144,113		3,144,113	0	3,144,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,707,982		27,707,982	0	27,707,982	59.00
60.00	06000	LABORATORY	21,909,056		21,909,056	0	21,909,056	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,846,259		1,846,259	0	1,846,259	62.00
65.00	06500	RESPIRATORY THERAPY	8,411,345	0	8,411,345	0	8,411,345	65.00
66.00	06600	PHYSICAL THERAPY	4,596,497	0	4,596,497	0	4,596,497	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,210,252	0	2,210,252	0	2,210,252	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,910,216	0	2,910,216	0	2,910,216	67.00
68.00	06800	SPEECH PATHOLOGY	1,305,815	0	1,305,815	0	1,305,815	68.00
69.00	06900	ELECTROCARDIOLOGY	8,472,180		8,472,180	0	8,472,180	69.00
69.01	06901	CARDIAC REHAB	1,045,720		1,045,720	0	1,045,720	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,453,687		2,453,687	0	2,453,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,761,050		14,761,050	0	14,761,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,694,750		88,694,750	0	88,694,750	73.00
76.00	03020	RENAL ACUTE	2,469,939		2,469,939	0	2,469,939	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	413,243		413,243	0	413,243	90.00
90.05	09005	PATIENT NUTRITION	162,200		162,200	0	162,200	90.05
90.07	09007	WOUND CLINIC	2,734,748		2,734,748	0	2,734,748	90.07
91.00	09100	EMERGENCY	19,584,076		19,584,076	42,600	19,626,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,671,840		13,671,840	0	13,671,840	92.00
200.00		Subtotal (see instructions)	430,467,741	0	430,467,741	57,101	430,524,842	200.00
201.00		Less Observation Beds	13,671,840		13,671,840	0	13,671,840	201.00
202.00		Total (see instructions)	416,795,901	0	416,795,901	57,101	416,853,002	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	121,111,581		121,111,581	30.00
31.00	03100	INTENSIVE CARE UNIT	31,914,715		31,914,715	31.00
35.00	02040	INTENSIVE NURSERY	22,051,240		22,051,240	35.00
41.00	04100	SUBPROVIDER - IRF	4,011,135		4,011,135	41.00
43.00	04300	NURSERY	2,614,500		2,614,500	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	58,286,859	130,060,792	188,347,651	50.00
50.01	05001	CARDIAC SURGERY	5,569,580	1,000	5,570,580	50.01
50.02	05002	WVSC	41,818	124,897,366	124,939,184	50.02
51.00	05100	RECOVERY ROOM	3,523,619	8,697,517	12,221,136	51.00
51.02	05101	O/P TREATMENT ROOM	21,278	2,485,952	2,507,230	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,654,144	5,842,604	27,496,748	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,937,845	62,054,168	82,992,013	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,701,991	49,721,521	52,423,512	55.00
56.00	05600	RADIOISOTOPE	1,321,643	10,091,688	11,413,331	56.00
57.00	05700	CT SCAN	19,183,900	42,517,114	61,701,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,980,279	12,560,972	15,541,251	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,391,269	72,130,113	106,521,382	59.00
60.00	06000	LABORATORY	60,614,855	106,589,297	167,204,152	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,106,167	679,250	3,785,417	62.00
65.00	06500	RESPIRATORY THERAPY	45,041,472	3,834,187	48,875,659	65.00
66.00	06600	PHYSICAL THERAPY	8,856,679	4,663,826	13,520,505	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,776,203	6,776,203	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,125,809	4,398,902	11,524,711	67.00
68.00	06800	SPEECH PATHOLOGY	1,362,335	2,792,060	4,154,395	68.00
69.00	06900	ELECTROCARDIOLOGY	19,245,099	79,122,370	98,367,469	69.00
69.01	06901	CARDIAC REHAB	106,144	1,603,136	1,709,280	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,088,503	3,614,634	4,703,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,993,782	44,596,128	61,589,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,745,342	367,509,761	416,255,103	73.00
76.00	03020	RENAL ACUTE	3,928,754	292,122	4,220,876	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	1,665	842,070	843,735	90.00
90.05	09005	PATIENT NUTRITION	0	99,028	99,028	90.05
90.07	09007	WOUND CLINIC	5,000	10,612,061	10,617,061	90.07
91.00	09100	EMERGENCY	39,735,628	109,867,028	149,602,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,174,613	13,529,851	18,704,464	92.00
200.00		Subtotal (see instructions)	613,449,243	1,282,482,721	1,895,931,964	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	613,449,243	1,282,482,721	1,895,931,964	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.141171		50.00
50.01	05001 CARDIAC SURGERY	0.511548		50.01
50.02	05002 WVSC	0.136778		50.02
51.00	05100 RECOVERY ROOM	0.311809		51.00
51.02	05101 O/P TREATMENT ROOM	0.913474		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335603		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201155		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171609		55.00
56.00	05600 RADIOISOTOPE	0.253082		56.00
57.00	05700 CT SCAN	0.084235		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.202308		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.260117		59.00
60.00	06000 LABORATORY	0.131032		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729		62.00
65.00	06500 RESPIRATORY THERAPY	0.172097		65.00
66.00	06600 PHYSICAL THERAPY	0.339965		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.326179		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.252520		67.00
68.00	06800 SPEECH PATHOLOGY	0.314321		68.00
69.00	06900 ELECTROCARDIOLOGY	0.086128		69.00
69.01	06901 CARDIAC REHAB	0.611790		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.521713		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.239667		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213078		73.00
76.00	03020 RENAL ACUTE	0.585172		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.489778		90.00
90.05	09005 PATIENT NUTRITION	1.637921		90.05
90.07	09007 WOUND CLINIC	0.257581		90.07
91.00	09100 EMERGENCY	0.131192		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.730940		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,865,160		76,865,160	0	76,865,160	30.00
31.00	03100	INTENSIVE CARE UNIT	18,985,253		18,985,253	0	18,985,253	31.00
35.00	02040	INTENSIVE NURSERY	5,393,928		5,393,928	0	5,393,928	35.00
41.00	04100	SUBPROVIDER - IRF	3,544,865		3,544,865	0	3,544,865	41.00
43.00	04300	NURSERY	1,554,955		1,554,955	0	1,554,955	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,574,716		26,574,716	14,501	26,589,217	50.00
50.01	05001	CARDIAC SURGERY	2,849,617		2,849,617	0	2,849,617	50.01
50.02	05002	WVSC	17,088,870		17,088,870	0	17,088,870	50.02
51.00	05100	RECOVERY ROOM	3,810,663		3,810,663	0	3,810,663	51.00
51.02	05101	O/P TREATMENT ROOM	2,290,290		2,290,290	0	2,290,290	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,228,001		9,228,001	0	9,228,001	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,694,236		16,694,236	0	16,694,236	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,996,342		8,996,342	0	8,996,342	55.00
56.00	05600	RADIOISOTOPE	2,888,511		2,888,511	0	2,888,511	56.00
57.00	05700	CT SCAN	5,197,366		5,197,366	0	5,197,366	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,144,113		3,144,113	0	3,144,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,707,982		27,707,982	0	27,707,982	59.00
60.00	06000	LABORATORY	21,909,056		21,909,056	0	21,909,056	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,846,259		1,846,259	0	1,846,259	62.00
65.00	06500	RESPIRATORY THERAPY	8,411,345	0	8,411,345	0	8,411,345	65.00
66.00	06600	PHYSICAL THERAPY	4,596,497	0	4,596,497	0	4,596,497	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,210,252	0	2,210,252	0	2,210,252	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,910,216	0	2,910,216	0	2,910,216	67.00
68.00	06800	SPEECH PATHOLOGY	1,305,815	0	1,305,815	0	1,305,815	68.00
69.00	06900	ELECTROCARDIOLOGY	8,472,180		8,472,180	0	8,472,180	69.00
69.01	06901	CARDIAC REHAB	1,045,720		1,045,720	0	1,045,720	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,453,687		2,453,687	0	2,453,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,761,050		14,761,050	0	14,761,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,694,750		88,694,750	0	88,694,750	73.00
76.00	03020	RENAL ACUTE	2,469,939		2,469,939	0	2,469,939	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	413,243		413,243	0	413,243	90.00
90.05	09005	PATIENT NUTRITION	162,200		162,200	0	162,200	90.05
90.07	09007	WOUND CLINIC	2,734,748		2,734,748	0	2,734,748	90.07
91.00	09100	EMERGENCY	19,584,076		19,584,076	42,600	19,626,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,671,840		13,671,840	0	13,671,840	92.00
200.00		Subtotal (see instructions)	430,467,741	0	430,467,741	57,101	430,524,842	200.00
201.00		Less Observation Beds	13,671,840		13,671,840	0	13,671,840	201.00
202.00		Total (see instructions)	416,795,901	0	416,795,901	57,101	416,853,002	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	121,111,581		121,111,581			30.00
31.00	03100	INTENSIVE CARE UNIT	31,914,715		31,914,715			31.00
35.00	02040	INTENSIVE NURSERY	22,051,240		22,051,240			35.00
41.00	04100	SUBPROVIDER - IRF	4,011,135		4,011,135			41.00
43.00	04300	NURSERY	2,614,500		2,614,500			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	58,286,859	130,060,792	188,347,651	0.141094	0.000000	50.00
50.01	05001	CARDIAC SURGERY	5,569,580	1,000	5,570,580	0.511548	0.000000	50.01
50.02	05002	WVSC	41,818	124,897,366	124,939,184	0.136778	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,523,619	8,697,517	12,221,136	0.311809	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	21,278	2,485,952	2,507,230	0.913474	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,654,144	5,842,604	27,496,748	0.335603	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,937,845	62,054,168	82,992,013	0.201155	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,701,991	49,721,521	52,423,512	0.171609	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,321,643	10,091,688	11,413,331	0.253082	0.000000	56.00
57.00	05700	CT SCAN	19,183,900	42,517,114	61,701,014	0.084235	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,980,279	12,560,972	15,541,251	0.202308	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,391,269	72,130,113	106,521,382	0.260117	0.000000	59.00
60.00	06000	LABORATORY	60,614,855	106,589,297	167,204,152	0.131032	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,106,167	679,250	3,785,417	0.487729	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	45,041,472	3,834,187	48,875,659	0.172097	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,856,679	4,663,826	13,520,505	0.339965	0.000000	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	6,776,203	6,776,203	0.326179	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,125,809	4,398,902	11,524,711	0.252520	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,362,335	2,792,060	4,154,395	0.314321	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	19,245,099	79,122,370	98,367,469	0.086128	0.000000	69.00
69.01	06901	CARDIAC REHAB	106,144	1,603,136	1,709,280	0.611790	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,088,503	3,614,634	4,703,137	0.521713	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,993,782	44,596,128	61,589,910	0.239667	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,745,342	367,509,761	416,255,103	0.213078	0.000000	73.00
76.00	03020	RENAL ACUTE	3,928,754	292,122	4,220,876	0.585172	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,665	842,070	843,735	0.489778	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	99,028	99,028	1.637921	0.000000	90.05
90.07	09007	WOUND CLINIC	5,000	10,612,061	10,617,061	0.257581	0.000000	90.07
91.00	09100	EMERGENCY	39,735,628	109,867,028	149,602,656	0.130907	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,174,613	13,529,851	18,704,464	0.730940	0.000000	92.00
200.00		Subtotal (see instructions)	613,449,243	1,282,482,721	1,895,931,964			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	613,449,243	1,282,482,721	1,895,931,964			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	CARDIAC SURGERY	0.000000		50.01
50.02	05002	WVSC	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
51.02	05101	O/P TREATMENT ROOM	0.000000		51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602	O/P PHYSICAL THERAPY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	CARDIAC REHAB	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020	RENAL ACUTE	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.05	09005	PATIENT NUTRITION	0.000000		90.05
90.07	09007	WOUND CLINIC	0.000000		90.07
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital 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	7,070,986	0	7,070,986	63,412	111.51	30.00
31.00	INTENSIVE CARE UNIT	2,109,187		2,109,187	7,173	294.05	31.00
35.00	INTENSIVE NURSERY	354,875		354,875	4,640	76.48	35.00
41.00	SUBPROVIDER - IRF	506,962	0	506,962	3,486	145.43	41.00
43.00	NURSERY	28,557		28,557	2,437	11.72	43.00
200.00	Total (lines 30 through 199)	10,070,567		10,070,567	81,148		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	19,287	2,150,693				
31.00	INTENSIVE CARE UNIT	2,634	774,528				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	1,405	204,329				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	23,326	3,129,550				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital			
					Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,975,906	188,347,651	0.021109	20,525,751	433,278	50.00
50.01	05001	CARDIAC SURGERY	288,449	5,570,580	0.051781	2,161,121	111,905	50.01
50.02	05002	WVSC	2,106,549	124,939,184	0.016861	37,533	633	50.02
51.00	05100	RECOVERY ROOM	116,476	12,221,136	0.009531	1,257,048	11,981	51.00
51.02	05101	O/P TREATMENT ROOM	760,770	2,507,230	0.303430	530	161	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,929	27,496,748	0.033892	55,017	1,865	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,929,625	82,992,013	0.035300	8,778,836	309,893	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,642,933	52,423,512	0.031340	945,193	29,622	55.00
56.00	05600	RADIOISOTOPE	646,105	11,413,331	0.056610	712,037	40,308	56.00
57.00	05700	CT SCAN	362,295	61,701,014	0.005872	7,989,391	46,914	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	711,483	15,541,251	0.045780	956,480	43,788	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,832,388	106,521,382	0.017202	13,938,290	239,766	59.00
60.00	06000	LABORATORY	627,309	167,204,152	0.003752	21,962,101	82,402	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,159	3,785,417	0.000570	1,123,613	640	62.00
65.00	06500	RESPIRATORY THERAPY	562,289	48,875,659	0.011504	15,166,414	174,474	65.00
66.00	06600	PHYSICAL THERAPY	308,872	13,520,505	0.022845	2,957,829	67,572	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	63,673	6,776,203	0.009397	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	52,396	11,524,711	0.004546	2,010,176	9,138	67.00
68.00	06800	SPEECH PATHOLOGY	97,390	4,154,395	0.023443	425,872	9,984	68.00
69.00	06900	ELECTROCARDIOLOGY	1,415,426	98,367,469	0.014389	7,554,710	108,705	69.00
69.01	06901	CARDIAC REHAB	238,619	1,709,280	0.139602	41,450	5,787	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	76,165	4,703,137	0.016195	437,303	7,082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,357	61,589,910	0.000314	7,292,635	2,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,638,018	416,255,103	0.003935	18,100,448	71,225	73.00
76.00	03020	RENAL ACUTE	107,860	4,220,876	0.025554	1,625,328	41,534	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,528	843,735	0.025515	0	0	90.00
90.05	09005	PATIENT NUTRITION	56,658	99,028	0.572141	0	0	90.05
90.07	09007	WOUND CLINIC	290,459	10,617,061	0.027358	3,687	101	90.07
91.00	09100	EMERGENCY	978,435	149,602,656	0.006540	14,664,557	95,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,257,700	18,704,464	0.067241	2,148,151	144,444	92.00
200.00		Total (lines 50 through 199)	24,119,221	1,714,228,793		152,871,501	2,091,398	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	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 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	63,412	0.00	19,287	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	7,173	0.00	2,634	31.00	
35.00	02040	INTENSIVE NURSERY	0	0	4,640	0.00	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,486	0.00	1,405	41.00	
43.00	04300	NURSERY	0	0	2,437	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	81,148		23,326	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02040	INTENSIVE NURSERY	0						35.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description	Title XVIII				Hospital			
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	116,030	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	438,631	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	554,661	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	188,347,651	0.000000	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	5,570,580	0.000000	50.01
50.02	05002	WVSC	0	0	0	124,939,184	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	12,221,136	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	2,507,230	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	27,496,748	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	116,030	116,030	82,992,013	0.001398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	52,423,512	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,413,331	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	61,701,014	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,541,251	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	106,521,382	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	167,204,152	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,785,417	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	48,875,659	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,520,505	0.000000	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	6,776,203	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,524,711	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,154,395	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	98,367,469	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,709,280	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,703,137	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,589,910	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	438,631	438,631	416,255,103	0.001054	73.00
76.00	03020	RENAL ACUTE	0	0	0	4,220,876	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	843,735	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	99,028	0.000000	90.05
90.07	09007	WOUND CLINIC	0	0	0	10,617,061	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	149,602,656	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	18,704,464	0.000000	92.00
200.00		Total (lines 50 through 199)	0	554,661	554,661	1,714,228,793		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	20,525,751	0	32,089,953	0	50.00
50.01	05001 CARDIAC SURGERY	0.000000	2,161,121	0	68	0	50.01
50.02	05002 WVSC	0.000000	37,533	0	25,557,234	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	1,257,048	0	2,197,034	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.000000	530	0	823,852	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	55,017	0	175	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.001398	8,778,836	12,273	12,348,518	17,263	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	945,193	0	18,507,423	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	712,037	0	3,148,275	0	56.00
57.00	05700 CT SCAN	0.000000	7,989,391	0	10,912,714	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	956,480	0	2,594,783	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	13,938,290	0	27,657,713	0	59.00
60.00	06000 LABORATORY	0.000000	21,962,101	0	7,630,534	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,123,613	0	183,604	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	15,166,414	0	748,939	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,957,829	0	107,813	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,010,176	0	39,550	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	425,872	0	22,100	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,554,710	0	25,500,501	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	41,450	0	704,278	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	437,303	0	717,132	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,292,635	0	14,584,299	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001054	18,100,448	19,078	139,508,803	147,042	73.00
76.00	03020 RENAL ACUTE	0.000000	1,625,328	0	48,526	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	410,899	0	90.00
90.05	09005 PATIENT NUTRITION	0.000000	0	0	0	0	90.05
90.07	09007 WOUND CLINIC	0.000000	3,687	0	3,550,631	0	90.07
91.00	09100 EMERGENCY	0.000000	14,664,557	0	15,295,805	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	2,148,151	0	2,319,732	0	92.00
200.00	Total (lines 50 through 199)		152,871,501	31,351	347,210,888	164,305	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/23/2023 2:23 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.141094	32,089,953	0	0	4,527,700	50.00
50.01	05001	CARDIAC SURGERY	0.511548	68	0	0	35	50.01
50.02	05002	WVSC	0.136778	25,557,234	0	0	3,495,667	50.02
51.00	05100	RECOVERY ROOM	0.311809	2,197,034	0	0	685,055	51.00
51.02	05101	O/P TREATMENT ROOM	0.913474	823,852	154	0	752,567	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335603	175	0	0	59	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201155	12,348,518	0	0	2,483,966	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171609	18,507,423	0	0	3,176,040	55.00
56.00	05600	RADIO SOTOPE	0.253082	3,148,275	0	0	796,772	56.00
57.00	05700	CT SCAN	0.084235	10,912,714	0	0	919,232	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.202308	2,594,783	0	0	524,945	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.260117	27,657,713	0	0	7,194,241	59.00
60.00	06000	LABORATORY	0.131032	7,630,534	154	0	999,844	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	183,604	0	0	89,549	62.00
65.00	06500	RESPIRATORY THERAPY	0.172097	748,939	0	0	128,890	65.00
66.00	06600	PHYSICAL THERAPY	0.339965	107,813	0	0	36,653	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.326179	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.252520	39,550	0	0	9,987	67.00
68.00	06800	SPEECH PATHOLOGY	0.314321	22,100	0	0	6,946	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086128	25,500,501	0	0	2,196,307	69.00
69.01	06901	CARDIAC REHAB	0.611790	704,278	0	0	430,870	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.521713	717,132	0	0	374,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239667	14,584,299	0	0	3,495,375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213078	139,508,803	0	40,516	29,726,257	73.00
76.00	03020	RENAL ACUTE	0.585172	48,526	0	0	28,396	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.489778	410,899	0	0	201,249	90.00
90.05	09005	PATIENT NUTRITION	1.637921	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.257581	3,550,631	0	0	914,575	90.07
91.00	09100	EMERGENCY	0.130907	15,295,805	0	0	2,002,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	2,319,732	0	0	1,695,585	92.00
200.00		Subtotal (see instructions)		347,210,888	308	40,516	66,893,227	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		347,210,888	308	40,516	66,893,227	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/23/2023 2:23 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	141	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	20	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	8,633	73.00
76.00	03020 RENAL ACUTE	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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)	161	8,633	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	161	8,633	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/23/2023 2:23 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,975,906	188,347,651	0.021109	61,972	1,308	50.00
50.01	05001	CARDIAC SURGERY	288,449	5,570,580	0.051781	0	0	50.01
50.02	05002	WVSC	2,106,549	124,939,184	0.016861	5	0	50.02
51.00	05100	RECOVERY ROOM	116,476	12,221,136	0.009531	3,200	30	51.00
51.02	05101	O/P TREATMENT ROOM	760,770	2,507,230	0.303430	82	25	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,929	27,496,748	0.033892	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,929,625	82,992,013	0.035300	56,175	1,983	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,642,933	52,423,512	0.031340	0	0	55.00
56.00	05600	RADIOISOTOPE	646,105	11,413,331	0.056610	24,220	1,371	56.00
57.00	05700	CT SCAN	362,295	61,701,014	0.005872	33,924	199	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	711,483	15,541,251	0.045780	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,832,388	106,521,382	0.017202	1,088	19	59.00
60.00	06000	LABORATORY	627,309	167,204,152	0.003752	286,541	1,075	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,159	3,785,417	0.000570	11,830	7	62.00
65.00	06500	RESPIRATORY THERAPY	562,289	48,875,659	0.011504	387,326	4,456	65.00
66.00	06600	PHYSICAL THERAPY	308,872	13,520,505	0.022845	753,864	17,222	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	63,673	6,776,203	0.009397	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	52,396	11,524,711	0.004546	773,994	3,519	67.00
68.00	06800	SPEECH PATHOLOGY	97,390	4,154,395	0.023443	117,991	2,766	68.00
69.00	06900	ELECTROCARDIOLOGY	1,415,426	98,367,469	0.014389	22,222	320	69.00
69.01	06901	CARDIAC REHAB	238,619	1,709,280	0.139602	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	76,165	4,703,137	0.016195	1,600	26	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,357	61,589,910	0.000314	10,519	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,638,018	416,255,103	0.003935	221,089	870	73.00
76.00	03020	RENAL ACUTE	107,860	4,220,876	0.025554	53,414	1,365	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	21,528	843,735	0.025515	0	0	90.00
90.05	09005	PATIENT NUTRITION	56,658	99,028	0.572141	0	0	90.05
90.07	09007	WOUND CLINIC	290,459	10,617,061	0.027358	0	0	90.07
91.00	09100	EMERGENCY	978,435	149,602,656	0.006540	13,305	87	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,704,464	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	22,861,521	1,714,228,793		2,834,361	36,651	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CARDIAC SURGERY	0	0	0	0	0	50.01
50.02	05002 WVSC	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	0	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	116,030	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	438,631	73.00
76.00	03020 RENAL ACUTE	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	0	0	90.05
90.07	09007 WOUND CLINIC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	554,661	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	188,347,651	0.000000	50.00
50.01	05001 CARDIAC SURGERY	0	0	0	5,570,580	0.000000	50.01
50.02	05002 WVSC	0	0	0	124,939,184	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	12,221,136	0.000000	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	0	2,507,230	0.000000	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	27,496,748	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	116,030	116,030	82,992,013	0.001398	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	52,423,512	0.000000	55.00
56.00	05600 RADIO SOTOPE	0	0	0	11,413,331	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	61,701,014	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,541,251	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	106,521,382	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	167,204,152	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,785,417	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	48,875,659	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	13,520,505	0.000000	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	0	6,776,203	0.000000	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	11,524,711	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	4,154,395	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	98,367,469	0.000000	69.00
69.01	06901 CARDIAC REHAB	0	0	0	1,709,280	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,703,137	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,589,910	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	438,631	438,631	416,255,103	0.001054	73.00
76.00	03020 RENAL ACUTE	0	0	0	4,220,876	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	843,735	0.000000	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	99,028	0.000000	90.05
90.07	09007 WOUND CLINIC	0	0	0	10,617,061	0.000000	90.07
91.00	09100 EMERGENCY	0	0	0	149,602,656	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	18,704,464	0.000000	92.00
200.00	Total (lines 50 through 199)	0	554,661	554,661	1,714,228,793		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/23/2023 2:23 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	61,972	0	182	0	50.00
50.01	05001 CARDIAC SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 WVSC	0.000000	5	0	67	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	3,200	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0.000000	82	0	159	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.001398	56,175	79	826	1	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	24,220	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	33,924	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,088	0	58	0	59.00
60.00	06000 LABORATORY	0.000000	286,541	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	11,830	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	387,326	0	2	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	753,864	0	0	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	773,994	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	117,991	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	22,222	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,600	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,519	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001054	221,089	233	813	1	73.00
76.00	03020 RENAL ACUTE	0.000000	53,414	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0.000000	0	0	0	0	90.05
90.07	09007 WOUND CLINIC	0.000000	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000000	13,305	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		2,834,361	312	2,107	2	200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/23/2023 2:23 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00		5.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.141094	182	0	0	26	50.00	
50.01 05001 CARDIAC SURGERY	0.511548	0	0	0	0	50.01	
50.02 05002 WVSC	0.136778	67	0	0	9	50.02	
51.00 05100 RECOVERY ROOM	0.311809	0	0	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	0.913474	159	0	0	145	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.335603	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.201155	826	0	0	166	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.171609	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.253082	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.084235	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.202308	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.260117	58	0	0	15	59.00	
60.00 06000 LABORATORY	0.131032	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	0	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0.172097	2	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.339965	0	0	0	0	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0.326179	0	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0.252520	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.314321	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.086128	0	0	0	0	69.00	
69.01 06901 CARDIAC REHAB	0.611790	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.521713	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.239667	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.213078	813	0	281	173	73.00	
76.00 03020 RENAL ACUTE	0.585172	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0.489778	0	0	0	0	90.00	
90.05 09005 PATIENT NUTRITION	1.637921	0	0	0	0	90.05	
90.07 09007 WOUND CLINIC	0.257581	0	0	0	0	90.07	
91.00 09100 EMERGENCY	0.130907	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	0	0	0	0	92.00	
200.00	Subtotal (see instructions)		2,107	0	281	534	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		2,107	0	281	534	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/23/2023 2:23 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
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	60	73.00
76.00 03020 RENAL ACUTE	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
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	60	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	60	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2: 23 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,412	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)		52,133	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		19,287	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
<b>SWING BED ADJUSTMENT</b>				
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)		76,865,160	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)		76,865,160	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		76,865,160	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,212.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,378,737	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)		23,378,737	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	18,985,253	7,173	2,646.77	2,634	6,971,592	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	5,393,928	4,640	1,162.48	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,657,347	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					60,007,676	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)					2,925,221	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,122,749	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,047,970	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					54,959,706	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					11,279	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,212.15	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						13,671,840 89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,070,986	76,865,160	0.091992	13,671,840	1,257,700	90.00
91.00	Nursing Program cost	0	76,865,160	0.000000	13,671,840	0	91.00
92.00	Allied health cost	0	76,865,160	0.000000	13,671,840	0	92.00
93.00	All other Medical Education	0	76,865,160	0.000000	13,671,840	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,486	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,486	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,486	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,405	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,544,865	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,544,865	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,544,865	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,016.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,428,730	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)		1,428,730	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	0	0	0.00	0	0	47.00
<b>Cost Center Description</b>						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					714,572	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					2,143,302	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					204,329	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					36,963	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					241,292	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,902,010	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description								
						1.00		
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
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	506,962	3,544,865	0.143013	0	0	90.00	
91.00	Nursing Program cost	0	3,544,865	0.000000	0	0	91.00	
92.00	Allied health cost	0	3,544,865	0.000000	0	0	92.00	
93.00	All other Medical Education	0	3,544,865	0.000000	0	0	93.00	



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			63,412 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			63,412 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)			52,133 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			483 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,437 15.00
16.00	Nursery days (title V or XIX only)			409 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			76,865,160 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)			76,865,160 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			76,865,160 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,212.15 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			585,468 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)			585,468 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,554,955	2,437	638.06	409	260,967	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,985,253	7,173	2,646.77	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	5,393,928	4,640	1,162.48	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,211,527	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					2,057,962	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 anesthesiologist, 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
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					11,279	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,212.15	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm	
Cost Center Description		Title XIX		Hospital		Cost	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						13,671,840 89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,070,986	76,865,160	0.091992	13,671,840	1,257,700	90.00
91.00	Nursing Program cost	0	76,865,160	0.000000	13,671,840	0	91.00
92.00	Allied health cost	0	76,865,160	0.000000	13,671,840	0	92.00
93.00	All other Medical Education	0	76,865,160	0.000000	13,671,840	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,486 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,486 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,486 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			65 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,437 15.00
16.00	Nursery days (title V or XIX only)			409 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,544,865 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,544,865 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,544,865 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,016.89 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			66,098 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)			66,098 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T023		Date/Time Prepared: 5/23/2023 2:23 pm	
				Title XIX	Subprovider - IRF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 INTENSIVE NURSERY	0	0	0.00	0	0	47.00	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,978	48.00	
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01	
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					73,076	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
55.01 Permanent adjustment amount per discharge					0.00	55.01	
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0023 Component CCN: 15-T023		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/23/2023 2:23 pm		
		Title XIX		Subprovider - IRF		Cost		
Cost Center Description								
						1.00		
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
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	506,962	3,544,865	0.143013	0	0 90.00		
91.00	Nursing Program cost	0	3,544,865	0.000000	0	0 91.00		
92.00	Allied health cost	0	3,544,865	0.000000	0	0 92.00		
93.00	All other Medical Education	0	3,544,865	0.000000	0	0 93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/23/2023 2:23 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		45,930,175	30.00
31.00	03100	INTENSIVE CARE UNIT		11,701,050	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.141171	20,525,751	2,897,641 50.00
50.01	05001	CARDIAC SURGERY	0.511548	2,161,121	1,105,517 50.01
50.02	05002	WVSC	0.136778	37,533	5,134 50.02
51.00	05100	RECOVERY ROOM	0.311809	1,257,048	391,959 51.00
51.02	05101	O/P TREATMENT ROOM	0.913474	530	484 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335603	55,017	18,464 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201155	8,778,836	1,765,907 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171609	945,193	162,204 55.00
56.00	05600	RADIOISOTOPE	0.253082	712,037	180,204 56.00
57.00	05700	CT SCAN	0.084235	7,989,391	672,986 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.202308	956,480	193,504 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.260117	13,938,290	3,625,586 59.00
60.00	06000	LABORATORY	0.131032	21,962,101	2,877,738 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	1,123,613	548,019 62.00
65.00	06500	RESPIRATORY THERAPY	0.172097	15,166,414	2,610,094 65.00
66.00	06600	PHYSICAL THERAPY	0.339965	2,957,829	1,005,558 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.326179	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.252520	2,010,176	507,610 67.00
68.00	06800	SPEECH PATHOLOGY	0.314321	425,872	133,861 68.00
69.00	06900	ELECTROCARDIOLOGY	0.086128	7,554,710	650,672 69.00
69.01	06901	CARDIAC REHAB	0.611790	41,450	25,359 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.521713	437,303	228,147 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239667	7,292,635	1,747,804 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213078	18,100,448	3,856,807 73.00
76.00	03020	RENAL ACUTE	0.585172	1,625,328	951,096 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.489778	0	0 90.00
90.05	09005	PATIENT NUTRITION	1.637921	0	0 90.05
90.07	09007	WOUND CLINIC	0.257581	3,687	950 90.07
91.00	09100	EMERGENCY	0.131192	14,664,557	1,923,873 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	2,148,151	1,570,169 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		152,871,501	29,657,347 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		152,871,501	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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		1,612,721	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.141171	61,972	50.00
50.01	05001 CARDIAC SURGERY	0.511548	0	50.01
50.02	05002 WVSC	0.136778	5	50.02
51.00	05100 RECOVERY ROOM	0.311809	3,200	51.00
51.02	05101 O/P TREATMENT ROOM	0.913474	82	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335603	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201155	56,175	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171609	0	55.00
56.00	05600 RADIOISOTOPE	0.253082	24,220	56.00
57.00	05700 CT SCAN	0.084235	33,924	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.202308	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.260117	1,088	59.00
60.00	06000 LABORATORY	0.131032	286,541	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	11,830	62.00
65.00	06500 RESPIRATORY THERAPY	0.172097	387,326	65.00
66.00	06600 PHYSICAL THERAPY	0.339965	753,864	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.326179	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.252520	773,994	67.00
68.00	06800 SPEECH PATHOLOGY	0.314321	117,991	68.00
69.00	06900 ELECTROCARDIOLOGY	0.086128	22,222	69.00
69.01	06901 CARDIAC REHAB	0.611790	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.521713	1,600	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.239667	10,519	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213078	221,089	73.00
76.00	03020 RENAL ACUTE	0.585172	53,414	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.489778	0	90.00
90.05	09005 PATIENT NUTRITION	1.637921	0	90.05
90.07	09007 WOUND CLINIC	0.257581	0	90.07
91.00	09100 EMERGENCY	0.131192	13,305	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,834,361	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)		2,834,361	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/23/2023 2:23 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,417,098	30.00
31.00	03100	INTENSIVE CARE UNIT		551,773	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		51,152	41.00
43.00	04300	NURSERY		1,690,210	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.141094	1,166,649	164,607 50.00
50.01	05001	CARDIAC SURGERY	0.511548	0	0 50.01
50.02	05002	WVSC	0.136778	0	0 50.02
51.00	05100	RECOVERY ROOM	0.311809	52,217	16,282 51.00
51.02	05101	O/P TREATMENT ROOM	0.913474	0	0 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335603	246,903	82,861 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201155	261,933	52,689 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171609	0	0 55.00
56.00	05600	RADIOISOTOPE	0.253082	9,394	2,377 56.00
57.00	05700	CT SCAN	0.084235	323,296	27,233 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.202308	36,807	7,446 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.260117	53,089	13,809 59.00
60.00	06000	LABORATORY	0.131032	1,281,734	167,948 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	43,737	21,332 62.00
65.00	06500	RESPIRATORY THERAPY	0.172097	893,356	153,744 65.00
66.00	06600	PHYSICAL THERAPY	0.339965	130,592	44,397 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.326179	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.252520	117,138	29,580 67.00
68.00	06800	SPEECH PATHOLOGY	0.314321	31,345	9,852 68.00
69.00	06900	ELECTROCARDIOLOGY	0.086128	285,906	24,625 69.00
69.01	06901	CARDIAC REHAB	0.611790	1,108	678 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.521713	29,957	15,629 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239667	180,549	43,272 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213078	1,039,820	221,563 73.00
76.00	03020	RENAL ACUTE	0.585172	52,680	30,827 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.489778	0	0 90.00
90.05	09005	PATIENT NUTRITION	1.637921	0	0 90.05
90.07	09007	WOUND CLINIC	0.257581	0	0 90.07
91.00	09100	EMERGENCY	0.130907	617,046	80,776 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,855,256	1,211,527 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		6,855,256	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/23/2023 2:23 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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		295	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.141094	6,719	948 50.00
50.01	05001 CARDIAC SURGERY	0.511548	0	0 50.01
50.02	05002 WVSC	0.136778	0	0 50.02
51.00	05100 RECOVERY ROOM	0.311809	301	94 51.00
51.02	05101 O/P TREATMENT ROOM	0.913474	0	0 51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335603	1,422	477 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201155	1,509	304 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171609	0	0 55.00
56.00	05600 RADIOISOTOPE	0.253082	54	14 56.00
57.00	05700 CT SCAN	0.084235	1,862	157 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.202308	212	43 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.260117	306	80 59.00
60.00	06000 LABORATORY	0.131032	7,382	967 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487729	252	123 62.00
65.00	06500 RESPIRATORY THERAPY	0.172097	5,145	885 65.00
66.00	06600 PHYSICAL THERAPY	0.339965	752	256 66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602 O/P PHYSICAL THERAPY	0.326179	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.252520	675	170 67.00
68.00	06800 SPEECH PATHOLOGY	0.314321	181	57 68.00
69.00	06900 ELECTROCARDIOLOGY	0.086128	1,647	142 69.00
69.01	06901 CARDIAC REHAB	0.611790	6	4 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.521713	173	90 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.239667	1,040	249 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213078	5,988	1,276 73.00
76.00	03020 RENAL ACUTE	0.585172	303	177 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.489778	0	0 90.00
90.05	09005 PATIENT NUTRITION	1.637921	0	0 90.05
90.07	09007 WOUND CLINIC	0.257581	0	0 90.07
91.00	09100 EMERGENCY	0.130907	3,554	465 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.730940	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		39,483	6,978 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		39,483	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		36,335,486	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,340,811	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		280,236	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		14,214	2.04
3.00	Managed Care Simulated Payments		24,327,013	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		226.22	4.00
<b>Indirect Medical Education Adjustment</b>				
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
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (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 (see instructions)		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).		0.054018	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.057317	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.054018	21.00
22.00	IME payment adjustment (see instructions)		1,415,117	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		707,235	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		8.45	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.78	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)		0.037353	26.00
27.00	IME payments adjustment factor. (see instructions)		0.009876	27.00
28.00	IME add-on adjustment amount (see instructions)		480,727	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		240,254	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		1,895,844	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		947,489	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.71	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.40	31.00
32.00	Sum of lines 30 and 31		29.11	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.23	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Hospital	PPS
				1.00
34.00	Disproportionate share adjustment (see instructions)			1,609,968 34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Payment Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000544339	0.000471231	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	3,914,891	3,239,432	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	2,928,123	816,515	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	3,744,638		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (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)	56,221,197		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		57,168,686	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,081,837	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).		741,614	52.00
53.00	Nursing and Allied Health Managed Care payment		7,008	53.00
54.00	Special add-on payments for new technologies		153,835	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
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)		31,351	58.00
59.00	Total (sum of amounts on lines 49 through 58)		62,184,331	59.00
60.00	Primary payer payments		21,137	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		62,163,194	61.00
62.00	Deductibles billed to program beneficiaries		4,648,802	62.00
63.00	Coinurance billed to program beneficiaries		181,339	63.00
64.00	Allowable bad debts (see instructions)		341,084	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		221,705	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		57,554,758	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-221,758	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/23/2023 2:23 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			57,333,000	71.00
71.01	Sequestration adjustment (see instructions)			722,396	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			55,549,458	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,061,146	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,007,913	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/23/2023 2:23 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	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	36,335,486	0	36,335,486	36,335,486	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,340,811	0	12,340,811	12,340,811	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	280,236	0	280,236	280,236	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	14,214	0	14,214	14,214	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	24,327,013	0	18,426,754	5,900,259	4.00	
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.054018	0.054018	0.054018	0.054018	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,415,117	0	1,056,345	358,772	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	707,235	0	535,703	171,532	6.01	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.009876	0.009876	0.009876	0.009876	7.00	
8.00	IME adjustment (see instructions)	28.00	480,727	0	358,849	121,878	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	240,254	0	181,983	58,271	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,895,844	0	1,415,194	480,650	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	947,489	0	717,686	229,803	9.01	
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1323	0.1323	0.1323	0.1323	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,609,968	0	1,201,796	408,172	11.00	
11.01	Uncompensated care payments	36.00	3,744,638	0	2,928,123	816,515	11.01	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	56,221,197	0	42,160,835	14,060,362	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	57,168,686	0	42,878,521	14,290,165	15.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/23/2023 2:23 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	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,081,837	0	3,063,217	1,018,620	4,081,837	16.00
17.00	Special add-on payments for new technologies	54.00	153,835	0	125,126	28,710	153,836	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	46,066,864	15,337,495	61,404,359	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	3,685,722	0	2,759,273	926,449	3,685,722	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	47,815	0	43,193	4,622	47,815	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	0.0338	0.0338	0.0338	0.0338		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,577	0	93,263	31,314	124,577	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0607	0.0607	0.0607	0.0607		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	223,723	0	167,488	56,235	223,723	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,081,837	0	3,063,217	1,018,620	4,081,837	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2023 2:23 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	36,335,486	36,335,486		36,335,486	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,340,811		12,340,811	12,340,811	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	280,236	280,236		280,236	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	14,214		14,214	14,214	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	24,327,013	18,426,754	5,900,259	24,327,013	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.054018	0.054018	0.054018		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,415,117	1,056,345	358,772	1,415,117	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	707,235	535,703	171,532	707,235	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.009876	0.009876	0.009876		7.00
8.00	IME adjustment (see instructions)	28.00	480,727	358,849	121,878	480,727	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	240,254	181,983	58,271	240,254	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,895,844	1,415,194	480,650	1,895,844	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	947,489	717,686	229,803	947,489	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1323	0.1323	0.1323		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,609,968	1,201,796	408,172	1,609,968	11.00
11.01	Uncompensated care payments	36.00	3,744,638	2,928,123	816,515	3,744,638	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	56,221,197	42,160,835	14,060,362	56,221,197	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	57,168,686	42,878,521	14,290,165	57,168,686	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,081,837	3,063,217	1,018,620	4,081,837	16.00
17.00	Special add-on payments for new technologies	54.00	153,835	125,125	28,710	153,835	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			46,066,863	15,337,495	61,404,358	19.00



HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2023 2:23 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	3,685,722	2,759,273	926,449	3,685,722	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	47,815	43,193	4,622	47,815	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	0.0338	0.0338	0.0338		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,577	93,263	31,314	124,577	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0607	0.0607	0.0607		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	223,723	167,488	56,235	223,723	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,081,837	3,063,217	1,018,620	4,081,837	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	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	-221,758	-189,596	-32,162	-221,758	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/23/2023 2: 23 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		8,794	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		66,728,922	2.00
3.00	OPPS payments		62,840,060	3.00
4.00	Outlier payment (see instructions)		21,770	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		164,305	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,794	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		40,824	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		40,824	14.00
<b>Customary charges</b>				
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)		40,824	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		32,030	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,794	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		63,026,135	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		10,851,984	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		52,182,945	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		798,544	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		52,981,489	30.00
31.00	Primary payer payments		3,341	31.00
32.00	Subtotal (line 30 minus line 31)		52,978,148	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		469,218	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		304,992	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		53,283,140	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		53,283,140	40.00
40.01	Sequestration adjustment (see instructions)		671,368	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		52,609,896	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		1,876	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/23/2023 2:23 pm
Title XVIII		Hospital	PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/23/2023 2: 23 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		60	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		532	2.00
3.00	OPPS payments		215	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		2	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		60	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		281	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		281	14.00
<b>Customary charges</b>				
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)		281	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		221	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		60	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		217	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		20	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		257	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		257	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		257	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		257	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		257	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments		250	41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		3	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS			200.00
	Part B Combined Billed Days			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0023		Period: From 01/01/2022 To 12/31/2022		Worksheet E-1 Part I Date/Time Prepared: 5/23/2023 2: 23 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		54,687,491		51,344,265	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	12/21/2022	861,967	12/21/2022	1,265,631		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)		861,967		1,265,631		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)		55,549,458		52,609,896		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		1,061,146		1,876		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		56,610,604		52,611,772		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part I Date/Time Prepared: 5/23/2023 2: 23 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				250 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		2,394,134		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)				0 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)		2,394,134		250 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)				0 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)				0 6.00
6.01	SETTLEMENT TO PROVIDER		6,092		3 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		2,400,226		253 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part III Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,310,437 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0324 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			125,919 3.00
4.00	Outlier Payments			12,787 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			21.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.550685 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)			2,449,143 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)			2,449,143 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,449,143 19.00
20.00	Deductibles			18,600 20.00
21.00	Subtotal (line 19 minus line 20)			2,430,543 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			2,430,543 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)			2,430,543 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)			312 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,430,855 32.00
32.01	Sequestration adjustment (see instructions)			30,629 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,394,134 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			6,092 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			12,787 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
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2023 2:23 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		2,057,962		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,057,962	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)		2,057,962	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		4,710,233		8.00
9.00	Ancillary service charges		6,855,256	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		11,565,489	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		11,565,489	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		9,507,527	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)		2,057,962	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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)		2,057,962	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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)		2,057,962	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)		2,057,962	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,057,962	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)		2,057,962	0	40.00
41.00	Interim payments		4,700,305	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-2,642,343	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0023 Component CCN: 15-T023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2023 2:23 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	73,076		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	73,076	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)	73,076	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	295		8.00
9.00	Ancillary service charges	39,483	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)	39,778	0	12.00
<b>CUSTOMARY CHARGES</b>				
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)	39,778	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	33,298	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)	39,778	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	39,778	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	33,298	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	39,778	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	39,778	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	39,778	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	39,778	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	39,778	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/23/2023 2:23 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.92	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)				2.26
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
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
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
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27			14.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.00	6.00
7.00	Enter the lesser of line 5 or line 6			14.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.00	0.00	21.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	14.92	0.00	14.92	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.92	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.92	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.92	0.00		17.00
18.00	Per resident amount	150,498.00	150,498.00		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	2,245,430	0	2,245,430	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.75	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			119,608.04	23.00
24.00	Multiply line 22 time line 23			687,746	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,933,176	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/23/2023 2:23 pm
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	23,326	12,597		26.00
27.00	Total Inpatient Days (see instructions)	67,632	67,632		27.00
28.00	Ratio of inpatient days to total inpatient days	0.344896	0.186258		28.00
29.00	Program direct GME amount	1,011,641	546,327	1,557,968	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		17,810	17,810	30.00
31.00	Net Program direct GME amount			1,540,158	31.00
				1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>					
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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>					
<b>Part A Reasonable Cost</b>					
37.00	Reasonable cost (see instructions)			62,150,978	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			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)			21,137	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			62,129,841	41.00
<b>Part B Reasonable Cost</b>					
42.00	Reasonable cost (see instructions)			66,902,615	42.00
43.00	Primary payer payments (see instructions)			3,341	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			66,899,274	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			129,029,115	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.481518	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.518482	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48.00	Total program GME payment (line 31)			1,540,158	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			741,614	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			798,544	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/23/2023 2:23 pm
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G  
Date/Time Prepared:  
5/23/2023 2:23 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	50,045,063	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	79,248,262	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	8,152,506	0	0	0	7.00
8.00	Prepaid expenses	-39,544,742	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	97,901,089	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	18,871,495	0	0	0	12.00
13.00	Land improvements	21,208,798	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	307,982,453	0	0	0	15.00
16.00	Accumulated depreciation	-389,071,354	0	0	0	16.00
17.00	Leasehold improvements	107,844,802	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	205,501,253	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	272,337,447	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	254,389,620	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	254,389,620	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	624,628,156	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	50,173,416	0	0	0	37.00
38.00	Salaries, wages, and fees payable	24,166,038	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,017,357	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	76,356,811	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	52,416,220	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	226,269,323	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	278,685,543	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	355,042,354	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	269,585,802				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)	269,585,802	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	624,628,156	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-1

Date/Time Prepared:  
5/23/2023 2:23 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		254,920,850		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		14,664,952				2.00
3.00	Total (sum of line 1 and line 2)		269,585,802		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		269,585,802		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		269,585,802		0		19.00

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



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/23/2023 2: 23 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	128,191,585		128,191,585	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,266,159		4,266,159	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)	132,457,744		132,457,744	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	32,309,119		32,309,119	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	22,136,470		22,136,470	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	54,445,589		54,445,589	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	186,903,333		186,903,333	17.00
18.00	Ancillary services	386,249,147	1,160,129,112	1,546,378,259	18.00
19.00	Outpatient services	40,052,790	122,597,582	162,650,372	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	RURAL HEALTH	0	7,044,630	7,044,630	27.00
27.01	RENTAL PROPERTY	0	0	0	27.01
27.02	FAMILY PRACTICE	0	1,328,672	1,328,672	27.02
27.03	WELLNESS	0	0	0	27.03
27.04	PHYSICIAN PRACTICES	1,228,639	28,324,178	29,552,817	27.04
27.05	SYCAMORE SPORTS MED	0	0	0	27.05
27.06	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	258,476	272,398	530,874	27.06
27.07	PRO FEES	2,278,657	1,906,809	4,185,466	27.07
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	616,971,042	1,321,603,381	1,938,574,423	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		451,367,025		29.00
30.00	HOME OFFICE	108,360,319			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)		108,360,319		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		559,727,344		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0023

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-3

Date/Time Prepared:  
5/23/2023 2:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,938,574,423	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,356,706,161	2.00
3.00	Net patient revenues (line 1 minus line 2)	581,868,262	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	559,727,344	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,140,918	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	26,889,487	24.00
24.01	TRANSFERS AND OTHER ALLOCATED	1,864,589	24.01
24.02	INTEREST INCOME	-38,572,098	24.02
24.03	TRANSFER FOR PROPERTY AND EQUIPMENT	0	24.03
24.04	UNREALIZED GAIN/LOSS ON INVESTMENTS	0	24.04
24.05	OTHER INCOME AND EXPENSE	10,954	24.05
24.06	OTHER INCOME AND EXPENSE	2,331,102	24.06
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	-7,475,966	25.00
26.00	Total (line 5 plus line 25)	14,664,952	26.00
27.00	OTHER EXPENSES (SPECIFY)	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)	14,664,952	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0023	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/23/2023 2:23 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,685,722	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,815	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)		175.74	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.38	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		124,577	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.71	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.40	8.00
9.00	Sum of lines 7 and 8		29.11	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.07	10.00
11.00	Disproportionate share adjustment (see instructions)		223,723	11.00
12.00	Total prospective capital payments (see instructions)		4,081,837	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet S Parts I-III Date/Time Prepared: 1/24/2023 4:19 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 1/24/2023	Time: 4:19 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No.	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
		8. <input type="checkbox"/> Initial Report for this Provider CCN	
		9. <input type="checkbox"/> Final Report for this Provider CCN	

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TERRE HAUTE REGIONAL HOSPITAL ( 15-0046 ) for the cost reporting period beginning 09/01/2021 and ending 08/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	<b>Korena Power</b>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Korena Power		2
3	Signatory Title	CFO TERRE HAUTE REGIONAL HOSPITAL		3
4	Date	(Dated when report is electronic)		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	663,776	-66,371	0	-3,005,596	1.00
2.00 Subprovider - IPF	0	5,317	-14		-2,077,753	2.00
3.00 Subprovider - IRF	0	-24,871	0		-102,030	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	644,222	-66,385	0	-5,185,379	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0046			Period: From 09/01/2021 To 08/31/2022		Worksheet S-2 Part I Date/Time Prepared: 1/24/2023 4:19 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47802		County: VIGO				
2.00 Street: 3901 HOSPITAL LANE		2.00 City: TERRE HAUTE		2.00 Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00 Hospital	TERRE HAUTE REGIONAL HOSPITAL			150046	45460	1	07/01/1966	N	P	0	3.00	
4.00 Subprovider - IPF	TERRE HAUTE PSYCHIATRIC UNIT			15S046	45460	4	09/01/1991	N	P	0	4.00	
5.00 Subprovider - IRF	TERRE HAUTE REHAB UNIT			15T046	45460	5	09/01/2006	N	P	0	5.00	
6.00 Subprovider - (Other)												
7.00 Swing Beds - SNF												
8.00 Swing Beds - NF												
9.00 Hospital-Based SNF												
10.00 Hospital-Based NF												
11.00 Hospital-Based OLTC												
12.00 Hospital-Based HHA												
13.00 Separately Certified ASC												
14.00 Hospital-Based Hospice												
15.00 Hospital-Based Health Clinic - RHC												
16.00 Hospital-Based Health Clinic - FQHC												
17.00 Hospital-Based (CMHC) I												
18.00 Renal Dialysis												
19.00 Other												
							From:		To:			
							1.00		2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							09/01/2021		08/31/2022		20.00	
21.00 Type of Control (see instructions)							4				21.00	
							1.00	2.00	3.00			
Inpatient PPS Information												
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N			22.00		
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)						Y	Y			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	N		22.03		
22.04 Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	N		22.04		
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0046			Period: From 09/01/2021 To 08/31/2022		Worksheet S-2 Part I Date/Time Prepared: 1/24/2023 4:19 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	477	293	11	128	3,309	79		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.	36	11	18	0	244			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:		Ending:		
						1.00		2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N		Y/N		
						1.00		2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N		N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N		N	40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N		Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N		N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N		N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N		N	N	48.00
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N				59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0046		Period: From 09/01/2021 To 08/31/2022		Worksheet S-2 Part I Date/Time Prepared: 1/24/2023 4:19 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					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)						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)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0046		Period: From 09/01/2021 To 08/31/2022		Worksheet S-2 Part I Date/Time Prepared: 1/24/2023 4:19 pm		
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000			66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			67.00
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00	
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00	



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part I Date/Time Prepared: 1/24/2023 4:19 pm		
				1.00		
<b>Long Term Care Hospital PPS</b>						
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	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00	
			V	XIX		
			1.00	2.00		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a CAH?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part I Date/Time Prepared: 1/24/2023 4:19 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		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.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	195,968	0	722,892118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
<b>Transplant Center Information</b>				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
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	44H070	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part I Date/Time Prepared: 1/24/2023 4:19 pm			
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: HOSPITAL CORP. OF AMERICA	Contractor's Name: PALMETTO		Contractor's Number: 10001		141.00	
142.00	Street: ONE PARK PLAZA	PO Box:				142.00	
143.00	City: NASHVILLE	State: TN		Zip Code: 37203		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
						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
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					N	168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						170.00
						1.00	
						2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0046		Period: From 09/01/2021 To 08/31/2022		Worksheet S-2 Part II Date/Time Prepared: 1/24/2023 4:19 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N					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 a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			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)	Y	12/08/2022	Y	12/08/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part II Date/Time Prepared: 1/24/2023 4:19 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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		Y		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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		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.		Y		35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
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.		Y	12/31/2021	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
<b>Cost Report Preparer Contact Information</b>					
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.	JAMES		WELLS	41.00
42.00	Enter the employer/company name of the cost report preparer.	HCA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-372-6585		JAMES.WELLS2@HCAHEALTHCARE.COM	43.00

		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	REPORTING MANAGER REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	134	48,880	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)		134	48,880	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	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 NEONATAL INTENSIVE CARE UNIT	35.00	6	2,190	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		158	57,640	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	19	6,935		0	16.00
17.00 SUBPROVIDER - IRF	41.00	12	4,380		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		189			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,500	909	12,888			1.00
2.00 HMO and other (see instructions)	4,069	3,309				2.00
3.00 HMO IPF Subprovider	376	0				3.00
4.00 HMO IRF Subprovider	253	244				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)	4,500	909	12,888			7.00
8.00 INTENSIVE CARE UNIT	1,116	0	3,475			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 NEONATAL INTENSIVE CARE UNIT	0	0	389			12.00
13.00 NURSERY		0	495			13.00
14.00 Total (see instructions)	5,616	909	17,247	0.00	411.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	358	0	4,479	0.00	22.00	16.00
17.00 SUBPROVIDER - IRF	1,062	65	2,005	0.00	10.40	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)			51			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	443.60	27.00
28.00 Observation Bed Days		251	923			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	79	110			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,227	193	3,825	1.00
2.00	HMO and other (see instructions)			777	976		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				12		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	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,227	193	3,825	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	62	550	776	16.00
17.00	SUBPROVIDER - IRF	0.00	0	82	5	135	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/24/2023 4:19 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	31,879,342	0	31,879,342	922,704.00	34.55
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,508,852	0	3,508,852	115,705.00	30.33
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		291,051	0	291,051	1,670.00	174.28
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		9,280,420	0	9,280,420	191,528.00	48.45
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		6,825,408	0	6,825,408		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		844,452	0	844,452		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,605,282	0	1,605,282		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/24/2023 4:19 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	83,360	0	83,360	2,324.00	35.87	26.00
27.00	Administrative & General	3,682,397	-77,421	3,604,976	93,052.00	38.74	27.00
28.00	Administrative & General under contract (see inst.)	50,854	0	50,854	183.00	277.89	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	536,965	0	536,965	17,493.00	30.70	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,028,444	0	1,028,444	58,561.00	17.56	32.00
33.00	Housekeeping under contract (see instructions)	81,028	0	81,028	6,124.00	13.23	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	959,071	0	959,071	39,440.00	24.32	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	572,419	77,421	649,840	11,848.00	54.85	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/24/2023 4:19 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	32,970,295	0	32,970,295	968,451.00	34.04	1.00
2.00	Excluded area salaries (see instructions)	3,508,852	0	3,508,852	115,705.00	30.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,461,443	0	29,461,443	852,746.00	34.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,571,471	0	9,571,471	193,198.00	49.54	4.00
5.00	Subtotal wage-related costs (see inst.)	8,430,690	0	8,430,690	0.00	28.62	5.00
6.00	Total (sum of lines 3 thru 5)	47,463,604	0	47,463,604	1,045,944.00	45.38	6.00
7.00	Total overhead cost (see instructions)	6,994,538	0	6,994,538	229,025.00	30.54	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 1/24/2023 4:19 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,034,165	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	59,539	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	3,615,577	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	6,789	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	37,889	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)	421,253	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	110,504	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	1,788,782	17.00
18.00	Medicare Taxes - Employers Portion Only	461,987	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	64,891	20.00
<b>OTHER</b>			
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	68,484	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,669,860	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet S-3 Part V Date/Time Prepared: 1/24/2023 4:19 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	1,356,163	7,669,860	1.00
2.00	Hospital	0	6,825,408	2.00
3.00	SUBPROVIDER - IPF	0	0	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	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			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 I	0	0	17.00
18.00	Other	1,356,163	844,452	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet S-10 Date/Time Prepared: 1/24/2023 4:19 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.132675	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		24,162,863	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		198,550,089	6.00	
7.00	Medicaid cost (line 1 times line 6)		26,342,633	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)		2,179,770	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,179,770	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	22,738,717	745,460	23,484,177	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,016,859	745,460	3,762,319	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,016,859	745,460	3,762,319	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,780,884	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		135,453	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		208,390	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		3,572,494	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		546,918	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,309,237	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,489,007	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A  
Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		2,975,048	2,975,048	207,902	3,182,950	1.00
2.00	00200		3,086,908	3,086,908	844,139	3,931,047	2.00
4.00	00400		6,400,545	6,483,905	92,110	6,576,015	4.00
5.00	00500	83,360	11,240,024	14,922,421	-342,758	14,579,663	5.00
7.00	00700	3,682,397	3,157,506	3,694,471	-3,953	3,690,518	7.00
8.00	00800	536,965	558,928	558,928	0	558,928	8.00
9.00	00900	0	410,419	1,438,863	-10	1,438,853	9.00
10.00	01000	1,028,444	2,009,969	2,009,969	-537,708	1,472,261	10.00
11.00	01100	0	0	0	537,622	537,622	11.00
13.00	01300	572,419	880,145	1,452,564	47,705	1,500,269	13.00
16.00	01600	0	784,920	784,920	0	784,920	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	4,377,234	3,456,874	7,834,108	304,968	8,139,076	30.00
31.00	03100	2,340,033	1,521,642	3,861,675	-184,540	3,677,135	31.00
35.00	02060	410,167	309,067	719,234	-274	718,960	35.00
40.00	04000	1,350,330	709,429	2,059,759	-6,485	2,053,274	40.00
41.00	04100	802,359	414,227	1,216,586	-39,510	1,177,076	41.00
43.00	04300	130,592	59,393	189,985	0	189,985	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,097,184	7,944,735	11,041,919	-86,844	10,955,075	50.00
51.00	05100	283,973	56,422	340,395	0	340,395	51.00
52.00	05200	994,050	161,846	1,155,896	0	1,155,896	52.00
54.00	05400	817,015	732,344	1,549,359	-157,952	1,391,407	54.00
54.01	03630	153,838	37,601	191,439	-17,885	173,554	54.01
54.02	03440	89,895	17,643	107,538	0	107,538	54.02
55.00	05500	561,139	418,425	979,564	-21,789	957,775	55.00
56.00	05600	83,762	606,436	690,198	-27	690,171	56.00
57.00	05700	459,710	227,659	687,369	-386	686,983	57.00
58.00	05800	166,506	93,424	259,930	0	259,930	58.00
59.00	05900	475,471	96,710	572,181	-7,581	564,600	59.00
60.00	06000	1,152,777	2,076,161	3,228,938	-88,936	3,140,002	60.00
62.00	06200	31,024	697,301	728,325	0	728,325	62.00
65.00	06500	754,309	593,112	1,347,421	-101,260	1,246,161	65.00
66.00	06600	935,880	169,288	1,105,168	0	1,105,168	66.00
69.00	06900	410,899	141,291	552,190	0	552,190	69.00
70.00	07000	22,888	14,480	37,368	0	37,368	70.00
71.00	07100	225,887	1,949,719	2,175,606	163,696	2,339,302	71.00
72.00	07200	0	3,424,289	3,424,289	8,774	3,433,063	72.00
73.00	07300	1,315,128	13,056,545	14,371,673	69,313	14,440,986	73.00
74.00	07400	135	529,780	529,915	-1,878	528,037	74.00
76.00	03950	0	63,175	63,175	0	63,175	76.00
76.01	03330	289,983	422,084	712,067	11,965	724,032	76.01
76.02	03040	188,803	23,623	212,426	0	212,426	76.02
76.03	03050	70,851	563,970	634,821	-1,766	633,055	76.03
76.04	03060	439,931	75,271	515,202	640	515,842	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	2,187,841	6,206,538	8,394,379	-687,283	7,707,096	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		30,523,179	78,374,916	108,898,095	9	108,898,104	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	23	23	0	23	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	841,908	150,253	992,161	-9	992,152	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	514,255	40,428	554,683	0	554,683	194.02
194.03	07953	0	0	0	0	0	194.03
200.00		31,879,342	78,565,620	110,444,962	0	110,444,962	200.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A  
Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	418,848	3,601,798	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-65,963	3,865,084	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-603,380	5,972,635	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,232,125	26,811,788	5.00
7.00	00700	OPERATION OF PLANT	71,974	3,762,492	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	558,928	8.00
9.00	00900	HOUSEKEEPING	1,823	1,440,676	9.00
10.00	01000	DIETARY	0	1,472,261	10.00
11.00	01100	CAFETERIA	-191,314	346,308	11.00
13.00	01300	NURSING ADMINISTRATION	-6,097	1,494,172	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	77,708	862,628	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,655,175	6,483,901	30.00
31.00	03100	INTENSIVE CARE UNIT	3,872	3,681,007	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-257,847	461,113	35.00
40.00	04000	SUBPROVIDER - IPF	-127,637	1,925,637	40.00
41.00	04100	SUBPROVIDER - IRF	-28,096	1,148,980	41.00
43.00	04300	NURSERY	0	189,985	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-4,042,496	6,912,579	50.00
51.00	05100	RECOVERY ROOM	0	340,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,155,896	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,303	1,389,104	54.00
54.01	03630	ULTRA SOUND	0	173,554	54.01
54.02	03440	MAMMOGRAPHY	0	107,538	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,315	955,460	55.00
56.00	05600	RADIOISOTOPE	0	690,171	56.00
57.00	05700	CT SCAN	0	686,983	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	259,930	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	564,600	59.00
60.00	06000	LABORATORY	0	3,140,002	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	728,325	62.00
65.00	06500	RESPIRATORY THERAPY	-88,250	1,157,911	65.00
66.00	06600	PHYSICAL THERAPY	-35,375	1,069,793	66.00
69.00	06900	ELECTROCARDIOLOGY	-11,596	540,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,368	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,339,302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,433,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,440,986	73.00
74.00	07400	RENAL DIALYSIS	2,982	531,019	74.00
76.00	03950	LITHOTRIPSY	0	63,175	76.00
76.01	03330	ENDOSCOPY	-144,200	579,832	76.01
76.02	03040	PRI SON CLINIC	0	212,426	76.02
76.03	03050	WOUND CARE	-11,596	621,459	76.03
76.04	03060	OPI C	-10,238	505,604	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-3,902,295	3,804,801	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,623,159	110,521,263	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	OCCUPATIONAL MEDICINE	0	992,152	194.00
194.01	07951	UNOCCUPIED SPACE/NONALLOWABLE MEALS	0	0	194.01
194.02	07952	SITTERS	0	554,683	194.02
194.03	07953	UNLICENSED STAFF	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	1,623,159	112,068,121	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - LEASES</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	150,108	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	834,171	2.00	
3.00	ENDOSCOPY	76.01	0	14,999	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
	0		0	999,278		
<b>B - PROPERTY INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		67,762	1.00	
	0		0	67,762		
<b>C - EXECUTIVE COMP.</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		92,110	1.00	
2.00	NURSING ADMINISTRATION	13.00	77,421	5,128	2.00	
	0		77,421	97,238		
<b>D - CAFETERIA</b>						
1.00	CAFETERIA	11.00	0	537,622	1.00	
	0		0	537,622		
<b>E - MEDICAL SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	516,140	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
	0		0	516,140		
<b>F - DRUG</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00		74,245	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00		2,943	2.00	
3.00	RADIOLOGY-THERAPEUTIC	55.00		194	3.00	
4.00	LABORATORY	60.00		41	4.00	
5.00	OPIC	76.04		640	5.00	
6.00	EMERGENCY	91.00		58	6.00	
	0		0	78,121		
<b>G - IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		362,548	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	
	0		0	362,548		
<b>H - ER BEDHOLD</b>						
1.00	ADULTS & PEDIATRICS	30.00	300,992	310,456	1.00	
2.00	INTENSIVE CARE UNIT	31.00	29,454	30,381	2.00	
	0		330,446	340,837		
<b>I - EQUIPMENT PROPERTY TAX</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,968	1.00	
2.00		0.00	0	0	2.00	
	0		0	9,968		
500.00	Grand Total: Increases		407,867	3,009,514	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-6  
Date/Time Prepared:  
1/24/2023 4:19 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - LEASES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	100,337	10	1.00
2.00	OPERATION OF PLANT	7.00	0	3,953	10	2.00
3.00	HOUSEKEEPING	9.00	0	10	0	3.00
4.00	DIETARY	10.00	0	86	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	34,844	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	305,810	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	233,161	0	7.00
8.00	SUBPROVIDER - IPF	40.00	0	6,470	0	8.00
9.00	OPERATING ROOM	50.00	0	29,716	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	157,973	0	10.00
11.00	ULTRA SOUND	54.01	0	17,885	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	19	0	12.00
13.00	LABORATORY	60.00	0	88,977	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	13,518	0	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	588	0	15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,605	0	16.00
17.00	EMERGENCY	91.00	0	4,317	0	17.00
18.00	OCCUPATIONAL MEDICINE	194.00	0	9	0	18.00
	O		0	999,278		
<b>B - PROPERTY INSURANCE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	67,762	12	1.00
	O		0	67,762		
<b>C - EXECUTIVE COMP.</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	77,421	97,238	0	1.00
2.00		0.00	0	0	0	2.00
	O		77,421	97,238		
<b>D - CAFETERIA</b>						
1.00	DIETARY	10.00	0	537,622	0	1.00
	O		0	537,622		
<b>E - MEDICAL SUPPLIES</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	670	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	8,569	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	274	0	3.00
4.00	SUBPROVIDER - IPF	40.00	0	15	0	4.00
5.00	SUBPROVIDER - IRF	41.00	0	234	0	5.00
6.00	OPERATING ROOM	50.00	0	35,370	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,922	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	897	0	8.00
9.00	RADIOISOTOPE	56.00	0	27	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	6,787	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	84,855	0	11.00
12.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	353,774	0	12.00
13.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,327	0	13.00
14.00	RENAL DIALYSIS	74.00	0	1,878	0	14.00
15.00	ENDOSCOPY	76.01	0	3,034	0	15.00
16.00	WOUND CARE	76.03	0	1,766	0	16.00
17.00	EMERGENCY	91.00	0	11,741	0	17.00
	O		0	516,140		
<b>F - DRUG</b>						
1.00	INTENSIVE CARE UNIT	31.00	0	2,645	0	1.00
2.00	SUBPROVIDER - IRF	41.00	0	39,276	0	2.00
3.00	OPERATING ROOM	50.00	0	18,954	0	3.00
4.00	CT SCAN	57.00	0	386	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	2,887	0	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,973	0	6.00
	O		0	78,121		
<b>G - IMPLANTABLE DEVICES</b>						
1.00	OPERATING ROOM	50.00	0	2,804	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	21,067	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	794	0	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	337,883	0	4.00
	O		0	362,548		
<b>H - ER BEDHOLD</b>						
1.00	EMERGENCY	91.00	330,446	340,837	0	1.00
2.00		0.00	0	0	0	2.00
	O		330,446	340,837		

RECLASSIFICATIONS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-6

Date/Time Prepared:  
1/24/2023 4:19 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - EQUIPMENT PROPERTY TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,968	13	1.00	
2.00		0.00	0	0	13	2.00	
			0	9,968			
500.00	Grand Total: Decreases		407,867	3,009,514		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,262,718	0	0	0	1.00
2.00	Land Improvements	3,238,473	0	0	0	2.00
3.00	Buildings and Fixtures	38,638,215	0	0	0	3.00
4.00	Building Improvements	9,572,776	0	0	0	4.00
5.00	Fixed Equipment	31,608,284	0	0	0	5.00
6.00	Movable Equipment	53,249,827	3,977,710	0	3,977,710	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	137,570,293	3,977,710	0	3,977,710	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	137,570,293	3,977,710	0	3,977,710	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,262,718	0			1.00
2.00	Land Improvements	3,238,473	0			2.00
3.00	Buildings and Fixtures	38,638,215	0			3.00
4.00	Building Improvements	9,572,776	0			4.00
5.00	Fixed Equipment	31,608,284	0			5.00
6.00	Movable Equipment	54,196,130	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	138,516,596	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	138,516,596	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/24/2023 4:19 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	CAP REL COSTS-BLDG & FIXT	2,373,965	4,608	0	0	596,475	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,941,118	145,790	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,315,083	150,398	0	0	596,475	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	CAP REL COSTS-BLDG & FIXT	0	2,975,048				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,086,908				2.00
3.00	Total (sum of lines 1-2)	0	6,061,956				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-7  
Part III  
Date/Time Prepared:  
1/24/2023 4:19 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	CAP REL COSTS-BLDG & FIXT	84,320,466	0	84,320,466	0.608739	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	54,196,130	0	54,196,130	0.391261	0	2.00
3.00	Total (sum of lines 1-2)	138,516,596	0	138,516,596	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,792,813	154,716	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,875,155	979,961	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,667,968	1,134,677	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	67,762	586,507	0	3,601,798	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	9,968	0	3,865,084	2.00
3.00	Total (sum of lines 1-2)	0	67,762	596,475	0	7,466,882	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	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	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)			0		0.00	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	-10,232,788				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	12,443,473				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-178,196	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-13,118	CAFETERIA		11.00	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 - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	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	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)	B	-49,659	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 X-RAY COPY	B	-65	RADIOLOGY-DIAGNOSTIC		54.00	0	33.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8

Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 INTEREST INCOME	B	-16,927	ADMI NI STRATI VE & GENERAL		5.00	0 33.01
33.02 OTHER REVENUE	B	-59,767	ADMI NI STRATI VE & GENERAL		5.00	0 33.02
33.03 HEALTH REFUND	B	-987	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.03
33.04 UNCLAI MED PROPERTY	B	-3,104	ADMI NI STRATI VE & GENERAL		5.00	0 33.04
33.05 PATI ENT TELEPHONES	A	-10,137	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.05
33.06 PATI ENT TELEPHONES	A	-54,052	ADMI NI STRATI VE & GENERAL		5.00	0 33.06
33.07 CONSULTING 900-317	A	-29,179	ADMI NI STRATI VE & GENERAL		5.00	0 33.07
33.08 ADMIN. TRAVEL 900-750	A	-7,378	ADMI NI STRATI VE & GENERAL		5.00	0 33.08
33.09 ADMIN. MEALS 900-764	A	-23,006	ADMI NI STRATI VE & GENERAL		5.00	0 33.09
33.10 MI SC. XXX870	A	-125	ADMI NI STRATI VE & GENERAL		5.00	0 33.10
33.11 MI SC. XXX872	A	-1,335	ADMI NI STRATI VE & GENERAL		5.00	0 33.11
33.12 NONPATI ENT GI FTS	A	-37,547	ADMI NI STRATI VE & GENERAL		5.00	0 33.12
33.13 ALCOHOL	A	-35	ADMI NI STRATI VE & GENERAL		5.00	0 33.13
33.14 COUNTRY CLUB DUES	A	-2,260	ADMI NI STRATI VE & GENERAL		5.00	0 33.14
33.15 PHYSICIAN RECRUITMENT 906XXX	A	68	ADMI NI STRATI VE & GENERAL		5.00	0 33.15
33.16 PHYSICIAN RECRUITMENT XXX802	A	-228	ADMI NI STRATI VE & GENERAL		5.00	9 33.16
33.17 PHYSICIAN RECRUITMENT XXX828	A	-20	ADMI NI STRATI VE & GENERAL		5.00	0 33.17
33.18 NONALLOWABLES 900805	A	-48	SUBPROVI DER - IPF		40.00	0 33.18
33.19 NONALLOWABLES 900805	A	-14,704	ADMI NI STRATI VE & GENERAL		5.00	0 33.19
33.20 CONTRI BUTIONS	A	-4,550	ADMI NI STRATI VE & GENERAL		5.00	0 33.20
33.21 MED STAFF NONALLOWABLES 843	A	-98,188	ADMI NI STRATI VE & GENERAL		5.00	0 33.21
33.22 PUBLIC RELATIONS DEPT. 920	A	-3,616	ADMI NI STRATI VE & GENERAL		5.00	0 33.22
33.23 REHAB ADMPHYS RECR/CY DEPT 950	A	-448	ADMI NI STRATI VE & GENERAL		5.00	9 33.23
33.24 SALES DEPT. 965	A	-796	ADMI NI STRATI VE & GENERAL		5.00	0 33.24
33.25 LEGAL FEES	A	-1,362	ADMI NI STRATI VE & GENERAL		5.00	0 33.25
33.26 LOBBYING DUES	A	-12,849	ADMI NI STRATI VE & GENERAL		5.00	0 33.26
33.27 MOB ACCOUNTING	A	-1,306	ADMI NI STRATI VE & GENERAL		5.00	0 33.27
33.28 MOB ACCOUNTING	A	-343	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.28
33.29 USEFUL LIFE ADJUSTMENT	A	172,540	CAP REL COSTS-BLDG & FIXT		1.00	9 33.29
33.30 PHYSICIAN RECORDS STORAGE	A	-30	OPERATION OF PLANT		7.00	0 33.30
33.31 DEPRECIATION BUI LDING	A	17,344	CAP REL COSTS-BLDG & FIXT		1.00	9 33.31
33.32 DEPRECIATION MME	A	-65,669	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.32
33.33 PATI ENT TV' S	A	-294	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.33
33.34 PATI ENT TV' S	A	-53,423	OPERATION OF PLANT		7.00	0 33.34
33.35 PATI ENT TV' S	A	-2,238	RADI OLOGY-DI AGNOSTI C		54.00	0 33.35
33.36 NONALLOWABLE COSTS	A	-30,489	EMERGENCY		91.00	0 33.36
33.37 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.37
33.38 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.38
33.39 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.39
33.40 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.40
33.41 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.41
33.42 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.42
33.43 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.43
33.44 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.44
33.45 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.45
33.46 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.46
33.47 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.47
33.48 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.48
33.49 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.49
33.50 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.50
33.51 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0 33.51
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,623,159				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8

Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
  - (2) Basis for adjustment (see instructions).
    - A. Costs - if cost, including applicable overhead, can be determined.
    - B. Amount Received - if cost cannot be determined.
  - (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8-1

Date/Time Prepared:  
1/24/2023 4:19 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	5.00	ADMINISTRATIVE & GENERAL	HPG	104,308	209,731 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	IT&S	1,584,218	1,929,134 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COST	1,822,348	4,982,163 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE DIRECT COMP.	149,302	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	SSC	2,318,098	2,193,598 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	SUPPLY CHAIN	1,522,525	1,501,986 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	PARALLON WORKFORCE SOLUTIONS	343,249	342,148 4.03
4.04	7.00	OPERATION OF PLANT	PARALLON WORKFORCE SOLUTIONS	132,705	132,705 4.04
4.05	13.00	NURSING ADMINISTRATIVE	PARALLON WORKFORCE SOLUTIONS	185,273	184,163 4.05
4.06	30.00	ADULTS & PEDIATRICS	PARALLON WORKFORCE SOLUTIONS	712,982	711,037 4.06
4.07	31.00	INTENSIVE CARE UNIT	PARALLON WORKFORCE SOLUTIONS	792,758	788,886 4.07
4.08	35.00	NEONATAL INTENSIVE CARE UNIT	PARALLON WORKFORCE SOLUTIONS	89,092	88,810 4.08
4.09	40.00	SUBPROVIDER - IPF	PARALLON WORKFORCE SOLUTIONS	261,747	261,312 4.09
4.10	41.00	SUBPROVIDER - IRF	PARALLON WORKFORCE SOLUTIONS	259,041	258,157 4.10
4.11	43.00	NURSERY	PARALLON WORKFORCE SOLUTIONS	7,813	7,813 4.11
4.12	50.00	OPERATING ROOM	PARALLON WORKFORCE SOLUTIONS	122,022	121,468 4.12
4.13	65.00	RESPIRATORY THERAPY	PARALLON WORKFORCE SOLUTIONS	116,710	116,710 4.13
4.14	74.00	RENAL DIALYSIS	PARALLON WORKFORCE SOLUTIONS	520,939	517,957 4.14
4.15	91.00	EMERGENCY	PARALLON WORKFORCE SOLUTIONS	1,696,017	1,689,053 4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	PARALLON WORKFORCE SOLUTIONS	22,266	22,075 4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	PARALLON WORKFORCE SOLUTIONS	58,249	58,055 4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	PARALLON WORKFORCE SOLUTIONS	69,360	68,981 4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	PARALLON MARK-UP	0	899,524 4.19
4.20	5.00	ADMINISTRATIVE & GENERAL	PARALLON PAYROLL	20,584	25,410 4.20
4.21	5.00	ADMINISTRATIVE & GENERAL	CAPITAL DIVISION IT&S	977,899	999,272 4.21
4.22	16.00	MEDICAL RECORDS & LIBRARY	HIM	632,903	577,233 4.22
4.23	16.00	MEDICAL RECORDS & LIBRARY	HIM ABSTRACTING	148,132	138,566 4.23
4.24	5.00	ADMINISTRATIVE & GENERAL	REVENUE INTEGRITY	29,740	27,941 4.24
4.25	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	63,248	63,459 4.25
4.26	40.00	SUBPROVIDER - IPF	BEHAVIORAL HEALTH	164,810	180,414 4.26
4.27	5.00	ADMINISTRATIVE & GENERAL	IT&S PARALLON	397,135	392,790 4.27
4.28	5.00	ADMINISTRATIVE & GENERAL	PREBILL DENIAL	9,202	8,849 4.28
4.29	4.00	EMPLOYEE BENEFITS DEPARTMENT	HCA HR SERVICES	572,532	572,532 4.29
4.30	4.00	EMPLOYEE BENEFITS DEPARTMENT	NAVI HEALTH FEES	0	-25,860 4.30
4.31	13.00	NURSING ADMINISTRATIVE	CLINICAL EDUCATION	512,256	519,463 4.31
4.32	16.00	MEDICAL RECORDS & LIBRARY	CANCER REGISTRY-SARAH CANN	81,593	69,121 4.32
4.33	5.00	ADMINISTRATIVE & GENERAL	TRANSFER CTR ALLOCATION	242,975	245,538 4.33
4.34	5.00	ADMINISTRATIVE & GENERAL	URS ALLOCATION	189,443	204,672 4.34
4.35	5.00	ADMINISTRATIVE & GENERAL	CDI MS-DRGCON TEAM ALLOC	51,041	51,041 4.35
4.36	5.00	ADMINISTRATIVE & GENERAL	SUPPORT SERVICES ALLOCATION	6,631	6,631 4.36
4.37	7.00	OPERATION OF PLANT	FACILITIES MGMT ALLOCATION	20,800	20,800 4.37
4.38	41.00	SUBPROVIDER - IRF	INPAT REHAB ALLOC	39,276	39,276 4.38
4.39	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER	0	57,193 4.39
4.40	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN RECRUITING	0	62,256 4.40
4.41	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE	386,774	722,892 4.41
4.42	5.00	ADMINISTRATIVE & GENERAL	GENERAL LIABILITY INSURANCE	0	22,776 4.42
4.43	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN SALES	0	188,654 4.43
4.44	5.00	ADMINISTRATIVE & GENERAL	RICHMOND FSC	58,403	62,376 4.44
4.45	4.00	EMPLOYEE BENEFITS DEPARTMENT	RESTORATION PLAN EXP.	0	2,698 4.45
4.46	4.00	EMPLOYEE BENEFITS DEPARTMENT	SELF INSPOOLING ADJ.	0	615,075 4.46
4.47	5.00	ADMINISTRATIVE & GENERAL	STUDENT LOAN REPAYMENT BENEF	28,196	14,293 4.47
4.48	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY INTEREST	0	-16,913,508 4.48
4.49	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE INTEREST	571,502	0 4.49
4.50	1.00	CAP REL COSTS-BLDG & FIXT	POB SPACE	39,618	0 4.50
4.51	5.00	ADMINISTRATIVE & GENERAL	POB SPACE	27,448	0 4.51
4.52	7.00	OPERATION OF PLANT	POB SPACE	48,583	0 4.52
4.53	9.00	HOUSEKEEPING	POB SPACE	104	0 4.53
4.54	1.00	CAP REL COSTS-BLDG & FIXT	PAVILLION SPACE	189,346	0 4.54
4.55	5.00	ADMINISTRATIVE & GENERAL	PAVILLION SPACE	1,033	0 4.55
4.56	7.00	OPERATION OF PLANT	PAVILLION SPACE	76,844	0 4.56
4.57	9.00	HOUSEKEEPING	PAVILLION SPACE	1,719	0 4.57
4.58	0.00			0	0 4.58
4.59	0.00			0	0 4.59
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,480,792	6,037,319 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.

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

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8-1

Date/Time Prepared:  
1/24/2023 4:19 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

**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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	100.00	PARALLON	100.00	6.00
7.00	B	65.02	HPG	65.02	7.00
8.00	B	100.00	HCI	100.00	8.00
9.00	B	100.00	CAPITAL DIVISION	100.00	9.00
10.00	B	100.00	WORKFORCE MGT.	100.00	10.00
10.01	B	100.00	HCA	100.00	10.01
10.02	B	100.00	POB	100.00	10.02
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8-1

Date/Time Prepared:  
1/24/2023 4:19 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	-105,423	0	1.00
2.00	-344,916	0	2.00
3.00	-3,159,815	0	3.00
4.00	149,302	0	4.00
4.01	124,500	0	4.01
4.02	20,539	0	4.02
4.03	1,101	0	4.03
4.04	0	0	4.04
4.05	1,110	0	4.05
4.06	1,945	0	4.06
4.07	3,872	0	4.07
4.08	282	0	4.08
4.09	435	0	4.09
4.10	884	0	4.10
4.11	0	0	4.11
4.12	554	0	4.12
4.13	0	0	4.13
4.14	2,982	0	4.14
4.15	6,964	0	4.15
4.16	191	0	4.16
4.17	194	0	4.17
4.18	379	0	4.18
4.19	-899,524	0	4.19
4.20	-4,826	0	4.20
4.21	-21,373	0	4.21
4.22	55,670	0	4.22
4.23	9,566	0	4.23
4.24	1,799	0	4.24
4.25	-211	0	4.25
4.26	-15,604	0	4.26
4.27	4,345	0	4.27
4.28	353	0	4.28
4.29	0	0	4.29
4.30	25,860	0	4.30
4.31	-7,207	0	4.31
4.32	12,472	0	4.32
4.33	-2,563	0	4.33
4.34	-15,229	0	4.34
4.35	0	0	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	0	0	4.38
4.39	-57,193	0	4.39
4.40	-62,256	0	4.40
4.41	-336,118	0	4.41
4.42	-22,776	0	4.42
4.43	-188,654	9	4.43
4.44	-3,973	0	4.44
4.45	-2,698	0	4.45
4.46	-615,075	0	4.46
4.47	13,903	9	4.47
4.48	16,913,508	9	4.48
4.49	571,502	0	4.49
4.50	39,618	9	4.50
4.51	27,448	0	4.51
4.52	48,583	0	4.52
4.53	104	0	4.53
4.54	189,346	9	4.54
4.55	1,033	0	4.55
4.56	76,844	0	4.56
4.57	1,719	0	4.57
4.58	0	0	4.58
4.59	0	0	4.59
5.00	12,443,473		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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet A-8-1 Date/Time Prepared: 1/24/2023 4:19 pm
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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	MANAGEMENT	6.00
7.00	PURCHASING	7.00
8.00	INSURANCE	8.00
9.00	MANAGEMENT	9.00
10.00	STAFFING	10.00
10.01	HOSPITAL MGT.	10.01
10.02	PROFESSIONAL BU	10.02
100.00		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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-8-2

Date/Time Prepared:  
1/24/2023 4:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,607,461	1,607,461	0	211,500	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	277,710	229,710	48,000	169,700	240	2.00
3.00	40.00	SUBPROVIDER - IPF	112,420	112,420	0	181,300	0	3.00
4.00	41.00	SUBPROVIDER - IRF	28,980	28,980	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	4,043,050	4,043,050	0	246,200	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	2,315	2,315	0	271,900	0	6.00
7.00	65.00	RESPIRATORY THERAPY	88,250	88,250	0	211,500	0	7.00
8.00	66.00	PHYSICAL THERAPY	95,063	6,975	88,088	211,500	587	8.00
9.00	69.00	ELECTROCARDIOLOGY	36,000	0	36,000	211,500	240	9.00
10.00	76.01	ENDOSCOPY	144,200	144,200	0	246,400	0	10.00
11.00	76.03	WOUND CARE	36,000	0	36,000	211,500	240	11.00
12.00	76.04	OPI C	22,440	0	22,440	211,500	120	12.00
13.00	91.00	EMERGENCY	3,903,174	3,843,174	60,000	211,500	240	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	713	190	523	211,500	3	14.00
200.00			10,397,776	10,106,725	291,051		1,670	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	19,581	979	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	59,688	2,984	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	24,404	1,220	0	0	0	9.00
10.00	76.01	ENDOSCOPY	0	0	0	0	0	10.00
11.00	76.03	WOUND CARE	24,404	1,220	0	0	0	11.00
12.00	76.04	OPI C	12,202	610	0	0	0	12.00
13.00	91.00	EMERGENCY	24,404	1,220	0	0	0	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	305	15	0	0	0	14.00
200.00			164,988	8,248	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,607,461		1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	19,581	28,419	258,129		2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	112,420		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	28,980		4.00
5.00	50.00	OPERATING ROOM	0	0	0	4,043,050		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	2,315		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	88,250		7.00
8.00	66.00	PHYSICAL THERAPY	0	59,688	28,400	35,375		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	24,404	11,596	11,596		9.00
10.00	76.01	ENDOSCOPY	0	0	0	144,200		10.00
11.00	76.03	WOUND CARE	0	24,404	11,596	11,596		11.00
12.00	76.04	OPI C	0	12,202	10,238	10,238		12.00
13.00	91.00	EMERGENCY	0	24,404	35,596	3,878,770		13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	0	305	218	408		14.00
200.00			0	164,988	126,063	10,232,788		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0046

Period: 09/01/2021 To 08/31/2022

Worksheet B Part I Date/Time Prepared: 1/24/2023 4:19 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,601,798	3,601,798			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,865,084		3,865,084		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,972,635	23,424	25,137	6,021,196	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	26,811,788	330,727	354,903	682,674	5.00
7.00 00700	OPERATION OF PLANT	3,762,492	935,332	1,003,704	101,685	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	558,928	38,764	41,597	0	8.00
9.00 00900	HOUSEKEEPING	1,440,676	27,476	29,485	194,756	9.00
10.00 01000	DIETARY	1,472,261	57,739	61,960	0	10.00
11.00 01100	CAFETERIA	346,308	34,853	37,401	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,494,172	11,665	12,518	123,060	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	862,628	7,462	8,007	0	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,483,901	560,834	601,830	885,909	30.00
31.00 03100	INTENSIVE CARE UNIT	3,681,007	115,204	123,626	448,710	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	461,113	0	0	77,673	35.00
40.00 04000	SUBPROVIDER - IPF	1,925,637	99,667	106,952	255,712	40.00
41.00 04100	SUBPROVIDER - IRF	1,148,980	94,293	101,185	151,943	41.00
43.00 04300	NURSERY	189,985	21,592	23,170	24,730	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	6,912,579	277,484	297,768	586,514	50.00
51.00 05100	RECOVERY ROOM	340,395	14,961	16,055	53,776	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,155,896	44,761	48,033	188,243	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,389,104	148,301	159,141	154,718	54.00
54.01 03630	ULTRA SOUND	173,554	12,931	13,876	29,132	54.01
54.02 03440	MAMMOGRAPHY	107,538	31,462	33,762	17,023	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	955,460	40,483	43,442	106,263	55.00
56.00 05600	RADIOISOTOPE	690,171	9,134	9,801	15,862	56.00
57.00 05700	CT SCAN	686,983	17,625	18,913	87,055	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	259,930	17,559	18,842	31,531	58.00
59.00 05900	CARDIAC CATHETERIZATION	564,600	21,658	23,241	90,040	59.00
60.00 06000	LABORATORY	3,140,002	66,637	71,508	218,301	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	728,325	2,956	3,172	5,875	62.00
65.00 06500	RESPIRATORY THERAPY	1,157,911	17,823	19,126	142,843	65.00
66.00 06600	PHYSICAL THERAPY	1,069,793	68,837	73,869	177,228	66.00
69.00 06900	ELECTROCARDIOLOGY	540,594	41,002	43,999	77,812	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	37,368	5,034	5,402	4,334	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,339,302	60,743	65,183	42,776	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,433,063	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	14,440,986	42,003	45,074	249,046	73.00
74.00 07400	RENAL DIALYSIS	531,019	9,351	10,034	26	74.00
76.00 03950	LI THOTRI PSY	63,175	0	0	0	76.00
76.01 03330	ENDOSCOPY	579,832	14,961	16,055	54,914	76.01
76.02 03040	PRI SION CLINIC	212,426	41,862	44,922	35,754	76.02
76.03 03050	WOUND CARE	621,459	24,180	25,948	13,417	76.03
76.04 03060	OPI C	505,604	41,843	44,901	83,310	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	3,804,801	132,801	142,509	351,735	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	110,521,263	3,565,424	3,826,051	5,764,380	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23	5,346	5,737	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	OCCUPATIONAL MEDICINE	992,152	31,028	33,296	159,432	194.00
194.01 07951	UNOCCUPIED SPACE/NONALLOWABLE MEALS	0	0	0	0	194.01
194.02 07952	SITTERS	554,683	0	0	97,384	194.02
194.03 07953	UNLICENSED STAFF	0	0	0	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	112,068,121	3,601,798	3,865,084	6,021,196	202.00



COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet B Part I Date/Time Prepared: 1/24/2023 4:19 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,180,092				5.00
7.00	00700	OPERATION OF PLANT	1,949,444	7,752,657			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	214,753	129,965	984,007		8.00
9.00	00900	HOUSEKEEPING	568,517	92,122	0	2,353,032	9.00
10.00	01000	DIETARY	534,779	193,586	0	60,489	2,380,814
11.00	01100	CAFETERIA	140,605	116,855	0	36,513	0
13.00	01300	NURSING ADMINISTRATION	551,392	39,110	0	12,220	0
16.00	01600	MEDICAL RECORDS & LIBRARY	294,975	25,018	0	7,817	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,866,271	1,880,348	537,432	587,542	1,016,929
31.00	03100	INTENSIVE CARE UNIT	1,467,504	386,254	143,120	120,690	127,712
35.00	02060	NEONATAL INTENSIVE CARE UNIT	180,992	0	16,021	0	9,233
40.00	04000	SUBPROVIDER - I/PF	802,178	334,160	184,470	104,413	354,257
41.00	04100	SUBPROVIDER - I/RF	502,679	316,141	82,577	98,783	145,953
43.00	04300	NURSERY	87,165	72,393	20,387	22,620	1,857
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,712,374	930,340	0	290,698	0
51.00	05100	RECOVERY ROOM	142,831	50,162	0	15,674	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	482,702	150,074	0	46,893	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	621,886	497,218	0	155,363	0
54.01	03630	ULTRA SOUND	77,092	43,353	0	13,546	0
54.02	03440	MAMMOGRAPHY	63,754	105,486	0	32,961	0
55.00	05500	RADIOLOGY-THERAPEUTIC	384,852	135,729	0	42,410	0
56.00	05600	RADIOISOTOPE	243,535	30,623	0	9,569	0
57.00	05700	CT SCAN	272,293	59,092	0	18,464	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	110,137	58,871	0	18,395	0
59.00	05900	CARDIAC CATHETERIZATION	234,993	72,615	0	22,689	0
60.00	06000	LABORATORY	1,174,544	223,417	0	69,810	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	248,695	9,912	0	3,097	0
65.00	06500	RESPIRATORY THERAPY	449,368	59,757	0	18,672	0
66.00	06600	PHYSICAL THERAPY	466,844	230,796	0	72,115	0
69.00	06900	ELECTROCARDIOLOGY	236,292	137,470	0	42,955	0
70.00	07000	ELECTROENCEPHALOGRAPHY	17,514	16,879	0	5,274	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	842,501	203,656	0	63,635	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,153,252	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,964,006	140,827	0	44,003	0
74.00	07400	RENAL DIALYSIS	184,903	31,351	0	9,796	0
76.00	03950	LITHOTRIPSY	21,222	0	0	0	0
76.01	03330	ENDOSCOPY	223,646	50,162	0	15,674	0
76.02	03040	PRI SON CLINIC	112,523	140,352	0	43,855	0
76.03	03050	WOUND CARE	230,110	81,070	0	25,331	0
76.04	03060	OPI C	226,970	140,289	0	43,835	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	1,488,768	445,251	0	139,125	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,548,861	7,630,704	984,007	2,314,926	1,655,941
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,731	17,924	0	5,601	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	OCCUPATIONAL MEDICINE	408,454	104,029	0	32,505	0
194.01	07951	UNOCCUPIED SPACE/NONALLOWABLE MEALS	0	0	0	0	0
194.02	07952	SITTE RS	219,046	0	0	0	724,873
194.03	07953	UNLICENSED STAFF	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					0
202.00		TOTAL (sum lines 118 through 201)	28,180,092	7,752,657	984,007	2,353,032	2,380,814

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		11.00	13.00	16.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	712,535	2,261,527				13.00
16.00	01600	17,390		1,205,907			16.00
16.00	01600	0	0				16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	125,201	592,040	30,182	16,168,419	0	30.00
31.00	03100	63,410	472,566	20,705	7,170,508	0	31.00
35.00	02060	10,976	68,034	2,259	826,301	0	35.00
40.00	04000	36,136	153,600	35,141	4,392,323	0	40.00
41.00	04100	21,472	143,622	5,377	2,813,005	0	41.00
43.00	04300	3,495	22,013	1,557	490,964	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	82,884	0	154,857	12,245,498	0	50.00
51.00	05100	7,599	0	16,345	657,798	0	51.00
52.00	05200	26,602	133,244	7,905	2,284,353	0	52.00
54.00	05400	21,864	0	20,111	3,167,706	0	54.00
54.01	03630	4,117	0	6,404	374,005	0	54.01
54.02	03440	2,406	0	3,146	397,538	0	54.02
55.00	05500	15,017	0	27,512	1,751,168	0	55.00
56.00	05600	2,242	0	24,398	1,035,335	0	56.00
57.00	05700	12,302	0	97,314	1,270,041	0	57.00
58.00	05800	4,456	0	16,174	535,895	0	58.00
59.00	05900	12,724	38,320	40,641	1,121,521	0	59.00
60.00	06000	30,849	0	112,423	5,107,491	0	60.00
62.00	06200	830	0	11,106	1,013,968	0	62.00
65.00	06500	20,186	22,432	26,329	1,934,447	0	65.00
66.00	06600	25,045	0	15,152	2,199,679	0	66.00
69.00	06900	10,996	27,459	33,173	1,191,752	0	69.00
70.00	07000	613	0	1,929	94,347	0	70.00
71.00	07100	6,045	0	73,046	3,696,887	0	71.00
72.00	07200	0	0	32,826	4,619,141	0	72.00
73.00	07300	35,194	0	239,816	20,200,955	0	73.00
74.00	07400	4	0	1,431	777,915	0	74.00
76.00	03950	0	0	1,814	86,211	0	76.00
76.01	03330	7,760	0	20,565	983,569	0	76.01
76.02	03040	5,053	0	1,013	637,760	0	76.02
76.03	03050	1,896	0	6,956	1,030,367	0	76.03
76.04	03060	11,773	56,527	10,395	1,165,447	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	49,706	529,760	107,905	7,192,361	0	91.00
92.00	09200					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		676,243	2,259,617	1,205,907	108,634,675	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	38,362	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	22,530	0	0	1,783,426	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	13,762	1,910	0	1,611,658	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00					0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		712,535	2,261,527	1,205,907	112,068,121	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet B Part I Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	16,168,419	30.00
31.00	03100 INTENSIVE CARE UNIT	7,170,508	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	826,301	35.00
40.00	04000 SUBPROVIDER - I PF	4,392,323	40.00
41.00	04100 SUBPROVIDER - I RF	2,813,005	41.00
43.00	04300 NURSERY	490,964	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	12,245,498	50.00
51.00	05100 RECOVERY ROOM	657,798	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,284,353	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,167,706	54.00
54.01	03630 ULTRA SOUND	374,005	54.01
54.02	03440 MAMMOGRAPHY	397,538	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,751,168	55.00
56.00	05600 RADIOISOTOPE	1,035,335	56.00
57.00	05700 CT SCAN	1,270,041	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	535,895	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,121,521	59.00
60.00	06000 LABORATORY	5,107,491	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,013,968	62.00
65.00	06500 RESPIRATORY THERAPY	1,934,447	65.00
66.00	06600 PHYSICAL THERAPY	2,199,679	66.00
69.00	06900 ELECTROCARDIOLOGY	1,191,752	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	94,347	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,696,887	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,619,141	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,200,955	73.00
74.00	07400 RENAL DIALYSIS	777,915	74.00
76.00	03950 LI THOTRI PSY	86,211	76.00
76.01	03330 ENDOSCOPY	983,569	76.01
76.02	03040 PRISION CLINIC	637,760	76.02
76.03	03050 WOUND CARE	1,030,367	76.03
76.04	03060 OPI C	1,165,447	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	7,192,361	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	108,634,675	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,362	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 OCCUPATIONAL MEDICINE	1,783,426	194.00
194.01	07951 UNOCCUPIED SPACE/NONALLOWABLE MEALS	0	194.01
194.02	07952 SITTERS	1,611,658	194.02
194.03	07953 UNLICENSED STAFF	0	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	112,068,121	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,424	25,137	48,561	48,561 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,279,197	330,727	354,903	2,964,827	5,505 5.00
7.00 00700	OPERATION OF PLANT	345	935,332	1,003,704	1,939,381	820 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	38,764	41,597	80,361	0 8.00
9.00 00900	HOUSEKEEPING	0	27,476	29,485	56,961	1,570 9.00
10.00 01000	DIETARY	0	57,739	61,960	119,699	0 10.00
11.00 01100	CAFETERIA	0	34,853	37,401	72,254	0 11.00
13.00 01300	NURSING ADMINISTRATION	34,001	11,665	12,518	58,184	992 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,121	7,462	8,007	22,590	0 16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,853	560,834	601,830	1,164,517	7,155 30.00
31.00 03100	INTENSIVE CARE UNIT	2,061	115,204	123,626	240,891	3,618 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	232	0	0	232	626 35.00
40.00 04000	SUBPROVIDER - IPF	1,348	99,667	106,952	207,967	2,062 40.00
41.00 04100	SUBPROVIDER - IRF	830	94,293	101,185	196,308	1,225 41.00
43.00 04300	NURSERY	20	21,592	23,170	44,782	199 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	317	277,484	297,768	575,569	4,729 50.00
51.00 05100	RECOVERY ROOM	0	14,961	16,055	31,016	434 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	44,761	48,033	92,794	1,518 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	148,301	159,141	307,442	1,248 54.00
54.01 03630	ULTRA SOUND	0	12,931	13,876	26,807	235 54.01
54.02 03440	MAMMOGRAPHY	0	31,462	33,762	65,224	137 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	40,483	43,442	83,925	857 55.00
56.00 05600	RADIOISOTOPE	0	9,134	9,801	18,935	128 56.00
57.00 05700	CT SCAN	0	17,625	18,913	36,538	702 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,559	18,842	36,401	254 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	21,658	23,241	44,899	726 59.00
60.00 06000	LABORATORY	0	66,637	71,508	138,145	1,760 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,956	3,172	6,128	47 62.00
65.00 06500	RESPIRATORY THERAPY	303	17,823	19,126	37,252	1,152 65.00
66.00 06600	PHYSICAL THERAPY	0	68,837	73,869	142,706	1,429 66.00
69.00 06900	ELECTROCARDIOLOGY	0	41,002	43,999	85,001	627 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	5,034	5,402	10,436	35 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	60,743	65,183	125,926	345 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	42,003	45,074	87,077	2,008 73.00
74.00 07400	RENAL DIALYSIS	1,354	9,351	10,034	20,739	0 74.00
76.00 03950	LI THOTRI PSY	0	0	0	0	0 76.00
76.01 03330	ENDOSCOPY	0	14,961	16,055	31,016	443 76.01
76.02 03040	PRI SION CLINIC	0	41,862	44,922	86,784	288 76.02
76.03 03050	WOUND CARE	0	24,180	25,948	50,128	108 76.03
76.04 03060	OPI C	0	41,843	44,901	86,744	672 76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	4,410	132,801	142,509	279,720	2,836 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,333,392	3,565,424	3,826,051	9,724,867	46,490 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,346	5,737	11,083	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	OCCUPATIONAL MEDICINE	0	31,028	33,296	64,324	1,286 194.00
194.01 07951	UNOCCUPIED SPACE/NONALLOWABLE MEALS	0	0	0	0	0 194.01
194.02 07952	SITTERS	0	0	0	0	785 194.02
194.03 07953	UNLICENSED STAFF	0	0	0	0	0 194.03
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	2,333,392	3,601,798	3,865,084	9,800,274	48,561 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet B Part II Date/Time Prepared: 1/24/2023 4:19 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,970,332			5.00
7.00	00700	OPERATION OF PLANT	205,480	2,145,681		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,636	35,970	138,967	8.00
9.00	00900	HOUSEKEEPING	59,924	25,496	0	9.00
10.00	01000	DIETARY	56,368	53,578	0	10.00
11.00	01100	CAFETERIA	14,820	32,342	0	11.00
13.00	01300	NURSING ADMINISTRATION	58,119	10,824	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,092	6,924	0	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	302,118	520,420	75,899	30.00
31.00	03100	INTENSIVE CARE UNIT	154,682	106,902	20,212	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19,077	0	2,263	35.00
40.00	04000	SUBPROVIDER - I/PF	84,553	92,485	26,052	40.00
41.00	04100	SUBPROVIDER - I/RP	52,985	87,497	11,662	41.00
43.00	04300	NURSERY	9,188	20,036	2,879	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	285,896	257,488	0	50.00
51.00	05100	RECOVERY ROOM	15,055	13,883	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,879	41,536	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,550	137,614	0	54.00
54.01	03630	ULTRA SOUND	8,126	11,999	0	54.01
54.02	03440	MAMMOGRAPHY	6,720	29,195	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	40,565	37,565	0	55.00
56.00	05600	RADIOISOTOPE	25,670	8,475	0	56.00
57.00	05700	CT SCAN	28,701	16,355	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,609	16,293	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,769	20,097	0	59.00
60.00	06000	LABORATORY	123,802	61,835	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,214	2,743	0	62.00
65.00	06500	RESPIRATORY THERAPY	47,365	16,539	0	65.00
66.00	06600	PHYSICAL THERAPY	49,207	63,877	0	66.00
69.00	06900	ELECTROCARDIOLOGY	24,906	38,047	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,846	4,672	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,803	56,365	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,558	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	523,253	38,976	0	73.00
74.00	07400	RENAL DIALYSIS	19,490	8,677	0	74.00
76.00	03950	LITHOTRIPSY	2,237	0	0	76.00
76.01	03330	ENDOSCOPY	23,573	13,883	0	76.01
76.02	03040	PRI SON CLINIC	11,860	38,845	0	76.02
76.03	03050	WOUND CARE	24,255	22,437	0	76.03
76.04	03060	OPI C	23,924	38,827	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	156,923	123,231	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			8,511	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,903,798	2,111,928	138,967	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	393	4,961	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	OCCUPATIONAL MEDICINE	43,053	28,792	0	194.00
194.01	07951	UNOCCUPIED SPACE/NONALLOWABLE MEALS	0	0	0	194.01
194.02	07952	SITTE RS	23,088	0	0	194.02
194.03	07953	UNLICENSED STAFF	0	0	0	194.03
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,970,332	2,145,681	138,967	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0046			Period: From 09/01/2021 To 08/31/2022		Worksheet B Part II Date/Time Prepared: 1/24/2023 4:19 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		11.00	13.00	16.00	24.00	25.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.00	00500							5.00
7.00	00700							7.00
8.00	00800							8.00
9.00	00900							9.00
10.00	01000							10.00
11.00	01100							11.00
13.00	01300	121,650	131,836					13.00
16.00	01600	2,969		61,084				16.00
16.00	01600	0	0					16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	21,371	34,511	1,537	2,263,139		0	30.00
31.00	03100	10,826	27,549	1,054	585,634		0	31.00
35.00	02060	1,874	3,966	115	29,058		0	35.00
40.00	04000	6,170	8,954	1,789	471,141		0	40.00
41.00	04100	3,666	8,373	274	382,338		0	41.00
43.00	04300	597	1,283	79	80,609		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	14,151	0	7,885	1,163,502		0	50.00
51.00	05100	1,297	0	832	63,476		0	51.00
52.00	05200	4,542	7,768	402	202,308		0	52.00
54.00	05400	3,733	0	1,024	526,116		0	54.00
54.01	03630	703	0	326	49,025		0	54.01
54.02	03440	411	0	160	103,863		0	54.02
55.00	05500	2,564	0	1,401	169,472		0	55.00
56.00	05600	383	0	1,242	55,418		0	56.00
57.00	05700	2,100	0	4,955	90,481		0	57.00
58.00	05800	761	0	824	67,267		0	58.00
59.00	05900	2,172	2,234	2,069	98,354		0	59.00
60.00	06000	5,267	0	5,724	340,804		0	60.00
62.00	06200	142	0	565	36,028		0	62.00
65.00	06500	3,446	1,308	1,341	109,545		0	65.00
66.00	06600	4,276	0	771	266,678		0	66.00
69.00	06900	1,877	1,601	1,689	156,376		0	69.00
70.00	07000	105	0	98	17,515		0	70.00
71.00	07100	1,032	0	3,719	280,083		0	71.00
72.00	07200	0	0	1,671	123,229		0	72.00
73.00	07300	6,009	0	11,897	671,912		0	73.00
74.00	07400	1	0	73	49,579		0	74.00
76.00	03950	0	0	92	2,329		0	76.00
76.01	03330	1,325	0	1,047	72,246		0	76.01
76.02	03040	863	0	52	141,375		0	76.02
76.03	03050	324	0	354	99,156		0	76.03
76.04	03060	2,010	3,295	529	158,683		0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	8,486	30,883	5,494	616,084		0	91.00
92.00	09200						0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		115,453	131,725	61,084	9,542,823		0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	0	0	0	16,780		0	190.00
192.00	19200	0	0	0	0		0	192.00
194.00	07950	3,847	0	0	143,291		0	194.00
194.01	07951	0	0	0	0		0	194.01
194.02	07952	2,350	111	0	97,380		0	194.02
194.03	07953	0	0	0	0		0	194.03
200.00					0		0	200.00
201.00		0	0	0	0		0	201.00
202.00		121,650	131,836	61,084	9,800,274		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet B Part II Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	2,263,139	30.00
31.00	03100 INTENSIVE CARE UNIT	585,634	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	29,058	35.00
40.00	04000 SUBPROVIDER - I PF	471,141	40.00
41.00	04100 SUBPROVIDER - I RF	382,338	41.00
43.00	04300 NURSERY	80,609	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	1,163,502	50.00
51.00	05100 RECOVERY ROOM	63,476	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	202,308	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	526,116	54.00
54.01	03630 ULTRA SOUND	49,025	54.01
54.02	03440 MAMMOGRAPHY	103,863	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	169,472	55.00
56.00	05600 RADIOISOTOPE	55,418	56.00
57.00	05700 CT SCAN	90,481	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	67,267	58.00
59.00	05900 CARDIAC CATHETERIZATION	98,354	59.00
60.00	06000 LABORATORY	340,804	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	36,028	62.00
65.00	06500 RESPIRATORY THERAPY	109,545	65.00
66.00	06600 PHYSICAL THERAPY	266,678	66.00
69.00	06900 ELECTROCARDIOLOGY	156,376	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	17,515	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	280,083	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	123,229	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	671,912	73.00
74.00	07400 RENAL DIALYSIS	49,579	74.00
76.00	03950 LI THOTRI PSY	2,329	76.00
76.01	03330 ENDOSCOPY	72,246	76.01
76.02	03040 PRISION CLINIC	141,375	76.02
76.03	03050 WOUND CARE	99,156	76.03
76.04	03060 OPIC	158,683	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	616,084	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	9,542,823	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,780	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 OCCUPATIONAL MEDICINE	143,291	194.00
194.01	07951 UNOCCUPIED SPACE/NONALLOWABLE MEALS	0	194.01
194.02	07952 SITTERS	97,380	194.02
194.03	07953 UNLICENSED STAFF	0	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	9,800,274	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	381,332				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		381,332			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,480	2,480	31,795,982		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,015	35,015	3,604,976	-28,180,092	5.00
7.00 00700	OPERATION OF PLANT	99,026	99,026	536,965	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,104	4,104	0	0	8.00
9.00 00900	HOUSEKEEPING	2,909	2,909	1,028,444	0	9.00
10.00 01000	DIETARY	6,113	6,113	0	0	10.00
11.00 01100	CAFETERIA	3,690	3,690	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,235	1,235	649,840	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	790	790	0	0	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	59,377	59,377	4,678,226	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,197	12,197	2,369,487	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	410,167	0	35.00
40.00 04000	SUBPROVIDER - I PF	10,552	10,552	1,350,330	0	40.00
41.00 04100	SUBPROVIDER - I RF	9,983	9,983	802,359	0	41.00
43.00 04300	NURSERY	2,286	2,286	130,592	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	29,378	29,378	3,097,184	0	50.00
51.00 05100	RECOVERY ROOM	1,584	1,584	283,973	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,739	4,739	994,050	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,701	15,701	817,015	0	54.00
54.01 03630	ULTRA SOUND	1,369	1,369	153,838	0	54.01
54.02 03440	MAMMOGRAPHY	3,331	3,331	89,895	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	4,286	4,286	561,139	0	55.00
56.00 05600	RADIOISOTOPE	967	967	83,762	0	56.00
57.00 05700	CT SCAN	1,866	1,866	459,710	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,859	1,859	166,506	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,293	2,293	475,471	0	59.00
60.00 06000	LABORATORY	7,055	7,055	1,152,777	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	313	313	31,024	0	62.00
65.00 06500	RESPIRATORY THERAPY	1,887	1,887	754,309	0	65.00
66.00 06600	PHYSICAL THERAPY	7,288	7,288	935,880	0	66.00
69.00 06900	ELECTROCARDIOLOGY	4,341	4,341	410,899	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	533	533	22,888	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,431	6,431	225,887	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,447	4,447	1,315,128	0	73.00
74.00 07400	RENAL DIALYSIS	990	990	135	0	74.00
76.00 03950	LITHOTRIPSY	0	0	0	0	76.00
76.01 03330	ENDOSCOPY	1,584	1,584	289,983	0	76.01
76.02 03040	PRI SI ON CLINI C	4,432	4,432	188,803	0	76.02
76.03 03050	WOUND CARE	2,560	2,560	70,851	0	76.03
76.04 03060	OPI C	4,430	4,430	439,931	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	14,060	14,060	1,857,395	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	377,481	377,481	30,439,819	-28,180,092	82,008,948
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	566	566	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	OCCUPATIONAL MEDICINE	3,285	3,285	841,908	0	194.00
194.01 07951	UNOCCUPIED SPACE/NONALLOWABLE MEALS	0	0	0	0	194.01
194.02 07952	SIT TERS	0	0	514,255	0	194.02
194.03 07953	UNLICENSED STAFF	0	0	0	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,601,798	3,865,084	6,021,196		28,180,092
203.00	Unit cost multiplier (Wkst. B, Part I)	9.445308	10.135745	0.189370		0.335925
204.00	Cost to be allocated (per Wkst. B, Part II)			48,561		2,970,332
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001527		0.035408
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
207.00   NAHE unit cost multiplier (Wkst. D, Parts III and IV)			4.00	5A	5.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	244,811					7.00
8.00	00800	4,104	23,892				8.00
9.00	00900	2,909	0	237,798			9.00
10.00	01000	6,113	0	6,113	94,888		10.00
11.00	01100	3,690	0	3,690	0	26,625,597	11.00
13.00	01300	1,235	0	1,235	0	649,840	13.00
16.00	01600	790	0	790	0	0	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	59,377	13,049	59,377	40,530	4,678,226	30.00
31.00	03100	12,197	3,475	12,197	5,090	2,369,487	31.00
35.00	02060	0	389	0	368	410,167	35.00
40.00	04000	10,552	4,479	10,552	14,119	1,350,330	40.00
41.00	04100	9,983	2,005	9,983	5,817	802,359	41.00
43.00	04300	2,286	495	2,286	74	130,592	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	29,378	0	29,378	0	3,097,184	50.00
51.00	05100	1,584	0	1,584	0	283,973	51.00
52.00	05200	4,739	0	4,739	0	994,050	52.00
54.00	05400	15,701	0	15,701	0	817,015	54.00
54.01	03630	1,369	0	1,369	0	153,838	54.01
54.02	03440	3,331	0	3,331	0	89,895	54.02
55.00	05500	4,286	0	4,286	0	561,139	55.00
56.00	05600	967	0	967	0	83,762	56.00
57.00	05700	1,866	0	1,866	0	459,710	57.00
58.00	05800	1,859	0	1,859	0	166,506	58.00
59.00	05900	2,293	0	2,293	0	475,471	59.00
60.00	06000	7,055	0	7,055	0	1,152,777	60.00
62.00	06200	313	0	313	0	31,024	62.00
65.00	06500	1,887	0	1,887	0	754,309	65.00
66.00	06600	7,288	0	7,288	0	935,880	66.00
69.00	06900	4,341	0	4,341	0	410,899	69.00
70.00	07000	533	0	533	0	22,888	70.00
71.00	07100	6,431	0	6,431	0	225,887	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	4,447	0	4,447	0	1,315,128	73.00
74.00	07400	990	0	990	0	135	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03330	1,584	0	1,584	0	289,983	76.01
76.02	03040	4,432	0	4,432	0	188,803	76.02
76.03	03050	2,560	0	2,560	0	70,851	76.03
76.04	03060	4,430	0	4,430	0	439,931	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	14,060	0	14,060	0	1,857,395	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		240,960	23,892	233,947	65,998	25,269,434	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	566	0	566	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	3,285	0	3,285	0	841,908	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	28,890	514,255	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		7,752,657	984,007	2,353,032	2,380,814	712,535	202.00
203.00		31.667928	41.185627	9.895087	25.090781	0.026761	203.00
204.00		2,145,681	138,967	143,951	233,346	121,650	204.00
205.00		8.764643	5.816466	0.605350	2.459173	0.004569	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1  
Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300	11,897,611		13.00
16.00	01600	0	818,802,205	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	3,114,624	20,490,338	30.00
31.00	03100	2,486,119	14,056,205	31.00
35.00	02060	357,921	1,533,590	35.00
40.00	04000	808,071	23,856,800	40.00
41.00	04100	755,578	3,650,040	41.00
43.00	04300	115,810	1,057,323	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	0	105,130,203	50.00
51.00	05100	0	11,096,405	51.00
52.00	05200	700,981	5,366,531	52.00
54.00	05400	0	13,652,767	54.00
54.01	03630	0	4,347,900	54.01
54.02	03440	0	2,135,898	54.02
55.00	05500	0	18,677,302	55.00
56.00	05600	0	16,563,163	56.00
57.00	05700	0	66,065,315	57.00
58.00	05800	0	10,980,379	58.00
59.00	05900	201,598	27,590,924	59.00
60.00	06000	0	76,322,193	60.00
62.00	06200	0	7,539,943	62.00
65.00	06500	118,014	17,874,132	65.00
66.00	06600	0	10,286,381	66.00
69.00	06900	144,460	22,520,780	69.00
70.00	07000	0	1,309,643	70.00
71.00	07100	0	49,590,220	71.00
72.00	07200	0	22,285,232	72.00
73.00	07300	0	162,935,920	73.00
74.00	07400	0	971,332	74.00
76.00	03950	0	1,231,833	76.00
76.01	03330	0	13,961,034	76.01
76.02	03040	0	687,956	76.02
76.03	03050	0	4,722,165	76.03
76.04	03060	297,380	7,057,159	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	2,787,007	73,255,199	91.00
92.00	09200			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		11,887,563	818,802,205	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	0	0	190.00
192.00	19200	0	0	192.00
194.00	07950	0	0	194.00
194.01	07951	0	0	194.01
194.02	07952	10,048	0	194.02
194.03	07953	0	0	194.03
200.00				200.00
201.00				201.00
202.00		2,261,527	1,205,907	202.00
203.00		0.190082	0.001473	203.00
204.00		131,836	61,084	204.00
205.00		0.011081	0.000075	205.00
206.00				206.00
207.00				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet C  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Diallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	16,168,419		16,168,419	0	16,168,419	30.00
31.00	03100 INTENSIVE CARE UNIT	7,170,508		7,170,508	0	7,170,508	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	826,301		826,301	28,419	854,720	35.00
40.00	04000 SUBPROVIDER - I PF	4,392,323		4,392,323	0	4,392,323	40.00
41.00	04100 SUBPROVIDER - I RF	2,813,005		2,813,005	0	2,813,005	41.00
43.00	04300 NURSERY	490,964		490,964	0	490,964	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	12,245,498		12,245,498	0	12,245,498	50.00
51.00	05100 RECOVERY ROOM	657,798		657,798	0	657,798	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,284,353		2,284,353	0	2,284,353	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,167,706		3,167,706	0	3,167,706	54.00
54.01	03630 ULTRA SOUND	374,005		374,005	0	374,005	54.01
54.02	03440 MAMMOGRAPHY	397,538		397,538	0	397,538	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,751,168		1,751,168	0	1,751,168	55.00
56.00	05600 RADIOISOTOPE	1,035,335		1,035,335	0	1,035,335	56.00
57.00	05700 CT SCAN	1,270,041		1,270,041	0	1,270,041	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	535,895		535,895	0	535,895	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,121,521		1,121,521	0	1,121,521	59.00
60.00	06000 LABORATORY	5,107,491		5,107,491	0	5,107,491	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,013,968		1,013,968	0	1,013,968	62.00
65.00	06500 RESPIRATORY THERAPY	1,934,447	0	1,934,447	0	1,934,447	65.00
66.00	06600 PHYSICAL THERAPY	2,199,679	0	2,199,679	28,400	2,228,079	66.00
69.00	06900 ELECTROCARDIOLOGY	1,191,752		1,191,752	11,596	1,203,348	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	94,347		94,347	0	94,347	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,696,887		3,696,887	0	3,696,887	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,619,141		4,619,141	0	4,619,141	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,200,955		20,200,955	0	20,200,955	73.00
74.00	07400 RENAL DIALYSIS	777,915		777,915	0	777,915	74.00
76.00	03950 LI THOTRI PSY	86,211		86,211	0	86,211	76.00
76.01	03330 ENDOSCOPY	983,569		983,569	0	983,569	76.01
76.02	03040 PRI SION CLINIC	637,760		637,760	0	637,760	76.02
76.03	03050 WOUND CARE	1,030,367		1,030,367	11,596	1,041,963	76.03
76.04	03060 OPI C	1,165,447		1,165,447	10,238	1,175,685	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	7,192,361		7,192,361	35,596	7,227,957	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,080,547		1,080,547		1,080,547	92.00
200.00	Subtotal (see instructions)	109,715,222	0	109,715,222	125,845	109,841,067	200.00
201.00	Less Observation Beds	1,080,547		1,080,547		1,080,547	201.00
202.00	Total (see instructions)	108,634,675	0	108,634,675	125,845	108,760,520	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet C Part I Date/Time Prepared: 1/24/2023 4:19 pm
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	19,236,368		19,236,368		30.00
31.00	03100	INTENSIVE CARE UNIT	14,056,205		14,056,205		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,533,590		1,533,590		35.00
40.00	04000	SUBPROVIDER - I/PF	23,856,800		23,856,800		40.00
41.00	04100	SUBPROVIDER - I/RF	3,650,040		3,650,040		41.00
43.00	04300	NURSERY	1,057,323		1,057,323		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	50,602,445	54,527,758	105,130,203	0.116479	50.00
51.00	05100	RECOVERY ROOM	4,195,059	6,901,346	11,096,405	0.059280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,243,402	123,129	5,366,531	0.425667	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,931,517	9,721,250	13,652,767	0.232019	54.00
54.01	03630	ULTRA SOUND	1,036,370	3,311,530	4,347,900	0.086020	54.01
54.02	03440	MAMMOGRAPHY	3,208	2,132,690	2,135,898	0.186122	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	397,745	18,279,557	18,677,302	0.093759	55.00
56.00	05600	RADIOISOTOPE	709,055	15,854,108	16,563,163	0.062508	56.00
57.00	05700	CT SCAN	20,165,892	45,899,423	66,065,315	0.019224	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,209,544	7,770,835	10,980,379	0.048805	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,545,733	12,045,191	27,590,924	0.040648	59.00
60.00	06000	LABORATORY	36,863,275	39,458,918	76,322,193	0.066920	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,524,038	2,015,905	7,539,943	0.134480	62.00
65.00	06500	RESPIRATORY THERAPY	17,205,897	668,235	17,874,132	0.108226	65.00
66.00	06600	PHYSICAL THERAPY	10,086,413	199,968	10,286,381	0.213844	66.00
69.00	06900	ELECTROCARDIOLOGY	12,214,746	10,306,034	22,520,780	0.052918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	569,805	739,838	1,309,643	0.072040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,709,305	19,880,915	49,590,220	0.074549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,883,477	11,401,755	22,285,232	0.207274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,832,344	75,103,576	162,935,920	0.123981	73.00
74.00	07400	RENAL DIALYSIS	938,329	33,003	971,332	0.800874	74.00
76.00	03950	LITHOTRIPSY	38,315	1,193,518	1,231,833	0.069986	76.00
76.01	03330	ENDOSCOPY	2,397,589	11,563,445	13,961,034	0.070451	76.01
76.02	03040	PRISION CLINIC	981	686,975	687,956	0.927036	76.02
76.03	03050	WOUND CARE	34,488	4,687,677	4,722,165	0.218198	76.03
76.04	03060	OPI/C	30,181	7,026,978	7,057,159	0.165144	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	19,647,543	53,607,656	73,255,199	0.098182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	353,818	900,152	1,253,970	0.861701	92.00
200.00		Subtotal (see instructions)	402,760,840	416,041,365	818,802,205		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	402,760,840	416,041,365	818,802,205		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet C Part I Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.116479		50.00
51.00	05100 RECOVERY ROOM	0.059280		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.425667		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232019		54.00
54.01	03630 ULTRA SOUND	0.086020		54.01
54.02	03440 MAMMOGRAPHY	0.186122		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.093759		55.00
56.00	05600 RADIOISOTOPE	0.062508		56.00
57.00	05700 CT SCAN	0.019224		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.048805		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.040648		59.00
60.00	06000 LABORATORY	0.066920		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480		62.00
65.00	06500 RESPIRATORY THERAPY	0.108226		65.00
66.00	06600 PHYSICAL THERAPY	0.216605		66.00
69.00	06900 ELECTROCARDIOLOGY	0.053433		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.072040		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.207274		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123981		73.00
74.00	07400 RENAL DIALYSIS	0.800874		74.00
76.00	03950 LI THOTRI PSY	0.069986		76.00
76.01	03330 ENDOSCOPY	0.070451		76.01
76.02	03040 PRI SION CLINIC	0.927036		76.02
76.03	03050 WOUND CARE	0.220654		76.03
76.04	03060 OPI C	0.166595		76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.098668		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.861701		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet C  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Dissallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	16,168,419		16,168,419	0	16,168,419	30.00
31.00	03100 INTENSIVE CARE UNIT	7,170,508		7,170,508	0	7,170,508	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	826,301		826,301	28,419	854,720	35.00
40.00	04000 SUBPROVIDER - I PF	4,392,323		4,392,323	0	4,392,323	40.00
41.00	04100 SUBPROVIDER - I RF	2,813,005		2,813,005	0	2,813,005	41.00
43.00	04300 NURSERY	490,964		490,964	0	490,964	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	12,245,498		12,245,498	0	12,245,498	50.00
51.00	05100 RECOVERY ROOM	657,798		657,798	0	657,798	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,284,353		2,284,353	0	2,284,353	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,167,706		3,167,706	0	3,167,706	54.00
54.01	03630 ULTRA SOUND	374,005		374,005	0	374,005	54.01
54.02	03440 MAMMOGRAPHY	397,538		397,538	0	397,538	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,751,168		1,751,168	0	1,751,168	55.00
56.00	05600 RADIOISOTOPE	1,035,335		1,035,335	0	1,035,335	56.00
57.00	05700 CT SCAN	1,270,041		1,270,041	0	1,270,041	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	535,895		535,895	0	535,895	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,121,521		1,121,521	0	1,121,521	59.00
60.00	06000 LABORATORY	5,107,491		5,107,491	0	5,107,491	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,013,968		1,013,968	0	1,013,968	62.00
65.00	06500 RESPIRATORY THERAPY	1,934,447	0	1,934,447	0	1,934,447	65.00
66.00	06600 PHYSICAL THERAPY	2,199,679	0	2,199,679	28,400	2,228,079	66.00
69.00	06900 ELECTROCARDIOLOGY	1,191,752		1,191,752	11,596	1,203,348	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	94,347		94,347	0	94,347	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,696,887		3,696,887	0	3,696,887	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,619,141		4,619,141	0	4,619,141	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,200,955		20,200,955	0	20,200,955	73.00
74.00	07400 RENAL DIALYSIS	777,915		777,915	0	777,915	74.00
76.00	03950 LI THOTRI PSY	86,211		86,211	0	86,211	76.00
76.01	03330 ENDOSCOPY	983,569		983,569	0	983,569	76.01
76.02	03040 PRISION CLINIC	637,760		637,760	0	637,760	76.02
76.03	03050 WOUND CARE	1,030,367		1,030,367	11,596	1,041,963	76.03
76.04	03060 OPI C	1,165,447		1,165,447	10,238	1,175,685	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	7,192,361		7,192,361	35,596	7,227,957	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,080,547		1,080,547		1,080,547	92.00
200.00	Subtotal (see instructions)	109,715,222	0	109,715,222	125,845	109,841,067	200.00
201.00	Less Observation Beds	1,080,547		1,080,547		1,080,547	201.00
202.00	Total (see instructions)	108,634,675	0	108,634,675	125,845	108,760,520	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet C  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	19,236,368		19,236,368		30.00
31.00	03100	INTENSIVE CARE UNIT	14,056,205		14,056,205		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,533,590		1,533,590		35.00
40.00	04000	SUBPROVIDER - I/PF	23,856,800		23,856,800		40.00
41.00	04100	SUBPROVIDER - I/RF	3,650,040		3,650,040		41.00
43.00	04300	NURSERY	1,057,323		1,057,323		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	50,602,445	54,527,758	105,130,203	0.116479	50.00
51.00	05100	RECOVERY ROOM	4,195,059	6,901,346	11,096,405	0.059280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,243,402	123,129	5,366,531	0.425667	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,931,517	9,721,250	13,652,767	0.232019	54.00
54.01	03630	ULTRA SOUND	1,036,370	3,311,530	4,347,900	0.086020	54.01
54.02	03440	MAMMOGRAPHY	3,208	2,132,690	2,135,898	0.186122	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	397,745	18,279,557	18,677,302	0.093759	55.00
56.00	05600	RADIOISOTOPE	709,055	15,854,108	16,563,163	0.062508	56.00
57.00	05700	CT SCAN	20,165,892	45,899,423	66,065,315	0.019224	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,209,544	7,770,835	10,980,379	0.048805	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,545,733	12,045,191	27,590,924	0.040648	59.00
60.00	06000	LABORATORY	36,863,275	39,458,918	76,322,193	0.066920	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,524,038	2,015,905	7,539,943	0.134480	62.00
65.00	06500	RESPIRATORY THERAPY	17,205,897	668,235	17,874,132	0.108226	65.00
66.00	06600	PHYSICAL THERAPY	10,086,413	199,968	10,286,381	0.213844	66.00
69.00	06900	ELECTROCARDIOLOGY	12,214,746	10,306,034	22,520,780	0.052918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	569,805	739,838	1,309,643	0.072040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,709,305	19,880,915	49,590,220	0.074549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,883,477	11,401,755	22,285,232	0.207274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,832,344	75,103,576	162,935,920	0.123981	73.00
74.00	07400	RENAL DIALYSIS	938,329	33,003	971,332	0.800874	74.00
76.00	03950	LITHOTRIPSY	38,315	1,193,518	1,231,833	0.069986	76.00
76.01	03330	ENDOSCOPY	2,397,589	11,563,445	13,961,034	0.070451	76.01
76.02	03040	PRISION CLINIC	981	686,975	687,956	0.927036	76.02
76.03	03050	WOUND CARE	34,488	4,687,677	4,722,165	0.218198	76.03
76.04	03060	OPI/C	30,181	7,026,978	7,057,159	0.165144	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	19,647,543	53,607,656	73,255,199	0.098182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	353,818	900,152	1,253,970	0.861701	92.00
200.00		Subtotal (see instructions)	402,760,840	416,041,365	818,802,205		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	402,760,840	416,041,365	818,802,205		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet C Part I Date/Time Prepared: 1/24/2023 4:19 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 ULTRA SOUND	0.000000		54.01
54.02	03440 MAMMOGRAPHY	0.000000		54.02
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
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03950 LI THOTRI PSY	0.000000		76.00
76.01	03330 ENDOSCOPY	0.000000		76.01
76.02	03040 PRI SION CLINIC	0.000000		76.02
76.03	03050 WOUND CARE	0.000000		76.03
76.04	03060 OPI C	0.000000		76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part I Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital 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	2,263,139	0	2,263,139	13,811	163.86	30.00
31.00	INTENSIVE CARE UNIT	585,634		585,634	3,475	168.53	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	29,058		29,058	389	74.70	35.00
40.00	SUBPROVIDER - IPF	471,141	0	471,141	4,479	105.19	40.00
41.00	SUBPROVIDER - IRF	382,338	0	382,338	2,005	190.69	41.00
43.00	NURSERY	80,609		80,609	495	162.85	43.00
200.00	Total (lines 30 through 199)	3,811,919		3,811,919	24,654		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	4,500	737,370				30.00
31.00	INTENSIVE CARE UNIT	1,116	188,079				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	358	37,658				40.00
41.00	SUBPROVIDER - IRF	1,062	202,513				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	7,036	1,165,620				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part II Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,163,502	105,130,203	0.011067	16,940,821	187,484	50.00
51.00	05100	RECOVERY ROOM	63,476	11,096,405	0.005720	1,484,916	8,494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	202,308	5,366,531	0.037698	22,157	835	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	526,116	13,652,767	0.038535	1,378,177	53,108	54.00
54.01	03630	ULTRA SOUND	49,025	4,347,900	0.011276	315,112	3,553	54.01
54.02	03440	MAMMOGRAPHY	103,863	2,135,898	0.048627	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	169,472	18,677,302	0.009074	152,683	1,385	55.00
56.00	05600	RADIOISOTOPE	55,418	16,563,163	0.003346	282,127	944	56.00
57.00	05700	CT SCAN	90,481	66,065,315	0.001370	6,940,973	9,509	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	67,267	10,980,379	0.006126	983,100	6,022	58.00
59.00	05900	CARDIAC CATHETERIZATION	98,354	27,590,924	0.003565	4,867,369	17,352	59.00
60.00	06000	LABORATORY	340,804	76,322,193	0.004465	11,786,741	52,628	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,028	7,539,943	0.004778	2,201,298	10,518	62.00
65.00	06500	RESPIRATORY THERAPY	109,545	17,874,132	0.006129	5,372,464	32,928	65.00
66.00	06600	PHYSICAL THERAPY	266,678	10,286,381	0.025925	2,069,552	53,653	66.00
69.00	06900	ELECTROCARDIOLOGY	156,376	22,520,780	0.006944	4,486,793	31,156	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,515	1,309,643	0.013374	185,254	2,478	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	280,083	49,590,220	0.005648	9,880,459	55,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,229	22,285,232	0.005530	4,003,339	22,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	671,912	162,935,920	0.004124	26,587,778	109,648	73.00
74.00	07400	RENAL DIALYSIS	49,579	971,332	0.051042	416,543	21,261	74.00
76.00	03950	LITHOTRIPSY	2,329	1,231,833	0.001891	0	0	76.00
76.01	03330	ENDOSCOPY	72,246	13,961,034	0.005175	1,006,198	5,207	76.01
76.02	03040	PRI SON CLINIC	141,375	687,956	0.205500	0	0	76.02
76.03	03050	WOUND CARE	99,156	4,722,165	0.020998	12,980	273	76.03
76.04	03060	OPI C	158,683	7,057,159	0.022485	8,586	193	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	616,084	73,255,199	0.008410	6,094,887	51,258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	151,247	1,253,970	0.120615	112,468	13,565	92.00
200.00		Total (lines 50 through 199)	5,882,151	755,411,879		107,592,775	751,395	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part III Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
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 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	13,811	0.00	4,500	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,475	0.00	1,116	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	389	0.00	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	4,479	0.00	358	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,005	0.00	1,062	41.00	
43.00	04300	NURSERY		0	495	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	24,654		7,036	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet D  
Part IV  
Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
54.01	03630	ULTRA SOUND	0	0	0	0	54.01	
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02	
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	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
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	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
76.00	03950	LITHOTRIPSY	0	0	0	0	76.00	
76.01	03330	ENDOSCOPY	0	0	0	0	76.01	
76.02	03040	PRI SI ON CLINI C	0	0	0	0	76.02	
76.03	03050	WOUND CARE	0	0	0	0	76.03	
76.04	03060	OPI C	0	0	0	0	76.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	105,130,203	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	11,096,405	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,366,531	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	13,652,767	0.000000	54.00
54.01 03630 ULTRA SOUND	0	0	0	4,347,900	0.000000	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	2,135,898	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	18,677,302	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	16,563,163	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	66,065,315	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,980,379	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	27,590,924	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	76,322,193	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,539,943	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,874,132	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	10,286,381	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	22,520,780	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,309,643	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	49,590,220	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,285,232	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	162,935,920	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	971,332	0.000000	74.00
76.00 03950 LI THOTRI PSY	0	0	0	1,231,833	0.000000	76.00
76.01 03330 ENDOSCOPY	0	0	0	13,961,034	0.000000	76.01
76.02 03040 PRISON CLINIC	0	0	0	687,956	0.000000	76.02
76.03 03050 WOUND CARE	0	0	0	4,722,165	0.000000	76.03
76.04 03060 OPIC	0	0	0	7,057,159	0.000000	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	73,255,199	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,253,970	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	755,411,879		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description		Title XVIII				Hospital		
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.000000	16,940,821	0	12,154,040	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,484,916	0	1,450,962	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	22,157	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,378,177	0	1,613,182	0	54.00
54.01	03630	ULTRA SOUND	0.000000	315,112	0	563,668	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	157,161	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	152,683	0	8,175,241	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	282,127	0	5,464,447	0	56.00
57.00	05700	CT SCAN	0.000000	6,940,973	0	9,982,246	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	983,100	0	1,559,831	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,867,369	0	5,272,047	0	59.00
60.00	06000	LABORATORY	0.000000	11,786,741	0	5,486,054	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	2,201,298	0	482,521	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,372,464	0	101,096	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,069,552	0	6,602	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,486,793	0	3,100,903	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	185,254	0	122,658	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,880,459	0	5,491,079	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,003,339	0	3,122,359	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	26,587,778	0	26,745,210	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	416,543	0	8,730	0	74.00
76.00	03950	LITHOTRIPSY	0.000000	0	0	160,924	0	76.00
76.01	03330	ENDOSCOPY	0.000000	1,006,198	0	2,934,187	0	76.01
76.02	03040	PRI SION CLINIC	0.000000	0	0	0	0	76.02
76.03	03050	WOUND CARE	0.000000	12,980	0	1,684,482	0	76.03
76.04	03060	OPI C	0.000000	8,586	0	2,614,818	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.000000	6,094,887	0	7,101,313	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	112,468	0	123,370	0	92.00
200.00		Total (lines 50 through 199)		107,592,775	0	105,679,131	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/24/2023 4:19 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.116479	12,154,040	0	0	1,415,690	50.00
51.00	05100 RECOVERY ROOM	0.059280	1,450,962	0	0	86,013	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.425667	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232019	1,613,182	0	0	374,289	54.00
54.01	03630 ULTRA SOUND	0.086020	563,668	0	0	48,487	54.01
54.02	03440 MAMMOGRAPHY	0.186122	157,161	0	0	29,251	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.093759	8,175,241	0	0	766,502	55.00
56.00	05600 RADIO SOTOPE	0.062508	5,464,447	0	0	341,572	56.00
57.00	05700 CT SCAN	0.019224	9,982,246	0	0	191,899	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.048805	1,559,831	0	0	76,128	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.040648	5,272,047	0	0	214,298	59.00
60.00	06000 LABORATORY	0.066920	5,486,054	189	0	367,127	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480	482,521	0	0	64,889	62.00
65.00	06500 RESPIRATORY THERAPY	0.108226	101,096	0	0	10,941	65.00
66.00	06600 PHYSICAL THERAPY	0.213844	6,602	0	0	1,412	66.00
69.00	06900 ELECTROCARDIOLOGY	0.052918	3,100,903	0	0	164,094	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.072040	122,658	0	0	8,836	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549	5,491,079	0	0	409,354	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.207274	3,122,359	0	0	647,184	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123981	26,745,210	0	145,116	3,315,898	73.00
74.00	07400 RENAL DIALYSIS	0.800874	8,730	0	0	6,992	74.00
76.00	03950 LI THOTRI PSY	0.069986	160,924	0	0	11,262	76.00
76.01	03330 ENDOSCOPY	0.070451	2,934,187	0	0	206,716	76.01
76.02	03040 PRI SI ON CL IN IC	0.927036	0	0	0	0	76.02
76.03	03050 WOUND CARE	0.218198	1,684,482	0	0	367,551	76.03
76.04	03060 OPI C	0.165144	2,614,818	0	0	431,822	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.098182	7,101,313	0	0	697,221	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.861701	123,370	0	0	106,308	92.00
200.00	Subtotal (see instructions)		105,679,131	189	145,116	10,361,736	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		105,679,131	189	145,116	10,361,736	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/24/2023 4:19 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 03440 MAMMOGRAPHY	0	0		54.02
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	13	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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	17,992		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 LITHOTRIPSY	0	0		76.00
76.01 03330 ENDOSCOPY	0	0		76.01
76.02 03040 PRIOR CLINIC	0	0		76.02
76.03 03050 WOUND CARE	0	0		76.03
76.04 03060 OPIC	0	0		76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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)	13	17,992		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	13	17,992		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0046 Component CCN: 15-S046		Period: From 09/01/2021 To 08/31/2022		Worksheet D Part II Date/Time Prepared: 1/24/2023 4:19 pm	
			Title XVIII		Subprovider - IPF		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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,163,502	105,130,203	0.011067	0	0	50.00
51.00	05100	RECOVERY ROOM	63,476	11,096,405	0.005720	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	202,308	5,366,531	0.037698	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	526,116	13,652,767	0.038535	2,906	112	54.00
54.01	03630	ULTRA SOUND	49,025	4,347,900	0.011276	3,208	36	54.01
54.02	03440	MAMMOGRAPHY	103,863	2,135,898	0.048627	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	169,472	18,677,302	0.009074	0	0	55.00
56.00	05600	RADIOISOTOPE	55,418	16,563,163	0.003346	0	0	56.00
57.00	05700	CT SCAN	90,481	66,065,315	0.001370	33,063	45	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	67,267	10,980,379	0.006126	5,798	36	58.00
59.00	05900	CARDIAC CATHETERIZATION	98,354	27,590,924	0.003565	6,996	25	59.00
60.00	06000	LABORATORY	340,804	76,322,193	0.004465	174,892	781	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,028	7,539,943	0.004778	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	109,545	17,874,132	0.006129	15,808	97	65.00
66.00	06600	PHYSICAL THERAPY	266,678	10,286,381	0.025925	2,927	76	66.00
69.00	06900	ELECTROCARDIOLOGY	156,376	22,520,780	0.006944	18,830	131	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,515	1,309,643	0.013374	9,136	122	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	280,083	49,590,220	0.005648	2,312	13	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,229	22,285,232	0.005530	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	671,912	162,935,920	0.004124	182,198	751	73.00
74.00	07400	RENAL DIALYSIS	49,579	971,332	0.051042	0	0	74.00
76.00	03950	LITHOTRIPSY	2,329	1,231,833	0.001891	0	0	76.00
76.01	03330	ENDOSCOPY	72,246	13,961,034	0.005175	0	0	76.01
76.02	03040	PRISON CLINIC	141,375	687,956	0.205500	0	0	76.02
76.03	03050	WOUND CARE	99,156	4,722,165	0.020998	0	0	76.03
76.04	03060	OPIC	158,683	7,057,159	0.022485	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	616,084	73,255,199	0.008410	138,172	1,162	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,253,970	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,730,904	755,411,879		596,246	3,387	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/24/2023 4:19 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	54.02
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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03950 LI THOTRIPSY	0	0	0	0	0	76.00
76.01 03330 ENDOSCOPY	0	0	0	0	0	76.01
76.02 03040 PRISON CLINIC	0	0	0	0	0	76.02
76.03 03050 WOUND CARE	0	0	0	0	0	76.03
76.04 03060 OPI C	0	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	105,130,203	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	11,096,405	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,366,531	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	13,652,767	0.000000	54.00
54.01	03630 ULTRA SOUND	0	0	0	4,347,900	0.000000	54.01
54.02	03440 MAMMOGRAPHY	0	0	0	2,135,898	0.000000	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	18,677,302	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	16,563,163	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	66,065,315	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,980,379	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	27,590,924	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	76,322,193	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,539,943	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	17,874,132	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	10,286,381	0.000000	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	22,520,780	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,309,643	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	49,590,220	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,285,232	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	162,935,920	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	971,332	0.000000	74.00
76.00	03950 LI THOTRI PSY	0	0	0	1,231,833	0.000000	76.00
76.01	03330 ENDOSCOPY	0	0	0	13,961,034	0.000000	76.01
76.02	03040 PRI SI ON CLINI C	0	0	0	687,956	0.000000	76.02
76.03	03050 WOUND CARE	0	0	0	4,722,165	0.000000	76.03
76.04	03060 OPI C	0	0	0	7,057,159	0.000000	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	73,255,199	0.000000	91.00
92.00	09200 OBSERVATI ON BEDS (NON-DI STIN CT PART)	0	0	0	1,253,970	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	755,411,879		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,906	0	0	0	54.00
54.01	03630 ULTRA SOUND	0.000000	3,208	0	0	0	54.01
54.02	03440 MAMMOGRAPHY	0.000000	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	33,063	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	5,798	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,996	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	174,892	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	15,808	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,927	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	18,830	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	9,136	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,312	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	182,198	0	468	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03950 LI THOTRI PSY	0.000000	0	0	0	0	76.00
76.01	03330 ENDOSCOPY	0.000000	0	0	0	0	76.01
76.02	03040 PRISON CLINIC	0.000000	0	0	0	0	76.02
76.03	03050 WOUND CARE	0.000000	0	0	0	0	76.03
76.04	03060 OPIC	0.000000	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.000000	138,172	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		596,246	0	468	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/24/2023 4:19 pm
Title XVIII			Subprovider - IPF	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.116479	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.059280	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425667	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232019	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.086020	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0.186122	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093759	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.062508	0	0	0	0	56.00
57.00	05700	CT SCAN	0.019224	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048805	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040648	0	0	0	0	59.00
60.00	06000	LABORATORY	0.066920	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.108226	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.213844	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052918	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072040	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207274	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123981	468	0	192	58	73.00
74.00	07400	RENAL DIALYSIS	0.800874	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0.069986	0	0	0	0	76.00
76.01	03330	ENDOSCOPY	0.070451	0	0	0	0	76.01
76.02	03040	PRI SI ON CLINIC	0.927036	0	0	0	0	76.02
76.03	03050	WOUND CARE	0.218198	0	0	0	0	76.03
76.04	03060	OPI C	0.165144	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.098182	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.861701	0	0	0	0	92.00
200.00		Subtotal (see instructions)		468	0	192	58	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		468	0	192	58	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/24/2023 4:19 pm
	Title XVIII	Subprovider - IPF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	54.02
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
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
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	24	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03950 LI THOTRI PSY	0	0	76.00
76.01 03330 ENDOSCOPY	0	0	76.01
76.02 03040 PRISON CLINIC	0	0	76.02
76.03 03050 WOUND CARE	0	0	76.03
76.04 03060 OPI C	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>			
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	24	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	24	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0046 Component CCN: 15-T046		Period: From 09/01/2021 To 08/31/2022		Worksheet D Part II Date/Time Prepared: 1/24/2023 4:19 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,163,502	105,130,203	0.011067	77,404	857	50.00
51.00	05100	RECOVERY ROOM	63,476	11,096,405	0.005720	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	202,308	5,366,531	0.037698	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	526,116	13,652,767	0.038535	273,645	10,545	54.00
54.01	03630	ULTRA SOUND	49,025	4,347,900	0.011276	88,129	994	54.01
54.02	03440	MAMMOGRAPHY	103,863	2,135,898	0.048627	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	169,472	18,677,302	0.009074	0	0	55.00
56.00	05600	RADIOISOTOPE	55,418	16,563,163	0.003346	4,713	16	56.00
57.00	05700	CT SCAN	90,481	66,065,315	0.001370	180,338	247	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	67,267	10,980,379	0.006126	39,977	245	58.00
59.00	05900	CARDIAC CATHETERIZATION	98,354	27,590,924	0.003565	40,068	143	59.00
60.00	06000	LABORATORY	340,804	76,322,193	0.004465	620,766	2,772	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,028	7,539,943	0.004778	44,479	213	62.00
65.00	06500	RESPIRATORY THERAPY	109,545	17,874,132	0.006129	59,996	368	65.00
66.00	06600	PHYSICAL THERAPY	266,678	10,286,381	0.025925	2,629,115	68,160	66.00
69.00	06900	ELECTROCARDIOLOGY	156,376	22,520,780	0.006944	13,160	91	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,515	1,309,643	0.013374	26,730	357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	280,083	49,590,220	0.005648	243,830	1,377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,229	22,285,232	0.005530	76,826	425	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	671,912	162,935,920	0.004124	1,756,095	7,242	73.00
74.00	07400	RENAL DIALYSIS	49,579	971,332	0.051042	64,408	3,288	74.00
76.00	03950	LITHOTRIPSY	2,329	1,231,833	0.001891	0	0	76.00
76.01	03330	ENDOSCOPY	72,246	13,961,034	0.005175	0	0	76.01
76.02	03040	PRISON CLINIC	141,375	687,956	0.205500	0	0	76.02
76.03	03050	WOUND CARE	99,156	4,722,165	0.020998	0	0	76.03
76.04	03060	OPIC	158,683	7,057,159	0.022485	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	616,084	73,255,199	0.008410	5,197	44	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,253,970	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,730,904	755,411,879		6,244,876	97,384	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0046 Component CCN: 15-T046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/24/2023 4:19 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	54.02
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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03950 LI THOTRIPSY	0	0	0	0	0	76.00
76.01 03330 ENDOSCOPY	0	0	0	0	0	76.01
76.02 03040 PRISON CLINIC	0	0	0	0	0	76.02
76.03 03050 WOUND CARE	0	0	0	0	0	76.03
76.04 03060 OPIC	0	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0046 Component CCN: 15-T046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/24/2023 4:19 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	105,130,203	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	11,096,405	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,366,531	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	13,652,767	0.000000	54.00
54.01	03630 ULTRA SOUND	0	0	0	4,347,900	0.000000	54.01
54.02	03440 MAMMOGRAPHY	0	0	0	2,135,898	0.000000	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	18,677,302	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	16,563,163	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	66,065,315	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,980,379	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	27,590,924	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	76,322,193	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,539,943	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	17,874,132	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	10,286,381	0.000000	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	22,520,780	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,309,643	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	49,590,220	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,285,232	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	162,935,920	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	971,332	0.000000	74.00
76.00	03950 LI THOTRI PSY	0	0	0	1,231,833	0.000000	76.00
76.01	03330 ENDOSCOPY	0	0	0	13,961,034	0.000000	76.01
76.02	03040 PRI SI ON CLINI C	0	0	0	687,956	0.000000	76.02
76.03	03050 WOUND CARE	0	0	0	4,722,165	0.000000	76.03
76.04	03060 OPI C	0	0	0	7,057,159	0.000000	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	73,255,199	0.000000	91.00
92.00	09200 OBSERVATI ON BEDS (NON-DI STIN CT PART)	0	0	0	1,253,970	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	755,411,879		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0046 Component CCN: 15-T046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/24/2023 4:19 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.000000	77,404	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	273,645	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	88,129	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	4,713	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	180,338	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	39,977	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	40,068	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	620,766	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	44,479	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	59,996	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,629,115	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	13,160	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	26,730	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	243,830	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	76,826	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,756,095	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	64,408	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0.000000	0	0	0	0	76.00
76.01	03330	ENDOSCOPY	0.000000	0	0	0	0	76.01
76.02	03040	PRISON CLINIC	0.000000	0	0	0	0	76.02
76.03	03050	WOUND CARE	0.000000	0	0	0	0	76.03
76.04	03060	OPIC	0.000000	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.000000	5,197	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		6,244,876	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/24/2023 4:19 pm
		Title XIX	Hospital	Cost

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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.116479	0	0	12,718,677	0
51.00 05100 RECOVERY ROOM	0.059280	0	0	1,713,403	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.425667	0	0	62,089	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.232019	0	0	2,920,442	0
54.01 03630 ULTRA SOUND	0.086020	0	0	1,085,164	0
54.02 03440 MAMMOGRAPHY	0.186122	0	0	184,760	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.093759	0	0	1,560,924	0
56.00 05600 RADIO SOTOPE	0.062508	0	0	2,039,978	0
57.00 05700 CT SCAN	0.019224	0	0	13,246,918	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.048805	0	0	1,368,543	0
59.00 05900 CARDIAC CATHETERIZATION	0.040648	0	0	1,503,792	0
60.00 06000 LABORATORY	0.066920	0	0	12,811,566	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480	0	0	291,489	0
65.00 06500 RESPIRATORY THERAPY	0.108226	0	0	218,012	0
66.00 06600 PHYSICAL THERAPY	0.213844	0	0	36,489	0
69.00 06900 ELECTROCARDIOLOGY	0.052918	0	0	2,019,950	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.072040	0	0	306,895	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549	0	0	3,994,757	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.207274	0	0	1,814,338	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.123981	0	0	12,061,678	0
74.00 07400 RENAL DIALYSIS	0.800874	0	0	2,121	0
76.00 03950 LI THOTRI PSY	0.069986	0	0	116,861	0
76.01 03330 ENDOSCOPY	0.070451	0	0	1,671,009	0
76.02 03040 PRI SION CLINIC	0.927036	0	0	16,647	0
76.03 03050 WOUND CARE	0.218198	0	0	1,400,428	0
76.04 03060 OPI C	0.165144	0	0	620,300	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100 EMERGENCY	0.098182	0	0	23,236,074	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.861701	0	0	0	0
200.00 Subtotal (see instructions)		0	0	99,023,304	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0
202.00 Net Charges (line 200 - line 201)		0	0	99,023,304	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/24/2023 4:19 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	1,481,459	50.00
51.00	05100	RECOVERY ROOM	0	101,571	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,429	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	677,598	54.00
54.01	03630	ULTRA SOUND	0	93,346	54.01
54.02	03440	MAMMOGRAPHY	0	34,388	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	146,351	55.00
56.00	05600	RADIOISOTOPE	0	127,515	56.00
57.00	05700	CT SCAN	0	254,659	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	66,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,126	59.00
60.00	06000	LABORATORY	0	857,350	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	39,199	62.00
65.00	06500	RESPIRATORY THERAPY	0	23,595	65.00
66.00	06600	PHYSICAL THERAPY	0	7,803	66.00
69.00	06900	ELECTROCARDIOLOGY	0	106,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,109	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	297,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	376,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,495,419	73.00
74.00	07400	RENAL DIALYSIS	0	1,699	74.00
76.00	03950	LITHOTRIPSY	0	8,179	76.00
76.01	03330	ENDOSCOPY	0	117,724	76.01
76.02	03040	PRI SON CLINIC	0	15,432	76.02
76.03	03050	WOUND CARE	0	305,571	76.03
76.04	03060	OPI C	0	102,439	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0	2,281,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	9,129,879	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	9,129,879	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/24/2023 4:19 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,811	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,811	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)		12,888	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,500	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
<b>SWING BED ADJUSTMENT</b>				
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)		16,168,419	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)		16,168,419	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		16,168,419	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,170.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,268,105	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)		5,268,105	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0046		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 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	7,170,508	3,475	2,063.46	1,116	2,302,821		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	NEONATAL INTENSIVE CARE UNIT	854,720	389	2,197.22	0	0		47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,166,202		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,737,128		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)					925,449		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					751,395		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,676,844		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,060,284		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					923		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,170.69		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,080,547		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet D-1  
Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description		Cost	Title XVIII		Hospital	PPS	
			Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,263,139	16,168,419	0.139973	1,080,547	151,247	90.00
91.00	Nursing Program cost	0	16,168,419	0.000000	1,080,547	0	91.00
92.00	Allied health cost	0	16,168,419	0.000000	1,080,547	0	92.00
93.00	All other Medical Education	0	16,168,419	0.000000	1,080,547	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,479 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,479 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,479 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			358 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
<b>SWING BED ADJUSTMENT</b>				
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)			4,392,323 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)			4,392,323 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			4,392,323 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			980.65 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			351,073 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)			351,073 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1	
		Component CCN: 15-S046				Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
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 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						54,260	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						405,333	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						37,658	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						3,387	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						41,045	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						364,288	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-S046		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	471,141	4,392,323	0.107265	0	0	90.00
91.00	Nursing Program cost	0	4,392,323	0.000000	0	0	91.00
92.00	Allied health cost	0	4,392,323	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,392,323	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-T046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,005	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,005	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)		2,005	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,062	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
<b>SWING BED ADJUSTMENT</b>				
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)		2,813,005	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)		2,813,005	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		2,813,005	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,403.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,489,986	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)		1,489,986	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-T046		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00	
<b>Cost Center Description</b>								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,017,474	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,507,460	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						202,513	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						97,384	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						299,897	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,207,563	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-T046		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	382,338	2,813,005	0.135918	0	0	90.00
91.00	Nursing Program cost	0	2,813,005	0.000000	0	0	91.00
92.00	Allied health cost	0	2,813,005	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,813,005	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,811	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,811	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)		12,888	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		909	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)		495	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		16,168,419	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)		16,168,419	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		16,168,419	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,170.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,064,157	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)		1,064,157	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
NURSERY (title V & XIX only)		490,964	495	991.85	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,170,508	3,475	2,063.46	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEONATAL INTENSIVE CARE UNIT	826,301	389	2,124.17	0	0
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,000,644
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,064,801
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
87.00	Total observation bed days (see instructions)					923
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,170.69
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,080,547



COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet D-1  
Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,263,139	16,168,419	0.139973	1,080,547	151,247	90.00
91.00 Nursing Program cost	0	16,168,419	0.000000	1,080,547	0	91.00
92.00 Allied health cost	0	16,168,419	0.000000	1,080,547	0	92.00
93.00 All other Medical Education	0	16,168,419	0.000000	1,080,547	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,479 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,479 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,479 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			495 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			4,392,323 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)			4,392,323 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			4,392,323 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			980.65 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1	
		Component CCN: 15-S046				Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					417,444		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					417,444		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-S046		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	471,141	4,392,323	0.107265	0	0	90.00
91.00	Nursing Program cost	0	4,392,323	0.000000	0	0	91.00
92.00	Allied health cost	0	4,392,323	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,392,323	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-T046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,005 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,005 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)			2,005 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			65 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)			495 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			2,813,005 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)			2,813,005 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			2,813,005 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,403.00 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			91,195 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)			91,195 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-T046		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00	
<b>Cost Center Description</b>								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						293,780	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						384,975	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0046 Component CCN: 15-T046		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1 Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	382,338	2,813,005	0.135918	0	0	90.00
91.00	Nursing Program cost	0	2,813,005	0.000000	0	0	91.00
92.00	Allied health cost	0	2,813,005	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,813,005	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3 Date/Time Prepared: 1/24/2023 4:19 pm
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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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		6,510,274		30.00
31.00	03100 INTENSIVE CARE UNIT		4,603,489		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - I/PF		0		40.00
41.00	04100 SUBPROVIDER - I/RF		0		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.116479	16,940,821	1,973,250	50.00
51.00	05100 RECOVERY ROOM	0.059280	1,484,916	88,026	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.425667	22,157	9,432	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232019	1,378,177	319,763	54.00
54.01	03630 ULTRA SOUND	0.086020	315,112	27,106	54.01
54.02	03440 MAMMOGRAPHY	0.186122	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.093759	152,683	14,315	55.00
56.00	05600 RADIOISOTOPE	0.062508	282,127	17,635	56.00
57.00	05700 CT SCAN	0.019224	6,940,973	133,433	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.048805	983,100	47,980	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.040648	4,867,369	197,849	59.00
60.00	06000 LABORATORY	0.066920	11,786,741	788,769	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480	2,201,298	296,031	62.00
65.00	06500 RESPIRATORY THERAPY	0.108226	5,372,464	581,440	65.00
66.00	06600 PHYSICAL THERAPY	0.216605	2,069,552	448,275	66.00
69.00	06900 ELECTROCARDIOLOGY	0.053433	4,486,793	239,743	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.072040	185,254	13,346	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549	9,880,459	736,578	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.207274	4,003,339	829,788	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123981	26,587,778	3,296,379	73.00
74.00	07400 RENAL DIALYSIS	0.800874	416,543	333,598	74.00
76.00	03950 LI THOTRI PSY	0.069986	0	0	76.00
76.01	03330 ENDOSCOPY	0.070451	1,006,198	70,888	76.01
76.02	03040 PRI SI ON CLINI C	0.927036	0	0	76.02
76.03	03050 WOUND CARE	0.220654	12,980	2,864	76.03
76.04	03060 OPI C	0.166595	8,586	1,430	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.098668	6,094,887	601,370	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.861701	112,468	96,914	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		107,592,775	11,166,202	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)		107,592,775		202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3 Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XVIII	Subprovider - IPF	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		1,905,231	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116479	0	50.00
51.00	05100	RECOVERY ROOM	0.059280	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425667	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232019	2,906	54.00
54.01	03630	ULTRA SOUND	0.086020	3,208	54.01
54.02	03440	MAMMOGRAPHY	0.186122	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093759	0	55.00
56.00	05600	RADIOISOTOPE	0.062508	0	56.00
57.00	05700	CT SCAN	0.019224	33,063	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048805	5,798	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040648	6,996	59.00
60.00	06000	LABORATORY	0.066920	174,892	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.108226	15,808	65.00
66.00	06600	PHYSICAL THERAPY	0.216605	2,927	66.00
69.00	06900	ELECTROCARDIOLOGY	0.053433	18,830	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072040	9,136	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549	2,312	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207274	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123981	182,198	73.00
74.00	07400	RENAL DIALYSIS	0.800874	0	74.00
76.00	03950	LITHOTRIPSY	0.069986	0	76.00
76.01	03330	ENDOSCOPY	0.070451	0	76.01
76.02	03040	PRISON CLINIC	0.927036	0	76.02
76.03	03050	WOUND CARE	0.220654	0	76.03
76.04	03060	OPIC	0.166595	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.098668	138,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.861701	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		596,246	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)		596,246	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0046 Component CCN: 15-T046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3 Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - IRF		1,945,621	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116479	77,404	50.00
51.00	05100	RECOVERY ROOM	0.059280	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425667	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232019	273,645	54.00
54.01	03630	ULTRA SOUND	0.086020	88,129	54.01
54.02	03440	MAMMOGRAPHY	0.186122	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093759	0	55.00
56.00	05600	RADIOISOTOPE	0.062508	4,713	56.00
57.00	05700	CT SCAN	0.019224	180,338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048805	39,977	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040648	40,068	59.00
60.00	06000	LABORATORY	0.066920	620,766	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480	44,479	62.00
65.00	06500	RESPIRATORY THERAPY	0.108226	59,996	65.00
66.00	06600	PHYSICAL THERAPY	0.216605	2,629,115	66.00
69.00	06900	ELECTROCARDIOLOGY	0.053433	13,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072040	26,730	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549	243,830	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207274	76,826	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123981	1,756,095	73.00
74.00	07400	RENAL DIALYSIS	0.800874	64,408	74.00
76.00	03950	LITHOTRIPSY	0.069986	0	76.00
76.01	03330	ENDOSCOPY	0.070451	0	76.01
76.02	03040	PRISON CLINIC	0.927036	0	76.02
76.03	03050	WOUND CARE	0.220654	0	76.03
76.04	03060	OPIC	0.166595	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.098668	5,197	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.861701	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,244,876	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		6,244,876	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3 Date/Time Prepared: 1/24/2023 4:19 pm
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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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,321,280	30.00
31.00	03100	INTENSIVE CARE UNIT		3,125,541	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		892,556	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		1,057,323	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116479	10,364,342	50.00
51.00	05100	RECOVERY ROOM	0.059280	828,757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425667	3,358,280	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232019	736,268	54.00
54.01	03630	ULTRA SOUND	0.086020	231,975	54.01
54.02	03440	MAMMOGRAPHY	0.186122	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093759	58,808	55.00
56.00	05600	RADIOISOTOPE	0.062508	160,612	56.00
57.00	05700	CT SCAN	0.019224	3,667,810	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048805	506,931	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040648	2,884,106	59.00
60.00	06000	LABORATORY	0.066920	7,356,567	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480	1,273,763	62.00
65.00	06500	RESPIRATORY THERAPY	0.108226	4,563,741	65.00
66.00	06600	PHYSICAL THERAPY	0.213844	753,738	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052918	1,988,062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072040	99,140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549	4,545,193	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207274	1,939,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123981	17,933,687	73.00
74.00	07400	RENAL DIALYSIS	0.800874	81,699	74.00
76.00	03950	LI THOTRI PSY	0.069986	0	76.00
76.01	03330	ENDOSCOPY	0.070451	366,457	76.01
76.02	03040	PRI SION CLINIC	0.927036	0	76.02
76.03	03050	WOUND CARE	0.218198	13,470	76.03
76.04	03060	OPI C	0.165144	5,521	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.098182	4,131,348	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.861701	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		67,849,346	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)		67,849,346	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3 Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF		15,319,428	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116479	707	82 50.00
51.00	05100	RECOVERY ROOM	0.059280	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425667	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232019	42,079	9,763 54.00
54.01	03630	ULTRA SOUND	0.086020	7,524	647 54.01
54.02	03440	MAMMOGRAPHY	0.186122	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093759	0	0 55.00
56.00	05600	RADIOISOTOPE	0.062508	0	0 56.00
57.00	05700	CT SCAN	0.019224	184,970	3,556 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048805	51,889	2,532 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040648	0	0 59.00
60.00	06000	LABORATORY	0.066920	1,310,816	87,720 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480	1,276	172 62.00
65.00	06500	RESPIRATORY THERAPY	0.108226	76,484	8,278 65.00
66.00	06600	PHYSICAL THERAPY	0.213844	4,710	1,007 66.00
69.00	06900	ELECTROCARDIOLOGY	0.052918	143,728	7,606 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072040	26,730	1,926 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549	5,271	393 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207274	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123981	1,365,425	169,287 73.00
74.00	07400	RENAL DIALYSIS	0.800874	3,274	2,622 74.00
76.00	03950	LITHOTRIPSY	0.069986	0	0 76.00
76.01	03330	ENDOSCOPY	0.070451	14,513	1,022 76.01
76.02	03040	PRISON CLINIC	0.927036	0	0 76.02
76.03	03050	WOUND CARE	0.218198	0	0 76.03
76.04	03060	OPIC	0.165144	0	0 76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.098182	1,230,688	120,831 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.861701	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,470,084	417,444 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		4,470,084	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0046 Component CCN: 15-T046	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3 Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - IRF		589,904	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116479	17,157	50.00
51.00	05100	RECOVERY ROOM	0.059280	3,371	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425667	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232019	23,998	54.00
54.01	03630	ULTRA SOUND	0.086020	1,923	54.01
54.02	03440	MAMMOGRAPHY	0.186122	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093759	0	55.00
56.00	05600	RADIOISOTOPE	0.062508	14,124	56.00
57.00	05700	CT SCAN	0.019224	70,063	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048805	5,798	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040648	16,763	59.00
60.00	06000	LABORATORY	0.066920	128,191	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.134480	23,373	62.00
65.00	06500	RESPIRATORY THERAPY	0.108226	179,774	65.00
66.00	06600	PHYSICAL THERAPY	0.213844	766,522	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052918	30,869	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.072040	4,568	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.074549	21,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207274	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123981	677,424	73.00
74.00	07400	RENAL DIALYSIS	0.800874	0	74.00
76.00	03950	LITHOTRIPSY	0.069986	0	76.00
76.01	03330	ENDOSCOPY	0.070451	0	76.01
76.02	03040	PRISON CLINIC	0.927036	0	76.02
76.03	03050	WOUND CARE	0.218198	0	76.03
76.04	03060	OPIC	0.165144	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.098182	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.861701	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,985,518	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)		1,985,518	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part A Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		1,051,697	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,413,473	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		17,403	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		548,801	2.04
3.00	Managed Care Simulated Payments		7,691,737	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		155.25	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	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)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	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)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.73	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.76	31.00
32.00	Sum of lines 30 and 31		30.49	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.37	33.00
34.00	Disproportionate share adjustment (see instructions)		447,811	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part A Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)	0	0	35.00	
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,386,287	1,297,826	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	113,942	1,191,155	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,305,097		36.00	
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges (see instructions)	0		40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	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 (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	14,784,282		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00	
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		14,784,282	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,075,671	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).		0	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		204,442	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		16,064,395	59.00	
60.00	Primary payer payments		0	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		16,064,395	61.00	
62.00	Deductibles billed to program beneficiaries		1,391,181	62.00	
63.00	Coinsurance billed to program beneficiaries		11,771	63.00	
64.00	Allowable bad debts (see instructions)		134,685	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		87,545	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		41,737	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,748,988	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50	
70.87	Demonstration payment adjustment amount before sequestration		0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			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)		-5,680	70.93	
70.94	HRR adjustment amount (see instructions)		-116,227	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part A Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			14,627,081	71.00
71.01	Sequestration adjustment (see instructions)			86,300	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			13,877,005	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			663,776	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			535,990	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		18,005	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,361,736	2.00
3.00	OPPS payments		11,772,946	3.00
4.00	Outlier payment (see instructions)		23,554	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		18,005	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		145,305	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		145,305	14.00
<b>Customary charges</b>				
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)		145,305	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		127,300	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		18,005	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		11,796,500	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,004,486	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		9,810,019	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,810,019	30.00
31.00	Primary payer payments		339	31.00
32.00	Subtotal (line 30 minus line 31)		9,809,680	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		65,149	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		42,347	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		21,404	36.00
37.00	Subtotal (see instructions)		9,852,027	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,852,027	40.00
40.01	Sequestration adjustment (see instructions)		58,127	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		9,860,271	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-66,371	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		132,511	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Prepared: 1/24/2023 4:19 pm
Title XVIII		Hospital	PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		24	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		58	2.00
3.00	OPPS payments		75	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		192	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		192	14.00
<b>Customary charges</b>				
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)		192	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		168	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		24	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		75	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		99	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		99	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		99	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		99	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		99	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		113	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-14	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Prepared: 1/24/2023 4:19 pm
	Title XVIII	Subprovider - IPF	PPS
			1.00
200.00	MEDI CARE PART B ANCILLARY COSTS Part B Combined Billed Days		
			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 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		13,877,005		9,860,271	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		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)		13,877,005		9,860,271	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		663,776		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		66,371	6.02	
7.00	Total Medicare program liability (see instructions)		14,540,781		9,793,900	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0046  
Component CCN: 15-S046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 pm

Title XVIII

Subprovider -  
IPF

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		251,739		113	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)		251,739		113	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		5,317		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		14	6.02
7.00	Total Medicare program liability (see instructions)		257,056		99	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0046  
Component CCN: 15-T046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/24/2023 4:19 pm  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,209,900		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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		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)		2,209,900		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		24,871		0	6.02
7.00	Total Medicare program liability (see instructions)		2,185,029		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: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet E-1 Part II Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet E-3 Part II Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		308,028	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	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	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	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	6.00
7.00	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	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		12.271233	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		308,028	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		308,028	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		308,028	18.00
19.00	Deductibles		55,008	19.00
20.00	Subtotal (line 18 minus line 19)		253,020	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		253,020	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		8,556	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		5,561	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,484	25.00
26.00	Subtotal (sum of lines 22 and 24)		258,581	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.98	Recovery of accelerated depreciation.		0	30.98
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		258,581	31.00
31.01	Sequestration adjustment (see instructions)		1,525	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		251,739	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		5,317	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	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
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046 Component CCN: 15-T046	Period: From 09/01/2021 To 08/31/2022	Worksheet E-3 Part III Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			1,706,520 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0563 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			106,658 3.00
4.00	Outlier Payments			399,403 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)			0.00 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)			5.493151 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)			2,212,581 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)			2,212,581 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,212,581 19.00
20.00	Deductibles			4,668 20.00
21.00	Subtotal (line 19 minus line 20)			2,207,913 21.00
22.00	Coinsurance			9,916 22.00
23.00	Subtotal (line 21 minus line 22)			2,197,997 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)			2,197,997 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)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,197,997 32.00
32.01	Sequestration adjustment (see instructions)			12,968 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,209,900 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-24,871 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			399,403 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
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		9,064,801		1.00
2.00	Medical and other services			9,129,879	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		9,064,801	9,129,879	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)		9,064,801	9,129,879	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		9,396,700		8.00
9.00	Ancillary service charges		67,849,346	99,023,304	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)		77,246,046	99,023,304	12.00
<b>CUSTOMARY CHARGES</b>					
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)		77,246,046	99,023,304	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		68,181,245	89,893,425	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)		9,064,801	9,129,879	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		9,064,801	9,129,879	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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)		9,064,801	9,129,879	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		9,064,801	9,129,879	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		9,064,801	9,129,879	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)		9,064,801	9,129,879	40.00
41.00	Interim payments		12,905,296	8,294,980	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-3,840,495	834,899	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046 Component CCN: 15-S046	Period: From 09/01/2021 To 08/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 1/24/2023 4:19 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	417,444		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)	417,444	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)	417,444	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	15,319,428		8.00
9.00	Ancillary service charges	4,470,084	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)	19,789,512	0	12.00
<b>CUSTOMARY CHARGES</b>				
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)	19,789,512	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	19,372,068	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)	417,444	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	417,444	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)	417,444	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	417,444	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	417,444	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	417,444	0	40.00
41.00	Interim payments	2,495,197	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-2,077,753	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0046 Component CCN: 15-T046	Period: From 09/01/2021 To 08/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 1/24/2023 4:19 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		384,975		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)		384,975	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)		384,975	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		589,904		8.00
9.00	Ancillary service charges		1,985,518	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)		2,575,422	0	12.00
<b>CUSTOMARY CHARGES</b>					
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)		2,575,422	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,190,447	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)		384,975	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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)		384,975	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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)		384,975		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		384,975	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		384,975	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)		384,975	0	40.00
41.00	Interim payments		487,005		41.00
42.00	Balance due provider/program (line 40 minus line 41)		-102,030	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

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

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G

Date/Time Prepared:  
1/24/2023 4:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	24,324	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	22,931,190	0	0	0	4.00
5.00	Other receivable	68,704	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,793,595	0	0	0	6.00
7.00	Inventory	7,110,309	0	0	0	7.00
8.00	Prepaid expenses	730,831	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	121,664	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	26,193,427	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,262,718	0	0	0	12.00
13.00	Land improvements	3,238,473	0	0	0	13.00
14.00	Accumulated depreciation	-3,130,797	0	0	0	14.00
15.00	Buildings	38,638,215	0	0	0	15.00
16.00	Accumulated depreciation	-30,046,179	0	0	0	16.00
17.00	Leasehold improvements	9,572,776	0	0	0	17.00
18.00	Accumulated depreciation	-8,072,765	0	0	0	18.00
19.00	Fixed equipment	31,608,284	0	0	0	19.00
20.00	Accumulated depreciation	-25,499,888	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	47,255,308	0	0	0	23.00
24.00	Accumulated depreciation	-39,203,881	0	0	0	24.00
25.00	Minor equipment depreciable	6,940,654	0	0	0	25.00
26.00	Accumulated depreciation	-5,549,173	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	2,011,451	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	29,025,196	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	3,063,197	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	2,654,822	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,718,019	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	60,936,642	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,652,015	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,501,681	0	0	0	38.00
39.00	Payroll taxes payable	7,534,642	0	0	0	39.00
40.00	Notes and loans payable (short term)	271,465	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	176,334	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,136,137	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	763,064	0	0	0	47.00
48.00	Unsecured loans	-310,150,122	0	0	0	48.00
49.00	Other long term liabilities	120,960	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-309,266,098	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-294,129,961	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	355,066,603				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)	355,066,603	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	60,936,642	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G-1

Date/Time Prepared:  
1/24/2023 4:19 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		342,269,117			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		18,547,665				2.00
3.00	Total (sum of line 1 and line 2)		360,816,782			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		360,816,782			0	11.00
12.00	FEDERAL TAX LIABILITY ENTRY	5,750,177		0		0	12.00
13.00	ROUNDING	2		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)		5,750,179			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		355,066,603			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	FEDERAL TAX LIABILITY ENTRY		0				12.00
13.00	ROUNDING		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/24/2023 4:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	22,173,085		22,173,085	1.00
2.00	SUBPROVIDER - IPF	23,856,800		23,856,800	2.00
3.00	SUBPROVIDER - IRF	3,650,040		3,650,040	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)	49,679,925		49,679,925	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,051,221		14,051,221	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	NEONATAL INTENSIVE CARE UNIT	110		110	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,051,331		14,051,331	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	63,731,256		63,731,256	17.00
18.00	Ancillary services	319,366,967	362,448,783	681,815,750	18.00
19.00	Outpatient services	19,647,543	53,607,656	73,255,199	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	OCCUPATIONAL MEDICINE	0	293,081	293,081	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	402,745,766	416,349,520	819,095,286	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		110,444,962		29.00
30.00	ADD (SPECIFY)	0			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)		0		36.00
37.00	MISCELLANEOUS INCOME	73,815			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		73,815		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		110,371,147		43.00



STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0046

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G-3

Date/Time Prepared:  
1/24/2023 4:19 pm

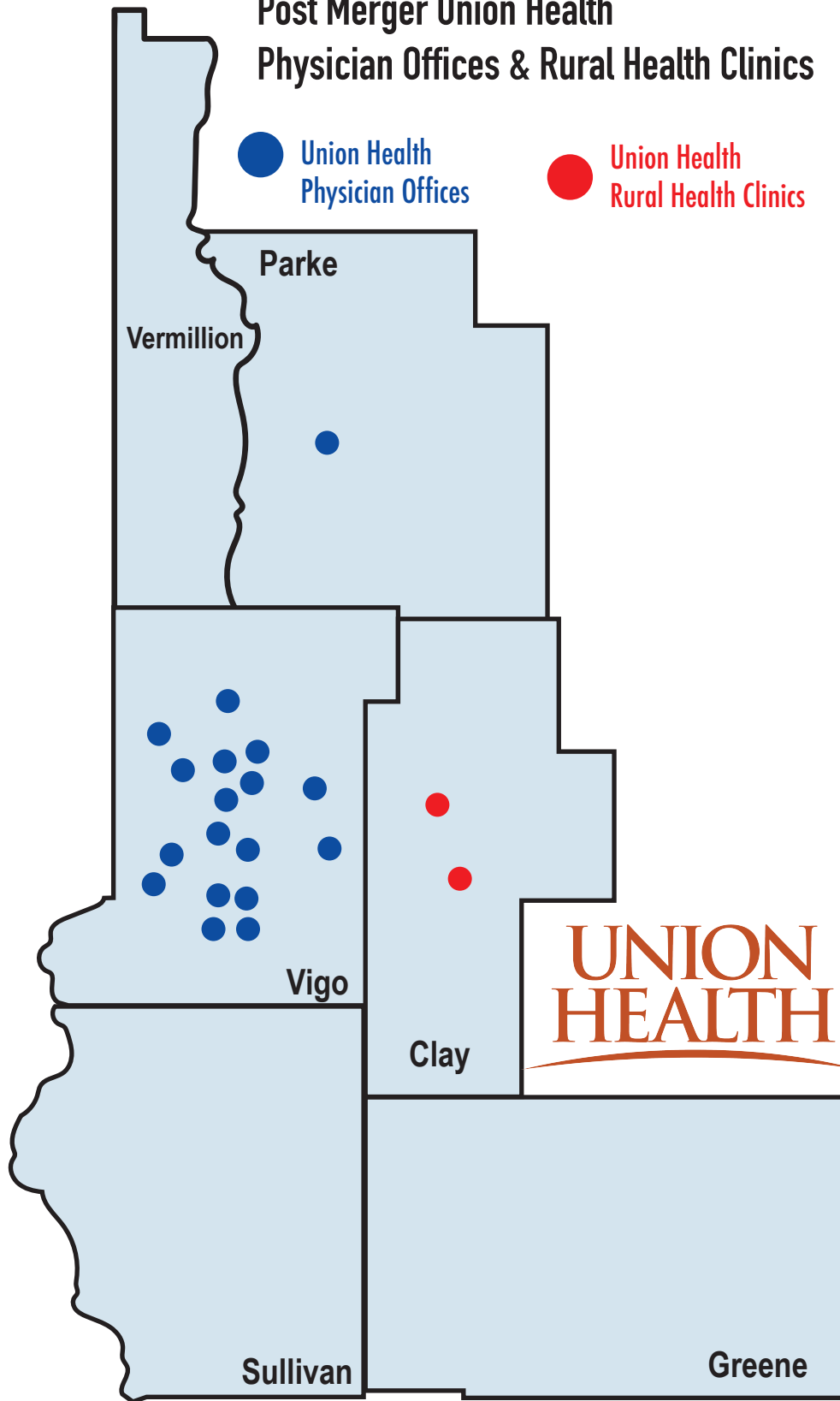
		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	819,095,286	1.00
2.00	Less contractual allowances and discounts on patients' accounts	690,474,313	2.00
3.00	Net patient revenues (line 1 minus line 2)	128,620,973	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	110,371,147	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,249,826	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	297,842	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	297,842	25.00
26.00	Total (line 5 plus line 25)	18,547,668	26.00
27.00	ROUNDING	3	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,547,665	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0046	Period: From 09/01/2021 To 08/31/2022	Worksheet L Parts I-III Date/Time Prepared: 1/24/2023 4:19 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		933,816	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		82,464	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)		46.20	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.73	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.76	8.00
9.00	Sum of lines 7 and 8		30.49	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.36	10.00
11.00	Disproportionate share adjustment (see instructions)		59,391	11.00
12.00	Total prospective capital payments (see instructions)		1,075,671	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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

# Post Merger Union Health Physician Offices & Rural Health Clinics

● Union Health  
Physician Offices

● Union Health  
Rural Health Clinics



## UHS Health Equity Plan (Draft)

### Policy Statement:

Union Health is committed to eliminating health disparities and creating a culture of health equity in our patients and communities as strategic priorities. The organization supports diverse talent trained to deliver high-quality care in partnership with diverse patients and communities that feel valued and respected.

To achieve health equity, improvements across multiple systems and at multiple levels must be made. Union Health supports as part of the mission, vision and values of the organization optimal community health and health equity as strategic priorities.

Mission: We exist to serve our patients with compassionate health care of the highest quality.

Vision: Providing exceptional healthcare and service while leading Wabash Valley communities to their best health and wellness.

Values: Patient Focused – place patients first every time.

Collaboration – work together for optimal results.

Integrity – Always be honest and ethical.

Transparency – openly share the “why” in what we do.

Stewardship – be responsible with lives and resources.

### Definitions:

Health Equity (HE) - The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. [1,2,3; 5,6](#)

Health Disparities – Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment. [5,6](#)

Health Related Social Need (HRSN) - Health-related social needs (HRSN) are frequently identified as root causes of disparities in health outcomes.<sup>3</sup> We use the term HRSN instead of social determinants of health (SDOH) to emphasize that HRSNs are a proximate cause of poor health outcomes for *individual patients* as opposed to SDOH, which is a term better suited for describing *populations*.

Social Determinants of Health (SDOH) - Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes.<sup>5,6</sup> They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping daily life. These forces and systems include, but are not limited to, economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.

### Purpose:

Understanding the difference between equality and equity is a crucial component to reducing health disparities among vulnerable populations (*see Image 1 below*). Equality speaks to providing the same access to treatment regardless of individual circumstances. Conversely, health equity refers to providing

care without biases that factor in social determinants of health in patients' treatment. The Robert Wood Johnson Foundation offers, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Equitable care requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

**Image 1** (shared with permission from RWJF **pending**)

**EQUALITY:**

Everyone gets the same – regardless if it's needed or right for them.



**EQUITY:**

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



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The lack of health equity can have profound health implications for people. The 2022-2026 Indiana State Health Assessment and Improvement Plan, CDC, CMS and HHS Healthy People 2030 share people in poor households and people of color often receive worse care than their counterparts. Addressing disparities can be complex, multidimensional, and challenging. For example, rural communities face challenges such as fewer local doctors, poverty, and remote locations. While in urban communities, there may be other challenges they face that include food deserts, exposure to toxic elements, and long wait times for doctor's appointments.

The 2022-2026 Indiana State Health Assessment and Improvement Plan identifies the top five reasons with contributing influences keeping Hoosiers from living a healthy life are as follows:

1. Not Being at a Healthy Weight

- **Food Insecurity:** Indiana ranks 38th in the U.S. in food security with about 13.5% of their households unable to provide adequate food for one or more members of their household. Indiana has been above the national average since around 2013. Healthy People 2030 has created an objective around household food insecurity and hunger to have a goal of no more than 6% of households going hungry. Many families who struggle with food uncertainty are also likely to struggle with affordable housing, medical cost, and low wages. Children are impacted by food insecurities differently than that of an adult because their bodies and minds are still

developing. Children suffering from these insecurities are more likely to struggle with anemia, asthma, depression, anxiety, and cognitive behavior issues.

## 2. Chronic Disease or Illness

- **Graduation Rates:** According to the 2020 America's Health Rankings, Indiana ranked 14th for high school graduation rates and 31st in the country for educational attainment of a high school diploma. In addition to the fact that individuals who do not graduate are more likely to experience incarceration, educational attainment is a strong predictor of health outcomes in Indiana. Specifically, Indiana is observing health factors around obesity, mental health, cardiovascular disease, lung disease, and even premature death. Addressing barriers such as poverty, chronic stress, homelessness, and teen pregnancy while aiming to increase school-based health centers, vocational or alternative schooling, social-emotional skills, community service opportunities, can increase high school graduation rates. Indiana's graduation rates remained steady between 2019 and 2020 despite the challenges the seniors faced during the pandemic and with the majority of the state moving to e-learning platforms. 88.8% of Hoosiers 25 years of age or older are high school graduates. Indiana District #7 has an 88% graduation rate.
- **Preventive Care:** Indiana has seen a slight decrease in preventable hospitalizations with 4,040 discharges per 100,000 in 2015 decreasing to 3,770 in 2019. Indiana, like many other states, sees hospital admissions pertaining to chronic disease and other preventable morbidities that could have been avoided if preventive care measures had been available and utilized. This statistic suggests there is an overuse of emergency hospitalizations due to many Hoosiers not having access to a primary care physician, outpatient services, or even health education. Hospitalizations for the following would be considered preventative: diabetes, pulmonary diseases, heart disease, symptoms of anxiety, asthma, pneumonia, and urinary tract infections.

## 3. Ability to Exercise

- See Graduation Rates above.
- **Nutrition & Physical Activity:** Indiana is ranked 35th in the U.S. in exercise and 43rd in physical activity. It is recommended that individuals engage in regular moderate physical activity for at least 150 minutes a week. Doing so will reduce risks of cardiovascular disease, type 2 diabetes, some cancers, dementia, anxiety, and depression. In addition to staying active, diets with high fruit and vegetable consumption will also assist in reducing the risks of several chronic diseases. Hoosiers have slightly decreased their consumption of fruits and vegetables over the last two years but remain above the national average. Indiana currently ranks 8th in the U.S. America's Health Rankings for healthy foods consumption.

## 4. Ability to Pay for Health Care

- In May 2023 Indiana's recorded unemployment rate was 3.0% to 3.4% compared to 3.7% U.S. rate, low rate of  $\leq 2.4\%$ , and high rate of  $\geq 4\%$  (Source: Bureau of Labor Statistics Local Area Unemployment Statistics, *see Appendix E*)<sup>7</sup>.
- According to the U.S. Census Bureau, Indiana had a 9.0% healthcare uninsured rate for individuals 0-64 years of age compared to 10.5% U.S. healthcare uninsured rate for same population (2021)<sup>8</sup>. The top state reported a 2.9% rate and bottom state reported a 20.9% rate for similar populations of uninsured. Indiana is ranked as 28<sup>th</sup> state for healthcare uninsured for individuals 0-64 years of age.
- **Poverty:** In Indiana there are many factors that can influence resident's socio-economic status. We see the intersection of factors such as total family income, educational attainment, marital status, and geographic location and how they attribute someone's gross income. The median household income (i.e. the total income of all people within a household), was \$56,303 as of

2019 while the per capita income (ie. an individual's total income) throughout 2019 was \$29,777. Considering these factors, the 2020 census estimates that 11.7% of Hoosiers are living and/or experiencing poverty. Indiana District #7 data demonstrates all races are impacted by poverty.

#### 5. Access to Mental Health Care

- See Graduation Rates above.
- See Preventive Care above.
- Noted increase in state deaths related to alcohol and substance use/overdose.
- According to Healthy People 2030, Indiana is ranked 40th based on our percentage of adults who reported their mental health was 'not good' 14 or more days in the past 30 days. America's Health Ranking report that a total of 15.3% of Indiana residents experience mental distress throughout the month which is 2.1% higher than the national average.
- 6% of households in Indiana District #7 do not have access to personal transportation.

As shared above, each community has its unique challenges related to health equity and the journey to eliminate health disparities. Thus, it is essential for organizations and providers to address these inequities as part of their strategic approach to ensure quality care.

#### Objectives

1. To provide a comprehensive, coordinated, and integrated organization-wide mechanism to objectively and systematically define, measure, analyze, improve and control important functions and processes of the organization that are vital to the organization's efforts to eliminate health disparities and provide high quality patient care and service.
2. To ensure equitable levels of care are available and provided throughout the organization and service communities.
3. To utilize demographic and/or SDOH data to improve patient care outcomes ,services and reduce health disparities.
4. To review and act upon information to improve patient, staff, community, and visitor safety and to minimize risk.
5. To assess and evaluate patient provided demographic information as part of the electronic health record using a standard, reliable tool including self-reported race and ethnicity and/or SDOH information on the majority of inpatient admissions ( $\geq 18$  years old) including patients and family expectations in order to identify improvement opportunities and reduce health disparities.
6. To ensure proper stewardship of organization resources through process design and/or redesign to improve access to care, efficiency and effectiveness.
7. To compare organization performance with others in the industry to seek and adopt best practices in the journey to achieve health equity.
8. To provide education for identified staff in culturally sensitive collection of demographics and/or SDOH.
9. To ensure each employee is provided with learning opportunities and/or accessible information relative to health equity, SDOH, and the improvement processes to yield improved outcomes.

## Procedures:

### Health equity as a strategic priority to reduce and eliminate health disparities.

1. The organization utilizes established infrastructure to facilitate strategic priorities related to health equity to address and eliminate health disparities.
  - a. The organization strategic plan identifies health equity as a priority.
    - i. An organization health equity plan with operation procedures and processes will serve to inform and support the strategic plan and priority.
  - b. The organization collects demographic and/or SDOH data.
    - i. The organization has established processes to collect, as part of patient encounters with electronic medical records capture, patient demographic information.
    - ii. The organization has established processes to collect, as part of patient encounters with electronic medical records capture, sexual orientation, and gender identity information.
    - iii. The organization has established SDOH assessment processes utilizing a standard, reliable tool implemented in a phased approach. The initial phase includes inpatients ( $\geq 18$  years of age) to be in place by 2024. Expansion of the SDOH assessment processes to additional areas (ambulatory, outpatient, pediatrics, etc.) will be considered as part of ongoing, post inpatient implementation planning.
  - c. The organization utilizes performance improvement processes to establish and achieve ongoing health equity efforts.
    - i. Performance Improvement Councils (PICs) will designate performance improvement teams to conduct the PDCA process for the identified issues and projects.
    - ii. A health equity performance improvement team examines and makes improvement recommendations for specific issues and projects to the PICs. Information examined includes but is not limited to:
      1. Information collected as part of the organization's electronic medical record including self-reported race, ethnicity, and/or SDOH information.
    - iii. PICs will assist teams in identifying scope, boundaries, and resources available. PICs select the team and/or project leader(s). Based on the recommendations from the teams, the PICs will set overall direction.
      1. The health equity plan identifies priority populations who currently experience health disparities.
      2. The health equity plan identifies goals with discrete steps and specific dedicated resources to achieving these goals.
      3. The health equity plan describes an approach for engaging key stakeholders (such as community-based organizations).
      4. PICs ensure hospitals participate in local, regional, or national quality improvement activities focused on reducing health disparities at least annually.



- iv. PICs will examine reports from teams including data trends of priority clinical and operational monitors stratified by demographic and/or SDOH as appropriate. Identified monitors will be reviewed by teams and reported to PICs to identify success and/or opportunities for ongoing improvement.
- v. PICs and Board of Directors annually review health equity plan including key performance indicators stratified by demographic and/or SDOH.
- d. The organization provides ongoing education for identified staff in culturally sensitive collection of demographics (REaL/SOGI) and/or SDOH.

## **Methodology**

Union Hospital, Inc. endorses the use of the PDCA model for process improvement. This methodology is to be utilized for departmental and interdisciplinary team improvement initiatives including those identified to reduce and eliminate health disparities (*see Figure 1 below*).

The steps for the PDCA model include:

### **P - PLAN**

Clarify the goal and the team's mission

Identify the team

Identify the customer and the customer's needs

Develop work plan

Describe current process

Localize the problem/identify root cause and opportunity for improvement

Identify baseline data needed

Generate and choose solutions

### **D - DO**

Pilot the solution

Collect data

### **C - CHECK**

Check and study the results of the pilot

Compare pilot data with baseline data

Draw conclusions

### **A - ACT**

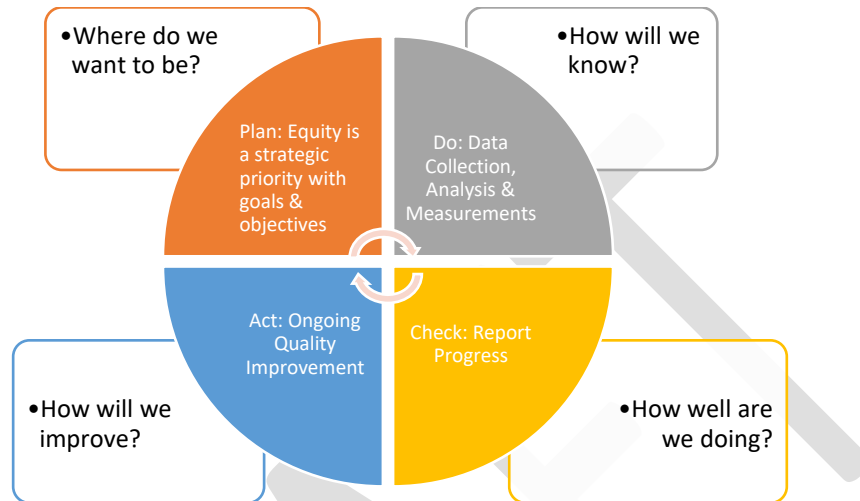
Adopt the change/standardize the practice

Communicate provisions for training, monitoring and evaluating

Continue to improve

Evaluate what was learned

*Figure 1: The performance management cycle (plan-do-check-act) depicted below outlines the standard process utilized by the organization to review goals, objectives, and improvement plans. This methodology will be applied in the ongoing initiatives identified to reduce and eliminate health disparities.*



### Data Collection, Analysis & Measurement

1. The organization collects demographic information including self-reported race and ethnicity and/or SDOH information on most patients (inpatients  $\geq 18$  years old).
2. SDOH information is collected utilizing a standard, reliable tool and is captured as structured, interoperable data elements using the organization's electronic medical record.
3. Data collection and aggregation is done at least quarterly for the identified issues/processes/projects. Data is stratified by demographic and/or SDOH of health variables to identify equity gaps and includes information on hospital performance. Analysis is done to determine:
  - a. if processes are meeting expectations as designed;
  - b. if opportunities for improvement requiring actions and/or revised actions exist; and
  - c. whether changes resulted in the intended improvements.
4. Analysis of the data includes but is not limited to comparison with Union Hospital, Inc. data over time, similar processes in other organizations, and external sources of information to identify best practice.
5. External sources of information and benchmarking activities include the following but are not limited to: CMS, Premier, NHSN, NDNQI, IHA, QIOs, and PSOs.

### Priorities & Goals

1. Annually the organization's critical success factors are used to develop organizational, departmental, and personal goals including performance improvement (PI) priorities.
2. Health equity priority(s) are established as part of the annual PI priority identification process.
  - a. 2023-2025 PI Priorities
    - i. Digital Transformation – Access to Care & Care Coordination

1. Digital Corridor
2. Digital Navigation Pathway
- ii. Evidence Based Practice and Clinical Protocols to Reduce Care Variation
  1. Readmissions – Target Populations & Population Health
- iii. SDOH System Policy and Processes in Place
3. Health equity priority(s) adopted as PI priority(s) will be approved and reviewed at least annually by the PICs and the Board of Directors.

### **Program Evaluation & Reporting Progress**

1. Annually, the health equity plan priority(s) with key performance indicators stratified by demographic and/or SDOH is reviewed and evaluated by the Performance Improvement Councils and the Board of Directors.
2. Changes are made as needed to meet the objectives of the plan. Review of or revision to the health equity plan will be shared with the PICs and the Board of Directors.
3. Through the findings of the performance improvement process, data will be shared and reported (internally and externally) with the following agencies as required and requested:
  - a. Anthem
  - b. CMS
  - c. HFAP
  - d. IHA
  - e. ISDH
  - f. PSO

### **Related Documents:**

1. Performance Improvement Plan
2. WellRx Assessment Tool

### **References:**

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Appendix A: Health Equity Requirements

DOMAIN	REQUIREMENTS
<p><b>1. Equity is a Strategic Priority</b></p>	<p><b>Hospital strategic plan:</b></p> <p><b>1A - identifies priority populations who currently experience health disparities</b></p> <p><b>1B – identifies healthcare equity goals and discrete steps to achieving these goals</b></p> <p><b>1C – outlines specific resources which have been dedicated to achieving equity goals</b></p> <p><b>1D – describes approach for engaging key stakeholders (such as community-based organizations)</b></p>
<p><b>2. Data Collection</b></p>	<p>Hospital:</p> <p>2A – collects demographic information including self-reported race and ethnicity and/or SDOH information on the majority of patients</p> <p>2B – has training for staff in culturally sensitive collection of demographics and/or SDOH</p> <p>2C – inputs demographic and/or SDOH information collected from patients in structured, interoperable data elements using certified HER technology</p>
<p><b>3. Data Analysis</b></p>	<p>3A – Hospital stratifies key performance indicators by demographic and/or SDOH of health variables to identify equity gaps and includes information on hospital performance</p>
<p><b>4. Quality Improvement</b></p>	<p>4A – Hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities</p>
<p><b>5. Leadership Engagement</b></p>	<p>Hospital senior leadership, including senior leadership and the entire hospital board of trustees:</p> <p>5A – annually reviews strategic plan for achieving health equity</p> <p>5B – annually reviews key performance indicators stratified by demographic and SDOH</p>

*Appendix B: SDOH Requirements*

- Hospitals report using their CCN through the Hospital Quality Reporting (HQR) System.
- The Screening for SDOH measure will be calculated as the number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission screened for all five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) divided by the total number of patients 18 years or older on the date of admission admitted to the hospital.
- The Screen Positive Rate for Social Drivers of Health Measure provides information on the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HSRN, and who screen positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.

*Appendix C: Standard, Reliable SDOH Assessment Tool (WellRx)*

WellRx Questionnaire-Revised - ZYXTEST, LAB

\*Performed on: 03/20/2023 08:33 EDT

**WellRx Questionnaire-Revised**

In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?  No  Yes

Are you homeless or worried that you might be in the future?  No  Yes

Do you have trouble paying for your gas or electricity bills?  No  Yes

Do you have trouble finding or paying for a ride (transportation)?  No  Yes

Do you need daycare, or better daycare, for your kids?  No  Yes

Are you unemployed or without regular income?  No  Yes

Do you need help finding a better job?  No  Yes

Do you need help getting more education?  No  Yes

Are you concerned about someone in your home using drugs or alcohol?  No  Yes

Do you need help with legal issues?  No  Yes

Do you feel unsafe in your daily life?  No  Yes

Is anyone in your home threatening or abusing you?  No  Yes

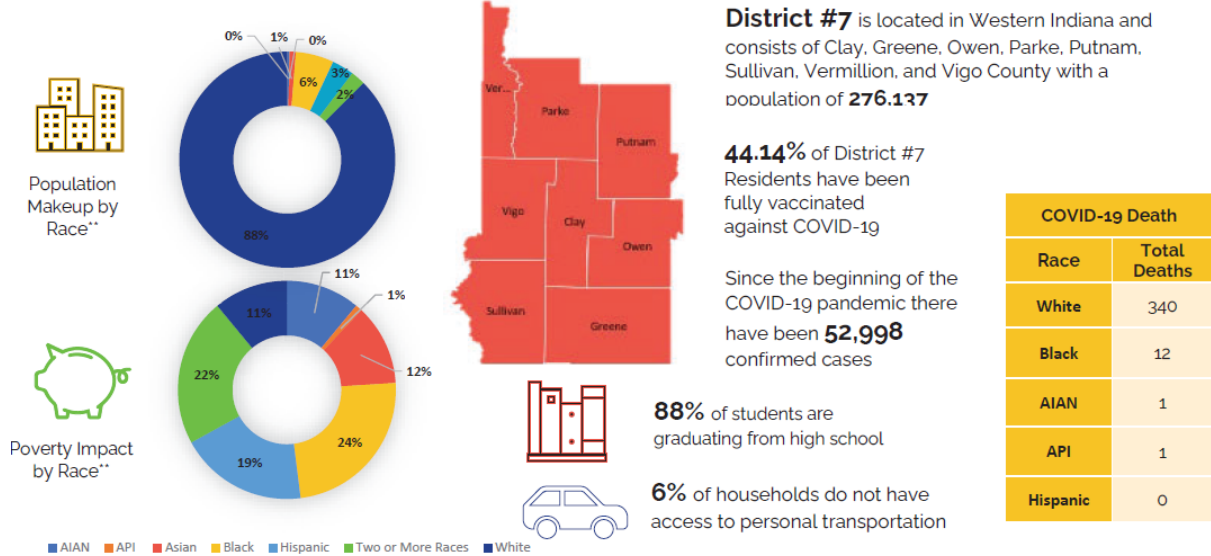
In the last 6 months, have you been at the Emergency Department more than twice?  
If Yes, how many times?

In the last 6 months, have you been hospitalized?  
If Yes, how many times?

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Appendix D: State of Indiana District 7 State Health Assessment Specific Data (Excerpt State of Indiana Health Assessment and Improvement Plan 2022-2026)

Preparedness District #7



Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	853	832	18	0	1	1
2	Malignant Neoplasms (Cancer)	665	651	11	0	1	2
3	Chronic Lower Respiratory Diseases	251	249	2	0	0	0
4	Cerebrovascular diseases	162	161	1	0	0	0
5	Accidents (Unintentional Injuries)	135	133	1	0	0	1

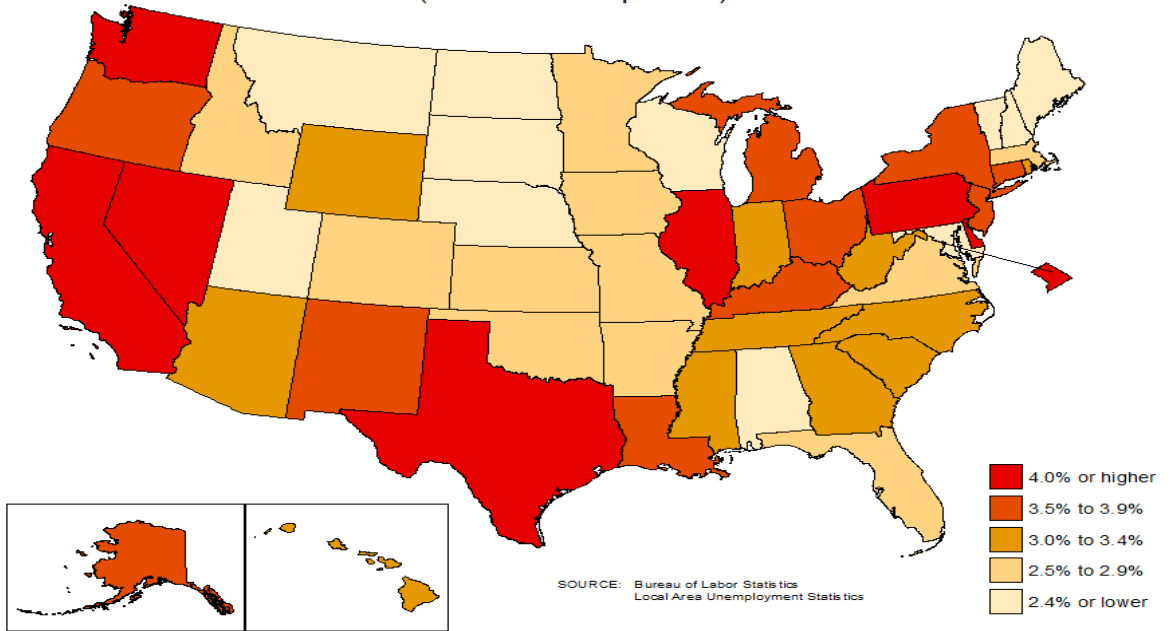
\*\*Pie Chart values may not total 100% due to rounding



Appendix E: Bureau of Labor Statistics and Local Area Unemployment Statistics Unemployment Rates by State, Seasonally Adjusted, May 2023 ([mstrtcr1.gif \(1056x816\) \(bls.gov\)](#))

### Unemployment rates by state, seasonally adjusted, May 2023

(U.S. rate = 3.7 percent)



DE

## **UHS Strategic Plan - Health Equity (Draft)**

**Proposed QUALITY Statement:** *Provide personalized care that is evidence-based, equitable and outcome driven.*

**Proposed Goal:** *Develop models of care that are outcome based and that actively engage patients in their own health and well-being across all the communities served by Union Health.*

### **Proposed Objectives:**

- A. Implement evidence-based best practices to reduce care variation across providers.*
- B. Prioritize the identification and remediation of healthcare disparities within the communities we serve.
  - i. Develop Population Health strategies targeted to identified communities.**
- C. Increase usage of clinical protocols and order sets to increase consistency of care and outcomes.*
- D. Implement Artificial Intelligence (AI) solutions to assist physicians in decision-making.*
- E. Continue building strategic partnerships to enhance access to care and to improve clinical outcomes (eg. Goodman-Campbell, IU Cancer Collaboration)*

### **Proposed Establishing Process Improvement Priorities & Strategies:**

- A. Process improvement priorities are defined to address and resolve identified objectives and health disparities via the established health equity plan by Process Improvement Committees (PICs) and the Board of Directors.*
- B. PICs and Board of Directors annually review the health equity plan including key performance indicators stratified by demographic and/or SDOH.*



## Enhanced Population Health Services - Initiatives

### Category 1: Community Benefit & Community Health Committee

The proposed components seek to apply collective impact to our community’s approach to health and wellness by not only setting a common agenda centered on improving the health and wellbeing of our residents and shared measurements anchored by community health needs assessments, gap analyses, and resident/patient feedback but also through mutually reinforcing activities as highlighted throughout the proposed Population Health Improvement Plan.

### Category 2: Employee & Provider Health and Wellbeing & Retention

Need	A Healthy Workforce, Supporting clinicians and filling staffing gaps in the face of burnout and labor shortages.
Opportunity	<ul style="list-style-type: none"> <li>- Improve employee and provider emotional, mental, and physical well-being.</li> <li>- Tackle fatigue and burnout to improve retention.</li> <li>- Address risks of substance use and misuse and suicide.</li> </ul>
Interventions	<ul style="list-style-type: none"> <li>• Wellness Screenings and Incentives to mitigate chronic conditions and improve health and wellbeing offered to employees are tobacco free and can pass at least three of the five biometrics screenings (blood pressure, glucose, triglycerides, cholesterol, and waist circumference).</li> <li>• Health Advocate Coaches - focus on the health and wellness of all Union Health employees. From weight loss programs and smoking cessation plans to walking competitions for employees, the Health Advocates support employees in staying healthy. The Health Advocates oversee Union Health’s organic community garden for employees as well as bring area farmers to campus who offer certified organic produce to employees and visitors.</li> <li>• Weight Loss Clinic – Medically supervised weight loss program for employees.</li> <li>• Mental Minute – Free counseling services available to all employees in conjunction with the Employee Assistance Program. Team members can take a mental minute whenever feeling burnout, worried, anxious, or just need to talk. Mental Minute offers virtual appointments in the evenings and weekends.</li> <li>• Physician Wellness Activities – Development of wellness champions, offering resources to get help addressing burnout, suicide awareness, counseling by trained psychologists – through a third-party provider – for critical incident support as well as daily life activities, development of affinity groups (ex. female provider support group, etc.).</li> <li>• Align Occ Health, Health Plan, &amp; Community Health will allow for extension of services provided to UH employees to other employers throughout the Wabash Valley with a key emphasis on prevention and whole person support to ensure a premium is placed on health rather than just healthcare.</li> </ul>

**Category 3: Community Action & Partnerships addressing health drivers**

Need	High Prevalence of Chronic Diseases – Chronic Disease Management <ul style="list-style-type: none"> <li>- Diabetes Rx Education &amp; Awareness Monitoring (DREAM) Program</li> <li>- Case Management, Primary Health Care Teams.</li> </ul>
Opportunity	<ul style="list-style-type: none"> <li>• Better understanding of diabetes, how the body reacts to it, and how what a patient eats has a direct impact on their health.</li> <li>• Targeting patients with recent hospitalizations due to out-of-control diabetes, hemoglobin a1c measures.</li> <li>• Continuous Glucose Monitoring (CGM) – remote monitoring.</li> <li>• Leveraging multi-disciplinary team approach throughout the care continuum and in collaboration with primary care providers.</li> </ul>
Interventions	<ul style="list-style-type: none"> <li>• Diabetes Education Classes</li> <li>• Continuous Glucose Monitoring (CGM) to track how levels of glucose in body change with when and what is eaten.</li> <li>• Customized meals delivered to patients’ homes by Meals on Wheels.</li> <li>• Pharmacists and care coordinators are embedded in primary care clinics.</li> <li>• Emphasis on preventative care measures</li> </ul>

**DCS Collaboration on FIMR & CFR**

Union Hospital’s Lugar Center for Rural Health through its All-Babies Initiative has established and facilitates the local Fetal and Infant Mortality Review Board in collaboration with the Region 8 Department of Child Services and in conjunction with the local Child and Fatality Review Board. FIMR is a community-based, evidence-based, and action-oriented process with a multi-disciplinary team that reviews and analyzes de-identified fetal and infant deaths in the community. It seeks to understand how social, economic, health, educational, environmental and safety issues result in an infant death and participates in implementation of community-based interventions and policies and access the progress of interventions.

**All-Babies Initiative Community Action Network (CAN) and Teams**

Need	All-Babies Initiative & West Central Indiana Healthy Start Program Collective Impact Approach to Community Action
Opportunity	<ul style="list-style-type: none"> <li>- Lower Risk factors associated with Preterm birth, low birth rate</li> <li>- Lower Risk factors of poor development outcomes</li> <li>- Lower Risk factors associated with Infant mortality</li> <li>- Address impact on women’s health of recent federal and state legislation</li> </ul>
Intervention(s)	- Bring together community members interested in reducing infant mortality.

- Work with Community Action Teams (CAT) to highlight and implement prevention opportunities identified by various community programs, the Fetal Infant, Maternal Mortality, and Child Fatality Review Boards.
- Current CAT focused on safe sleep, substance use and tobacco prevention, and fatherhood.
- Conduct Perinatal Periods of Risk (PPOR) Assessments
- Develop Participant Led and Driven Support Groups and Activities.
- Promote Trauma Informed Program Development strategies including education of CAN members

**Trauma Prevention**

Union Health Trauma Services Community Outreach Program’s goal is to provide targeted education around injury prevention to residents of the Wabash Valley community in order to reduce the number of people who suffer trauma. The wide ranging scope of education includes information on how to prevent slips and falls, as well as fires, electrical shock, medication and accidental poisoning for seniors, heat, drowning, or bicycle safety for youth and parents.

**Food is Medicine – Trauma Informed Nutrition**

Recognizing the relationship between adversity, chronic disease, and nutritional health by acknowledging that Adverse Childhood Experiences (ACES) and other forms of adversity play in a person’s life. trauma-informed approach is characterized by an understanding that unhealthy dietary habits, chronic disease, and poor health outcomes may be a result of adverse experiences and not individual choices, and therefore aims to avoid shaming, stigma, and blame. Such an approach in care delivery and support for food insecure individuals helps ensure we are establishing a safe, trustworthy, mutual and empowering environment to promote the health of patients and families we serve.

**Vigo County School Corporation (VCSC) - Coordinated Health Program**

The goal of this community health service partnership between VCSC and Union is to create healthier environments for all students and staff by providing support through sustainable improvements to policy, programming, professional development, funding, and everyday procedures and practices. The mission of the Coordinated Health Program is to create and enhance health-related programming that supports ALL students, families, and educators in Vigo County in efforts to establish healthy behaviors and reduce chronic disease development in the community.

**Illiana Survivor Milestones Improving Lives Everyday (I-SMILE)**

Anyone diagnosed with cancer is a cancer survivor regardless of the success of treatment. Cancer survivors have complex medical histories and face a new life that rarely resembles their old one. Resources and support for cancer survivors have not kept pace with the resources available for those in treatment. Cancer survivors in rural communities often have almost no resources or support to help address physical, emotional, and mental health challenges caused by their cancer journey.

Need	Increased awareness, access to support, and resources for rural cancer survivors
Opportunity	<ul style="list-style-type: none"> <li>- Convene stakeholders from the cancer community and local rural community</li> <li>- Evidence shows low cost and low effort interventions improve mental and physical health of cancer survivors</li> <li>- Cancer has impacted almost every family making the target population large</li> <li>- Many interventions do not need to be located in an urban setting</li> <li>- Increased focus is being placed on cancer survivorship</li> <li>- Cancer survivors desire to help other individuals impacted by cancer</li> </ul>
Intervention(s)	<ul style="list-style-type: none"> <li>- Brought local and regional cancer stakeholders to the same table to discuss opportunities for collaboration</li> <li>- Discussed hurdles to cancer survivorship treatment with oncology and primary care providers resulting in new resource guides</li> <li>- Learn what cancer survivors actually desire and need for a healthy life by listening to them in focus groups</li> <li>- Leverage knowledge to launch low-cost high impact interventions such as support groups, resource guide, and strategic plan</li> </ul>

**Category 4: Supporting Elderly’s Ability to Age in Place**

**ACO** (Please reference application under Proposed Merger Section)

Union Hospital has for the past decade been part of Accountable Care Organizations (ACOs) which are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to the Medicare patients they serve. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program. Through its participation in an MSSP Plus and Next Gen ACOs and thanks to its primary care focused strategy, Union Hospital has been successful in generating significant savings through the program.

**Aging & Memory Clinic**

Need	<ul style="list-style-type: none"> <li>- Diagnose patients with Alzheimer’s and related dementias.</li> <li>- Lack of gerontologists in the Wabash Valley</li> </ul>
Opportunity	Taking the steps necessary to accurately diagnose Alzheimer’s disease at an early stage thus making current therapy more effective, providing support and education to caregiver loves ones, raising the level of community awareness of Alzheimer’s disease, and enhancing family medicine physician training in the recognition, assessment, and management of dementia disorders.
Intervention(s)	<ul style="list-style-type: none"> <li>- Weekly Clinic with a multi-disciplinary team approach to care with physicians, occupational therapists, nurse care coordinators, social workers, psychology interns, and pharmacy residents.</li> <li>- Testing and Cognitive Assessments</li> <li>- Support and Education for patients and caregivers</li> <li>- Free Driving (to maintain driver’s license) and Home Safety Evaluations (live independently)</li> <li>- Referral to major research centers for clinical trials.</li> </ul>

- **Development of Long-Term Acute Care Unit** (Please reference Application under Proposed Merger Section)
- **Outreach to Section 8 Housing Residents** (Please reference Category 8, specifically Pop Up Clinics and Partnership with Catholic Charities).
- **Partnership with Meals on Wheels** (Please reference Category 3, specifically the DREAM project)

## **Category 5: Access to Insurance & low/no cost pharmaceuticals for low-income individuals**

### **Insurance Navigation**

Dedicated staff work one-on-one with patients helping them navigate the screening, application, and enrollment processes that will provide them healthcare coverage.

### **Nationwide Prescription Connection**

It's no secret that prescription medication is very expensive as well as prescription insurance. The cost of these continues to rise and have become unaffordable to many. We recognize the need for help more now than ever. Our goal is to make available the many free and discounted prescription drug programs out there available to those who cannot afford to pay the increased costs. Dedicated and friendly advocates who are knowledgeable about how free medicine and discount medicine programs work assist patients in completing the necessary steps to receive these lifesaving medications for free or at a reduced cost.

### **Medical Assistance Program**

To meet the needs of the communities it serves, Union Hospital offers fair and equitable financial assistance for eligible patients who are unable to sustain the extraordinary burden of medical expenses due to limited income and resources. The Union Hospital Financial Assistance Policy, and sliding fee scale as applicable, applies to emergency medical services and medically necessary hospital care services. Generally, to be eligible for financial assistance, patients must have household incomes at or below 300% of the federal poverty guidelines and have no other resources for payment, such as health insurance, Medicaid eligibility or liability claims. To be eligible for full financial assistance, patients must have household incomes at or below 200% of the federal poverty guidelines and have no other resources for payment, such as health insurance, Medicaid eligibility, or liability claims.

## Category 6: OB Desert / Access Interventions

### Home OB

Access to maternity and women’s health is a chronic problem for rural women. The number of rural hospitals that provide obstetric care continues to decrease which then increases travel time for women and expectant mothers. This increased burden often leaves women with no other option than to miss appointments or forgo care entirely.

Need	Access to obstetric and women’s health services
Opportunity	<ul style="list-style-type: none"><li>- Routine prenatal care can be provided by advanced level providers such as APNs and Midwives with proper oversight of OB/GYNs</li><li>- Routine prenatal care can be conducted with a small number of inexpensive (in terms of healthcare) instruments and supplies in a private space</li><li>- Union Hospital is the region’s undisputed provider/leader of maternal and infant care in the West Central portion of Indiana</li><li>- Perinatal Navigation is provided to patients which helps identify those who would benefit from non-traditional models of care</li></ul>
Intervention(s)	<ul style="list-style-type: none"><li>- Identify patients who struggle to get to an urban center for prenatal appointments</li><li>- Integrate an APN into the OB/GYN office and train on routine prenatal care strategies and scope of care</li><li>- Secure necessary medical supplies and instruments to provide prenatal care in patient home</li><li>- Create protocols and consent framework to medical providers to be in the home of patients.</li><li>- Pair medical care model with perinatal navigation intervention</li><li>- Integrate advanced practice providers into local rural offices to offer prenatal care to patients who are unwilling to have provider in the home.</li></ul>

### Partnership with Rural Clinics and Critical Access Hospitals

Women’s health and obstetric care services are now being offered closer to home, by a family nurse practitioner and certified nurse midwife, in several rural outreach clinics across the Wabash Valley. Rural residents often encounter barriers to health care that limit their ability to obtain the care they need. Those challenges escalate for women and are often exacerbated by the lack of prenatal providers. This program allows women to receive exceptional health and prenatal services in their own community, without having to drive miles or hours to receive them.

### Title X Clinics

Title X family planning clinics play a critical role in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals and others. Union Hospital is collaborating with the Indiana Family Health Council to establish and operate two new Title X clinics in priority counties that currently do not have ones: Parke and Vermillion. These new sites will be in Clinton, IN, and Rockville, IN.

## Category 7: Harm Reduction

### Substance Use and Abuse Disorders (All Populations)

At the core of harm reduction is a commitment to the rights and autonomy of people who use drugs. This means respecting their decisions, as well as their behavioral goals. So instead of focusing solely on preventing substance use, harm reduction approaches support any positive change in behavior, as defined by the individual. In the context of opioid misuse, this means recognizing the huge, productive middle ground between out-of-control addiction and total abstinence. Harm reduction works to support positive change and improvement within this middle ground. Harm reduction practitioners are committed to fighting the entrenched belief that drug use is a moral failing, and that people who use drugs are less deserving of help and support than those who do not. Harm reduction avoids judgements about how lives should be led, and instead focuses on celebrating life and keeping people safe.

Need	Best Practice: Increase Access to Naloxone by supporting wider distribution
Opportunity	<ul style="list-style-type: none"> <li>- UH ED visits with Chief Complain; Primary Diagnosis of Abuse (ex. Overdose) or documented History of drug Abuse: 256 unique patients (279 encounters)</li> <li>- Naloxone (Narcan) works almost immediately to reverse opioid overdose. While most professional first responders and emergency departments have this medication, emergency service providers may not arrive in time to revive an overdose victim. Trained community members such as friends, family, and loved ones can effectively respond and reverse an opioid overdose.</li> </ul>
Interventions	<ul style="list-style-type: none"> <li>- Placement of Naloxone Distribution Vending Machine outside the Emergency Room</li> <li>- Distribution of 200+ doses monthly</li> <li>- Overdose reduction through distribution and training to highest risk population</li> <li>- Provider and Patient training; Stigma Reduction by UH serving as distribution site</li> <li>- Connection to Peer Recovery Coaches to support journey to recovery</li> <li>- Increase circle of trust supported better referrals / follows up to treatment</li> </ul>

### Integration of and Referral to Peer Recovery Coaches (All Populations/Pregnant Women)

Substance use disorders (SUD) are incredibly complex. There are strong links with childhood trauma and poverty, and as many as half of all people with SUD also have co-occurring mental health disorders, requiring an individualized and multifaceted approach. But the options proposed by mainstream treatment and recovery support systems—including clinicians, mutual-aid groups and peer coaches—typically have one simple goal: abstinence.

Coaches bring their lived experience, combined with training and supervision, to assist others in initiating and maintaining recovery. They are typically available in primary care settings and community organizations. Given their accessibility and flexibility, recovery coaches come into contact with many people who can't, or don't want to, access other recovery supports—often due to continued drug use and/or lack of resources.

Need	Best Practice: Peer support workers are people who have been successful in the recovery process and who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers
------	--



	help people become and stay engaged in the recovery process and reduce the likelihood of relapse.
Opportunity	<ul style="list-style-type: none"> <li>- UH hired its first peer recovery coach in the Summer of 2021</li> <li>- Peer has been key to Advocating for people in recovery blazing a trail for other peers which UH plans on hiring in the coming months.</li> <li>- Target integration options include: ED, OBED, Mother Baby Unit, Primary Care and MAT Clinics.</li> </ul>
Benefit	<p>By espousing the following principles – patients have been more likely to engage with their peer and seek appropriate treatment options:</p> <ul style="list-style-type: none"> <li>* You’re in recovery when you say you are.</li> <li>* There are multiple pathways of recovery.</li> <li>* We support ALL pathways of recovery.</li> </ul>

**Eat Sleep Console (ESC)**

Need	Non-Medication Assisted Therapy
Opportunity	<ul style="list-style-type: none"> <li>- ESC is a harm reduction effort to encourage moms to serve as treatment of NAS symptoms rather than pharmacologic intervention.</li> <li>- NAS happens when babies are exposed to certain medications and/or drugs before birth. When the mother takes the drug or medication some of it passes into the baby’s blood. After the baby is born, they may have withdrawal symptoms.</li> <li>- Traditionally, medical providers use an assessment tool and score the infants severity of symptoms to determine NAS treatment often relaying on morphine or similar pharmacological care resulting in long stays in the Neonatal Intensive Care Unit (NICU) - up to 23 days after delivery.</li> </ul>
Interventions	<ul style="list-style-type: none"> <li>- ESC uses the Moms Over Medicine (MOM) model to treat babies.</li> <li>- The mother and care givers use the infant’s ability to eat, sleep, and be consoled to assess and measure the degree of baby’s withdrawal.</li> <li>- Mom, or the caregiver, is taught ways to comfort and care for baby by rooming in with the newborn, increasing skin-to-skin contact, breastfeeding, swaddling, limiting visitors and providing a low stimulation environment.</li> <li>- Care protocols for labor room, mother baby, and NICU units for co-rooming a minimum of five days and procedures for early screening and intervention to support mom longitudinally throughout pregnancy.</li> </ul>

**Implementation of Medication & Non-Medication Assisted Therapies**

Need	Lack of Medication Assisted Therapies to support pregnant and parenting women
Opportunity	<ul style="list-style-type: none"> <li>- Perinatal Navigation Team (Navigators, Community Health Workers, Peers); on going care coordination and support across health and social services.</li> <li>- Motivational Interviewing &amp; Trauma Informed Care Approaches</li> </ul>

	<ul style="list-style-type: none"> <li>- Physician Leadership to providing integrated therapies within OB office (Suboxone Treatment)</li> <li>- Integration of Behavioral Health Services as part of All Babies Initiative within OB Offices</li> </ul>
Interventions	<ul style="list-style-type: none"> <li>- Assessments and Screeners (formal and informal for all pregnant women) including family history and ACEs assessments</li> <li>- Patient Centered and Patient Informed Treatment Plans</li> <li>- Provider and Staff Training on Mental Health, Addictions, Trauma Stewardship, Trauma informed care</li> <li>- Patient Integrated Care Team / including Patient Feedback</li> <li>- Development and establishment of buprenorphine program to manage opioid dependency in pregnancy.</li> </ul>

**Police Social Work Initiative**

This program was developed to address the community’s changing needs as a significant portion of 911 calls are service calls involving officers as facilitators for mental health and welfare checks. The Terre Haute Police Department (THPD) averages over 3,000 of these calls per year, with more than 500 being repeat location calls. Calls of this nature include welfare checks, suicide attempts, mental health crises, loitering, and overdoses and often end up necessitating a visit to the Emergency Room for clearance. The program aims to reduce the number of repeat calls and welfare checks the department receives while connecting individuals in need with services in the community.

**Stigma in healthcare settings (All Patients / ED)**

Stakeholder reluctance to embrace harm reduction approaches is often fueled by negative attitudes about people who use drugs. Prevention practitioners can work to reduce the stigma and prejudice that prevent some stakeholders from supporting harm reduction approaches, by, for example, educating them about the nature of addiction and the recovery process, what substance use disorder (SUD)-related stigma is, and how to address it.

Need	Help people examine their prejudices and stigma
Opportunity	<ul style="list-style-type: none"> <li>- Promoting the use of non-stigmatizing language;</li> <li>- Raising awareness of SUDs as treatable-diseases; and</li> <li>- Encouraging treating those who suffer from SUDs with dignity and respect</li> </ul>
Benefit	<ul style="list-style-type: none"> <li>- Provider and Patient training; Stigma Reduction</li> <li>- Connection to Peer Recovery Coaches to support journey to recovery</li> <li>- Increase circle of trust supported better referrals / follows up to treatment</li> </ul>

## Category 8: Improved Access and Resources for Homeless and Housing Insecure Individuals

### Pop Up Medical Clinics & Back-Pack Outreach

Access to health and health services are a significant challenge and issue for food and housing insecure individuals in our community. There is a high prevalence of chronic diseases and associated morbidities for these individuals. When undiagnosed or poorly managed these conditions contribute to severe illness, hospitalizations, and poor quality of life.

Need	Access to Care of unhoused or underhoused individuals
Opportunity	<ul style="list-style-type: none"> <li>- Meet and serve people where they are</li> <li>- Promote healthcare equity by enabling healthcare to be within everyone’s reach.</li> <li>- Location close to or where residents live in any community, making it less likely that one is disadvantaged by where they live or how mobile they are.</li> <li>- Carrying backpacks with medicines and medical supplies, provision of healthcare services wherever people might be, from soup kitchens to homeless encampments.</li> <li>- Targeted outreach areas correlate with zip codes of frequent and high utilizations of emergency department and hospital services.</li> </ul>
Interventions	<ul style="list-style-type: none"> <li>- Outreach teams consist of a medical provider, nurse, respiratory therapist, pharmacist and community health outreach/peer recovery specialist.</li> <li>- They offer medical and social support services ranging from flu shots, primary care services like wound care of diabetes treatment, to help finding a shelter.</li> <li>- Collaboration with Family Medicine Residency program – its family medicine center is designated as a safety net federally qualified health center.</li> </ul>

### Collaboration with Catholic Charities

The Objective of these efforts benefit both partners and the communities they serve by developing a continuum to move individuals from insecurity to an improved state, thereby empowering management of their chronic diseases. Increased access to resources, including access to prevention services outside of clinical settings, combined with quality health care translates into improved health status and quality of life.

Need	Bethany House (shelter) and Food Distribution Sites
Opportunity	<ul style="list-style-type: none"> <li>- Target populations consist of food and housing insecure individuals consistently relying on food distribution drives, pantry, or soup kitchens.</li> <li>- Establish new linkages and support for community-based programs that expand access to chronic diseases and prevention services.</li> <li>- Emphasis on programs specifically working to provide healthy and nutritious foods while preventing or addressing chronic conditions through Food As Medicine (FAM).</li> </ul>

Interventions	<ul style="list-style-type: none"> <li>- Develop nutrition education interventions focused on food insecurity and referrals as part of the food distribution process.</li> <li>- Tailored nutrition education pertaining to food insecurity for participants.</li> <li>- Food insecurity screening, assessment, and referral system within clinical settings.</li> <li>- Provide health screenings and education at mobile food distribution sites.</li> <li>- Develop nutrition education curricula and provide population specific recommendations such as for children, or seniors.</li> <li>- Implement Health Eating Research (HER) nutrition guidelines for Catholic Charities Foodbank with accompanying education for Foodbank staff.</li> </ul>
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**Category 9: Workforce Development**

**Collaboration with local Universities**

Union Hospital is partnering with local Universities including Indiana State University, Ivy Tech Terre Haute, and Saint Mary of the Woods College to create larger pipelines of nursing trainees by establishing new programs such as the Paramedic to BSN program or creating new training facilities to accommodate larger cohorts of trainees which will then complete their clinical rotations at Union Hospital establishing a workforce ready to meet the challenges faced by healthcare institutions throughout the region.

**Residency Program Expansion**

According to the Annals of Family Medicine, more than 44,000 primary care physicians will be needed by 2035. Current primary care production rates will be unable to meet demand, resulting in a shortage in excess of 33,000 primary care physicians. Given current production, an additional 1,700 primary care residency slots will be necessary by 2035. The Union Hospital Family Medicine Residency program has for the past 47 years trained a significant number of physicians practicing in the Wabash Valley. To help alleviate some of the shortages, which are also exacerbated locally by a number of retirements, a proposed expansion of the number of residents trained per cohort from 7 to 8.

**Curricular Innovation – Mental Health and ACEs Training for Family Medicine Residents**

The purpose of this program is to train primary care residents in the prevention, identification, diagnosis, treatment, and referral of services for mental and behavioral health conditions for the pediatric, adolescent, young adult, and other populations who are at-risk or have experienced abuse, trauma, or mental health and/or substance use disorders, including those related to the effects of gun violence. The Residency Training in Mental and Behavioral Health curricula function to strengthen the primary care physician and physician assistant workforce by supporting enhanced training for future and current primary care teachers, educators, and clinicians, and to promote primary care practice.

**Category 10: Food Desert**

**Food Prescription Programs**

Need	Healthy foods and targeted education to address food insecurity.
Opportunity	Feeding America defines <b>food insecurity</b> as a “lack of consistent access to enough food for every person in a household to live an active, healthy life.” Food insecurity may be temporary, as in the case of a recent substantial change in household income (i.e., loss of employment) or chronic, such as with generational poverty. According to the 2022 County Health Rankings data, Vigo County had the lowest score in the state for the food environment index – a composite score that includes the percentage of low-income population, average distance to a grocery store/supermarket, average number of locations available to purchase healthy foods, and cost barriers to accessing healthy foods.
Intervention(s)	<ul style="list-style-type: none"> <li>- Collaborations with multiple community partners including Catholic Charities Food Bank, Purdue Extension, WIC, All-Babies Initiative, Union Hospital, and Vigo County School Corporation.</li> <li>- Cohorts of 8-10 participants, Food Prescription Classes are 8-weeks.</li> <li>- 50+ families served in Vigo County year to date.</li> <li>- Participants also provided with boxes of food.</li> </ul>

**Leah’s Pantry Collaboration with WIC**

Need	Food insecure individuals often struggle with additional barriers that negatively impact health, such as lack of transportation; unstable housing; poor mental health, such as anxiety and depression; and tobacco and substance use.
Opportunity	<ul style="list-style-type: none"> <li>- The underlying association is trauma.</li> <li>- Collaboration with Leah’s Pantry is a non-profit organization committed to investing in trauma-informed nutrition security education to positively impact communities across the country.</li> <li>- Through partnership with Leah’s Pantry trauma-informed training and curriculum, Around the Table®, and local WIC agencies we are better positioned to address food insecurity with our perinatal population.</li> </ul>
Intervention(s)	<ul style="list-style-type: none"> <li>- Expansion of Food Prescription program to benefit WIC participants in collaboration with local agencies.</li> <li>- Leah’s Pantry trauma-informed training and curriculum, Around the Table®</li> <li>- Collaboration with Purdue Extension and Lugar Center to train/certify staff on evidence-based curriculum to launch Around the Table locally.</li> </ul>

## Onsite Food Pantry

Need	UH campus is located in a food desert; the pantry provides a point of access for those in need in the community particularly individuals and families living close to the hospital campus in one of the poorest census tracts in Vigo.
Opportunity	<ul style="list-style-type: none"> <li>- “Treat or eat” – individuals often choose between buying food and paying for medications.</li> <li>- Subsequent changes to general dietary quality – such as skipping meals and buying cheap, poor-quality foods to alleviate hunger (i.e., low fiber and higher in fat, sodium, and added sugars) – further exacerbate chronic disease management.</li> <li>- Resulting in higher utilization of emergency room and hospital services in addition to increased rates of readmission</li> </ul>
Intervention(s)	<ul style="list-style-type: none"> <li>- Systematic screening for food insecurity as part of social determinants of health screening in clinical settings.</li> <li>- Referral to Nutrition Outreach Educators/Community Dietician staffing the pantry.</li> <li>- One-on-one tailored education to target food insecure individuals who also can shop at the onsite pantry.</li> <li>- Leveraging partnership with Catholic Charities to foster community and clinical partnerships with staff works alongside patients to provide food and nutrition education as well as resources and referrals.</li> </ul>

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Committees:  
Elections, Chair  
Family and Children Services (RM)  
Appropriations  
Public Policy

September 5<sup>th</sup>, 2023

Indiana Department of Health  
2 North Meridian Street  
Indianapolis, Indiana 46204

To Whom It May Concern:

I write today to express my support for the Certificate of Public Advantage (COPA) application being sought by Union Health in Terre Haute, Indiana. As a member of the Indiana General Assembly representing Hoosiers in West Central Indiana, it is my belief that this opportunity will result in better health outcomes for those I serve.


In 2021, leaders at Union Health contacted me regarding their wish to pursue a COPA with another hospital in Terre Haute. Through careful consideration and compromise, all interested stakeholders crafted legislation that allows for a COPA to be granted in limited circumstances with strict transparency and state oversight safeguards to protect consumers from any potential negative effects resulting from a COPA.

Unfortunately, Vigo County ranks poorly in several key health metrics, including 81<sup>st</sup> in adult obesity, 74<sup>th</sup> in infant mortality, and 67<sup>th</sup> in life expectancy. In pursuing a COPA agreement, leaders at Union Health have assured me that they intend to utilize this opportunity to make real progress in improving these outcomes for residents of Vigo County. In fact, they believe that the collaboration made possible by the COPA will allow them to make advancements in key service areas, ultimately inducing progress not yet achievable in the region.

Through my experience working with Union Health, I believe their intention to pursue this opportunity is driven solely by their vision for a healthier community. I appreciate their commitment to improving health outcomes for Hoosiers in West Central Indiana, and I lend my full support for their efforts.

Should you have any questions that I can address, I welcome you to contact my office for further discussion. I appreciate your attention to this matter, and I look forward to monitoring its progress.

Sincerely,



Senator Jon Ford  
Indiana Senate, District 38

# State of Indiana

# Senate

Senator Ed Charbonneau  
State House  
200 West Washington Street  
Indianapolis, Indiana 46204  
State House: (317) 232-9494  
E-mail: Senator.Charbonneau@iga.in.gov

Committees:  
Health and Provider Services, Chair  
Ethics, R.M.  
Appropriations  
Rules and Legislative Procedure  
Tax and Fiscal Policy

September 5, 2023

Indiana Department of Health  
2 North Meridian Street  
Indianapolis, Indiana 46204

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In 2021, leaders at Union Health, along with their representatives in the Indiana General Assembly, contacted me regarding their wish to pursue a COPA with another hospital in Terre Haute. Through careful consideration and compromise, all interested stakeholders crafted legislation that allows for a COPA to be granted in limited circumstances with strict transparency and state oversight safeguards to protect consumers from any potential negative effects resulting from a COPA.

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Should you have any questions that I can address, I welcome you to contact my office at (317) 232-9494. I appreciate your attention to this matter, and I look forward to monitoring its progress.

Sincerely,



Ed Charbonneau  
State Senator, District 5





**STATE OF INDIANA  
HOUSE OF REPRESENTATIVES**

THIRD FLOOR STATE HOUSE  
INDIANAPOLIS, INDIANA 46204

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317-232-9753

August 25, 2023

Indiana Department of Health  
2 North Meridian Street  
Indianapolis, Indiana 46204

To Whom It May Concern:

I write today to express my support for the Certificate of Public Advantage (COPA) application being sought by Union Health in Terre Haute, Indiana. As a member of the Indiana General Assembly representing Hoosiers in West Central Indiana, it is my belief that this opportunity will result in better health outcomes for those I serve.

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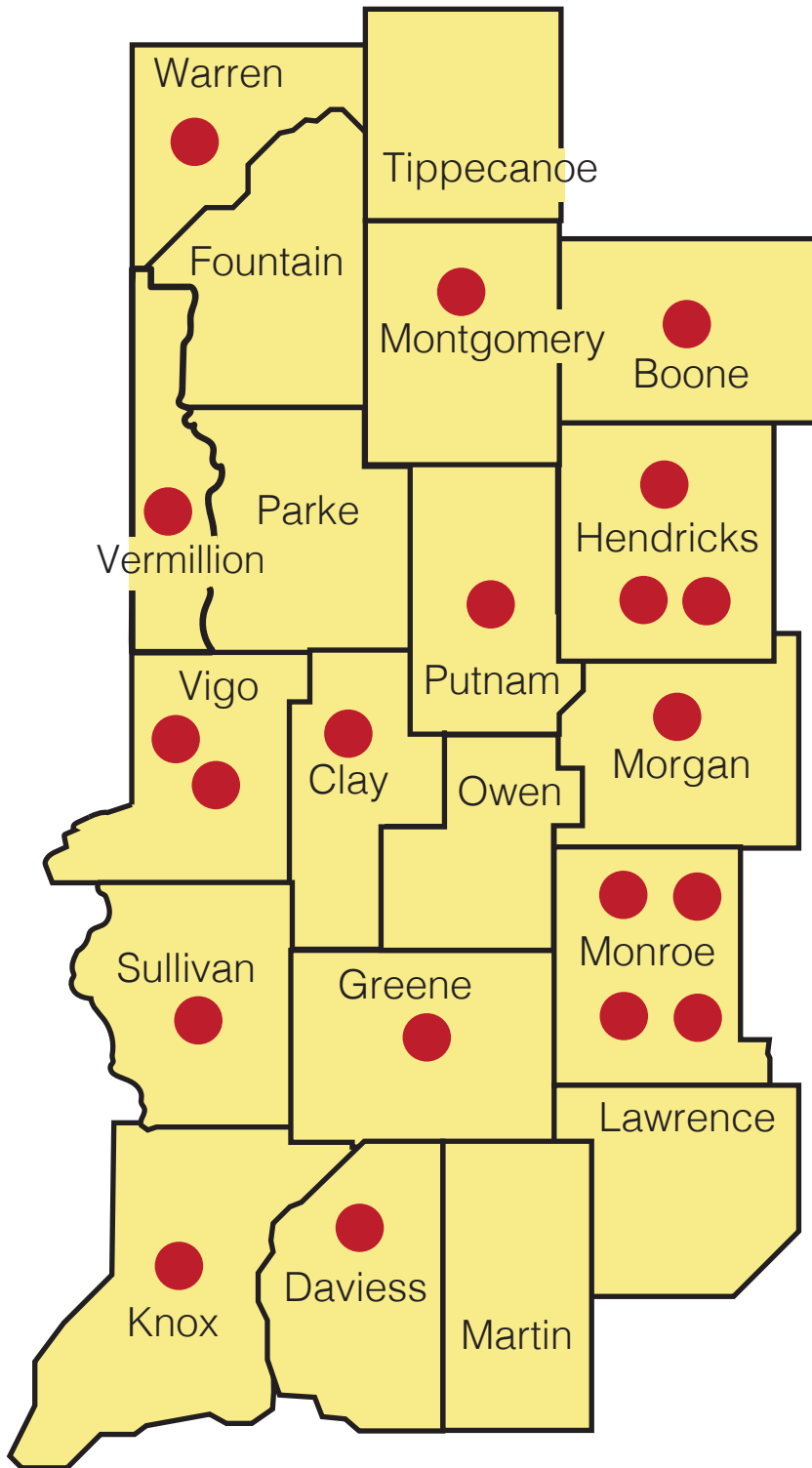
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Alan Morrison  
State Representative  
House District 42

**Hospitals located in counties  
surrounding Union Hospital Terre Haute  
and Regional Hospital Terre Haute**





# Community Health Needs Assessment & Implementation Framework 2021

**UNION  
HEALTH**

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## Executive Summary

Union Hospital, Inc. (Union Hospital Terre Haute and Union Hospital Clinton) is pleased to present the 2021 Community Health Needs Assessment and Implementation Framework for our hospitals.

### Service Area

The Union Hospital Terre Haute service area includes Clay County, Greene County, Parke County, Sullivan County, Vermillion County and Vigo County in Indiana - as well as Clark County, Crawford County and Edgar County in Illinois. The Union Hospital Clinton service area of Parke County and Vermillion County Indiana are fully contained within the broader service area of Union Hospital Terre Haute. As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in the community.

### Demographics

#### Indiana Counties

County	Population	% < 18	% 65+	% African American	% American Indian/Alaskan Native	% Asian	% Native Hawaiian/Other Pacific Islander	% Hispanic	% Non-Hispanic White	% Not Proficient in English	% Female	% Rural
Clay	26,225	22.9%	18.2%	0.7%	0.3%	0.4%	0.1%	1.5%	95.9%	0.0%	50.4%	60.9%
Greene	31,922	21.6%	19.8%	0.3%	0.4%	0.4%	0.0%	1.6%	96.4%	0.0%	50.0%	74.8%
Parke	16,937	21.6%	20.0%	2.6%	0.5%	0.2%	0.0%	1.8%	94.2%	1.0%	52.9%	75.0%
Sullivan	20,669	19.9%	18.5%	4.8%	0.3%	0.3%	0.0%	1.8%	91.6%	0.0%	45.5%	79.0%
Vermillion	15,498	22.0%	20.3%	0.5%	0.3%	0.3%	0.0%	1.3%	96.3%	0.0%	50.1%	60.4%
Vigo	107,038	20.4%	16.7%	7.3%	0.4%	2.1%	0.0%	2.8%	85.2%	0.0%	49.5%	23.8%

#### Illinois Counties

County	Population	% < 18	% 65+	% African American	% American Indian/Alaskan Native	% Asian	% Native Hawaiian/Other Pacific Islander	% Hispanic	% Non-Hispanic White	% Not Proficient in English	% Female	% Rural
Clark	15,441	22.3%	20.2%	0.5%	0.2%	0.4%	0.0%	1.5%	96.5%	0.0%	50.5%	59.5%
Crawford	18,667	19.8%	19.4%	5.1%	0.4%	0.7%	0.0%	2.3%	90.5%	1.0%	47.5%	60.2%
Edgar	17,161	20.2%	22.5%	0.6%	0.2%	0.4%	0.0%	1.3%	96.6%	0.0%	51%	51.8%

## Identifying Community Health Needs: Methodology

### Secondary Data

The secondary data used in this assessment was obtained from numerous sources, including:

- Robert Wood Johnson Foundation (County Health Rankings)
- STATS Indiana
- US Census American Community Survey
- Indiana 211
- Illinois Department of Health and Human Services
- University of Illinois Extension
- Purdue Extension

### Primary Data

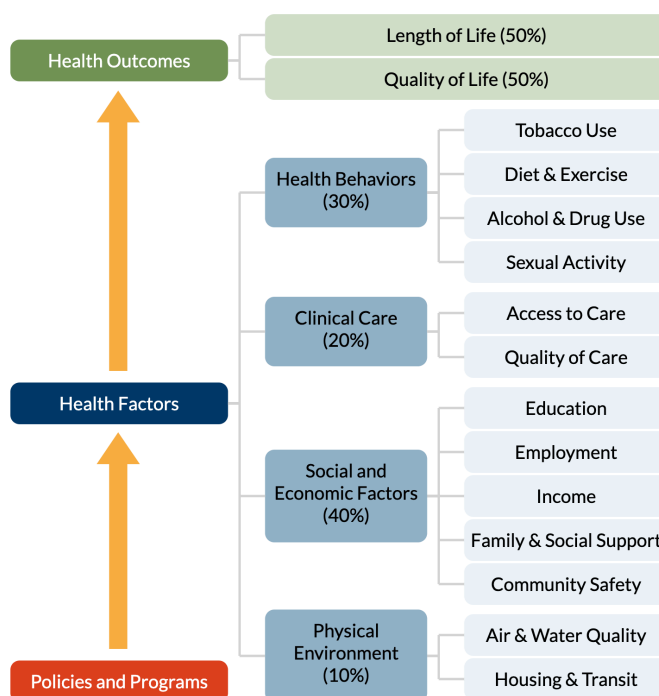
The assessment was further informed by interviews and surveys with community members who have a fundamental understanding of our service area’s health needs and represent the broad interests of the community including low-income, elderly and minority communities. These key informants provided additional insight into the secondary data, valuable input on the county’s health challenges and the sub-populations most in needed. Further insight was garnered through survey collection and short-form interviewing of primary care physicians and providers of Union Health System.

### Model

The Robert Wood Johnson County Health Rankings model leveraged as a framework for classifying health factors into one of four categories driving health outcomes:

- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

*Learn more about the Robert Wood Johnson County Health Rankings at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)*



County Health Rankings model © 2014 UWPHI



### Significant Community Health Needs Identified

Primary and secondary data were evaluated to identify the significant health needs within the service area. These needs span the following topic areas and are often inter-related:

Access to Health Care / Primary Care	Behavioral Health
Drug and Alcohol Dependency	Obesity (Youth & Adult)
Cancer	Exercise (Lack Of)
Diabetes	STDs
Economy	Breast Cancer
Food Insecurity	Tobacco / Vape
Heart Disease	Transportation (Lack of)
Birth Outcomes / Infant Mortality	Women’s Health

### Prioritization Process

Given the data available and insights provided by subject-matter experts, the broader set of data of significant community health needs were prioritized. A core set of prioritization questions were considered as were Health Factors highlighted as opportunities by the Robert Wood Johnson County Health Rankings online tool across the defined community of Union Hospital and Union Hospital Clinton.

The following nine health areas were prioritized for the total defined community of Union Hospital, Inc.:

- Obesity (Youth & Adult) & Lack of Exercise
- Heart Disease & Stroke (Men & Women)
- Diabetes
- Cancer
- Tobacco/Vape
- Behavioral Health
- Infant Mortality
- Substance Abuse

The defined community for Union Hospital Clinton (Parke and Vermillion County) is disproportionately impacted by access to health care and heart disease versus the total Union Hospital, Inc. defined community, which impacts prioritization and interventions

### Conclusion

This report describes the process and a finding of a comprehensive health needs assessment for the residents of the defined service area(s). The prioritization of the identified significant health needs will guide the community health improvement efforts of Union Hospital and Union Hospital Clinton. From this process Union Hospital, Inc. outlines how it plans to address prioritized health needs in the Implementation Strategy.

## Introduction

The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA), requires non-profit, tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. To meet requirements, hospitals must analyze and identify the health needs of their communities and develop and adopt an implementation strategy to meet the identified needs.

As non-profit, tax-exempt hospitals, Union Hospital and Union Hospital Clinton are pleased to present the 2019-2021 Community Health Needs Implementation Plan, which provides an overview of the significant community health needs identified in our service area. The goal of this report is to offer a meaningful understanding of the health needs in the community as well as to help guide the hospital in their community benefit planning efforts and development of an implementation strategy to address prioritized needs.

This report includes a description of:

- The community demographics and population served;
- The process and methods used to obtain, analyze and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income and marginalized groups;
- The process and criteria used in identifying certain health needs as significant and prioritizing such significant community needs.

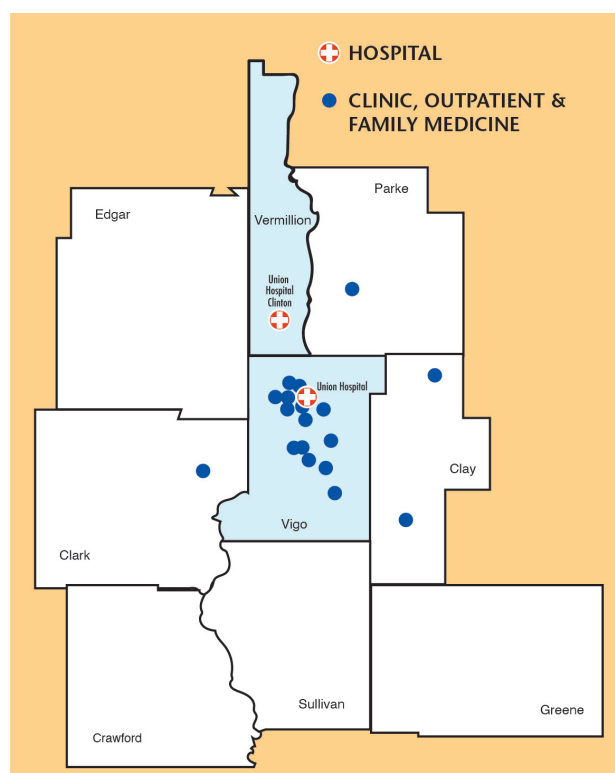
### About Union Hospital, Inc.

Union Hospital, Inc. is comprised of **Union Hospital** in Terre Haute, Indiana, and **Union Hospital Clinton** in Clinton, Indiana.

**Union Hospital** serves 268,000 people in both urban and rural areas:

- Clay, Greene, Sullivan, **Parke**, **Vermillion** and **Vigo** counties in Indiana
- Clark, Crawford and Edgar counties in Illinois.

**Union Hospital Clinton** serves Parke and Vermillion counties in Indiana and thus is fully contained within the broader Union Hospital service area.



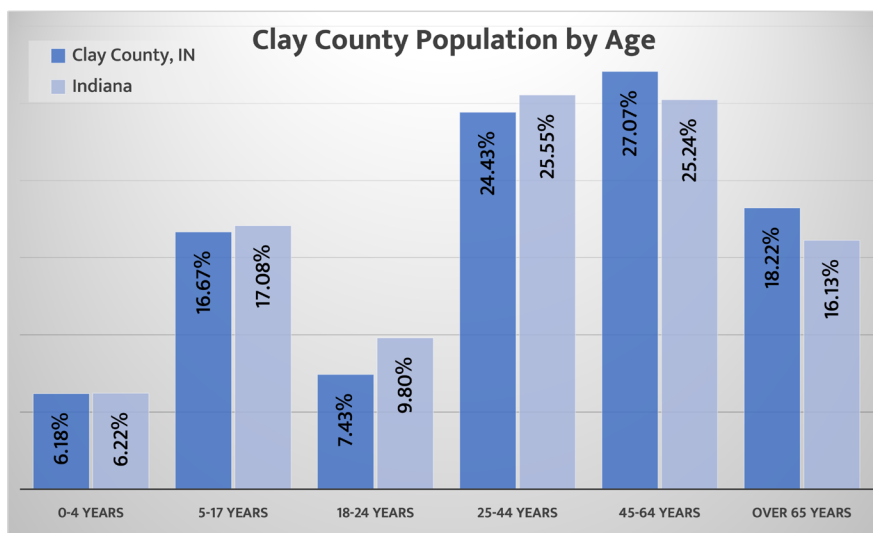
## Demographics: Clay County

### Population

An estimated 26,225 people lived in Clay County in 2019 (26,562 in 2014), and the population density is much lower (73.36 people per square mile) than the state of Indiana (187.9 people per square mile) (181 people per mi<sup>2</sup> in 2014).

### Age

Overall, Clay County residents are directly in proportion with the average ages of the Indiana residents. Clay County does see slightly more residents over the age of 65 than the Indiana average.

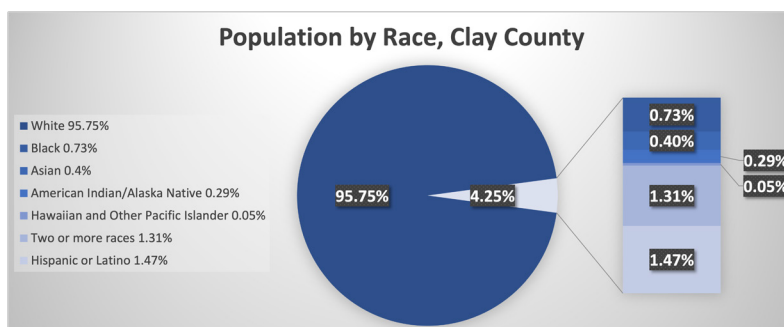


### Origin & Race Ethnicity

A significantly lower percentage of Clay County residents are foreign born (0.834%) compared to the state. Zero percent (1.1% in 2014) of Clay County residents speak a language other than English at home, versus 8.9% statewide.

	Clay County	Indiana
Hispanic or Latino	0.373%	7.06%
Foreign-born	0.834%	5.11%
Speak non-English language at home	0%	8.9%

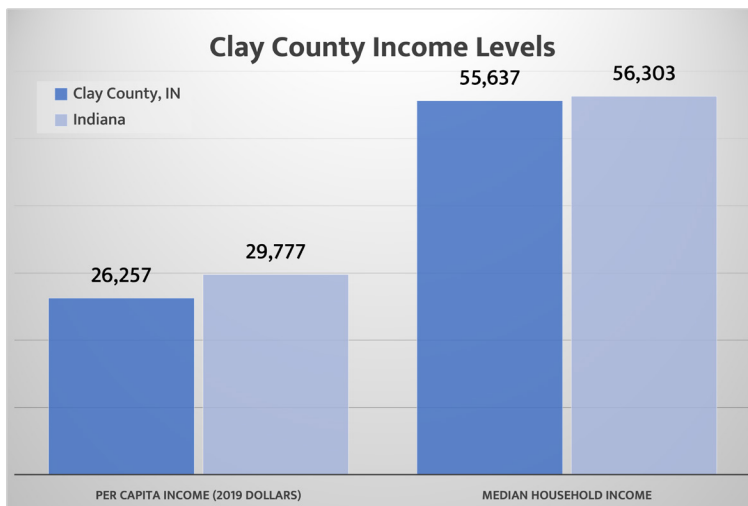
Among people reporting a single race, Clay County has a smaller proportion of residents who are non-White (4.25%) (3.5% in 2014) compared to Indiana (15.2%) (19.7% in 2014) The majority of non-White residents in Clay County are Black or African American.





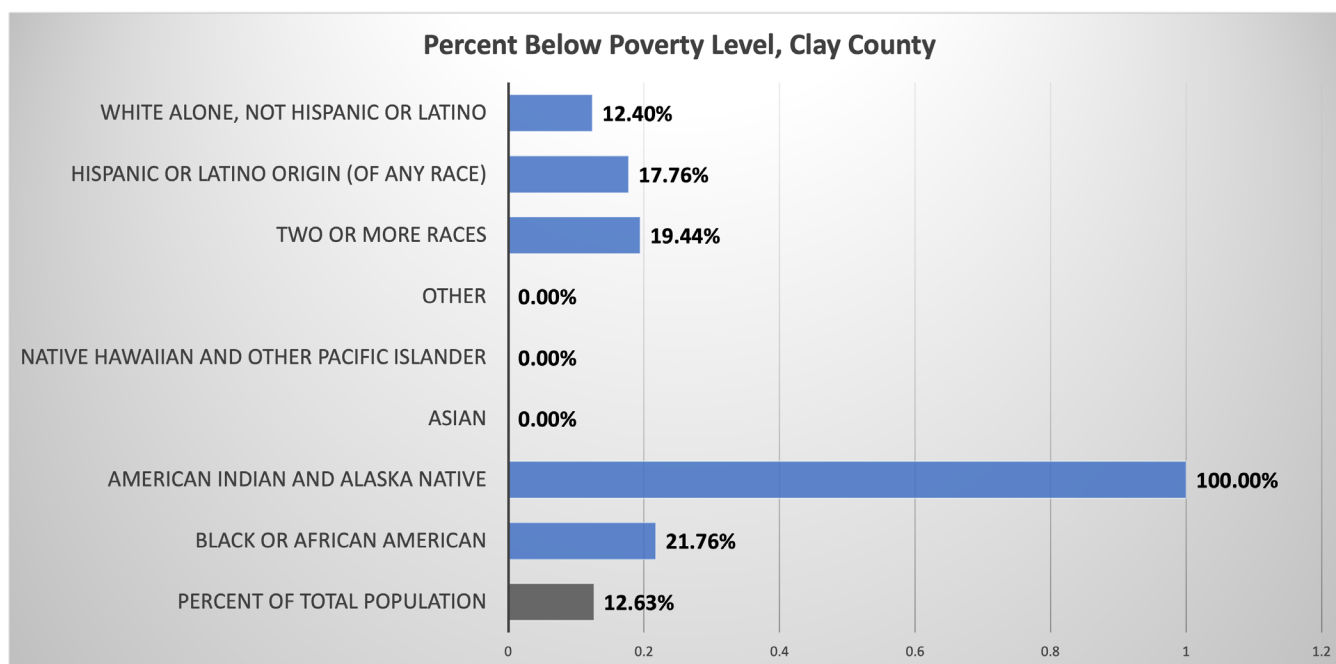
## Income

Both per capita income and median household income are lower in Clay County compared to the state.



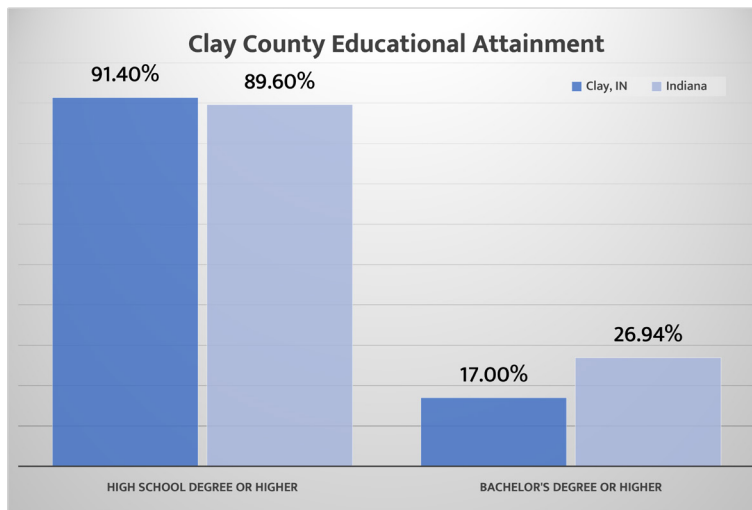
## Poverty

The percentage of Clay County residents who live below the federal poverty level (12.63%) (15.8% in 2014) is less than the Indiana state average (13.4%) (15.5% in 2014).



## Education

County-wide, the percent of residents 25 or older with a high school degree or higher (91.4%) (86.8% in 2014) is higher than the state average (89.60%) (86.6% in 2014). Higher educational attainment is lower county-wide compared to the state. Only 17% (14.2% in 2014) of Clay County residents 25 and older have a Bachelor's degree or higher compared to 26.94% (30.7% in 2014) state-wide.



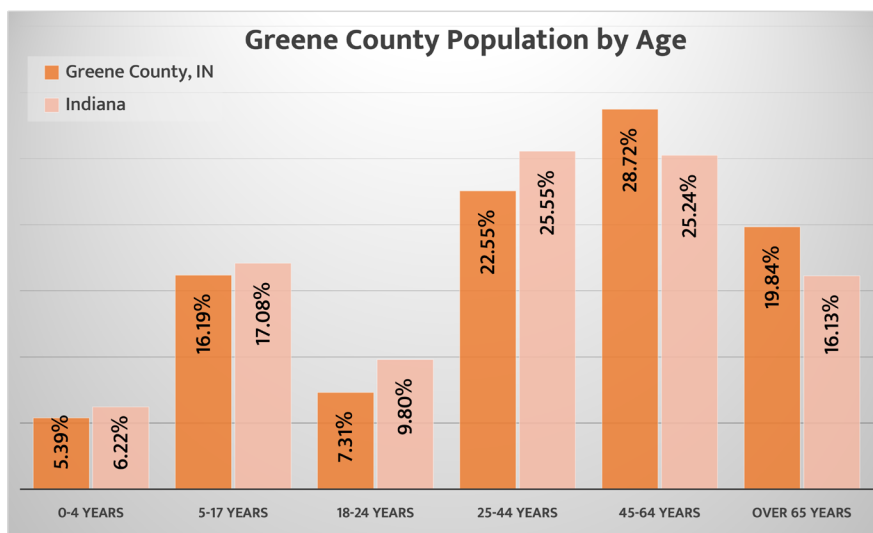
## Demographics: Greene County

### Population

An estimated 31,922 people lived in Greene County in 2019 (32,726 in 2014), and the population density is much lower (58.84 people per square mile) (61.1 people per mi<sup>2</sup> in 2014) than the state of Indiana (187.9 people per square mile) (181 people per mi<sup>2</sup> in 2014).

### Age

Overall, Greene County residents are slightly below the Indiana average in each category. However, Greene County does see more residents over the age of 45 than the Indiana average.

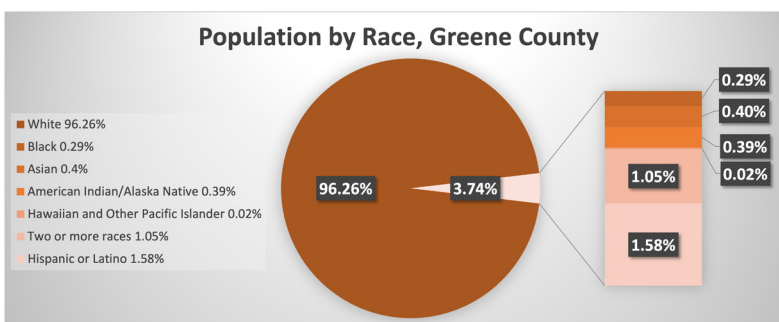


### Origin & Race Ethnicity

A significantly lower percentage of Greene County residents are foreign born (0.786%) (0.6% in 2014) compared to the state. Zero percent (1.3% in 2014) of Greene County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

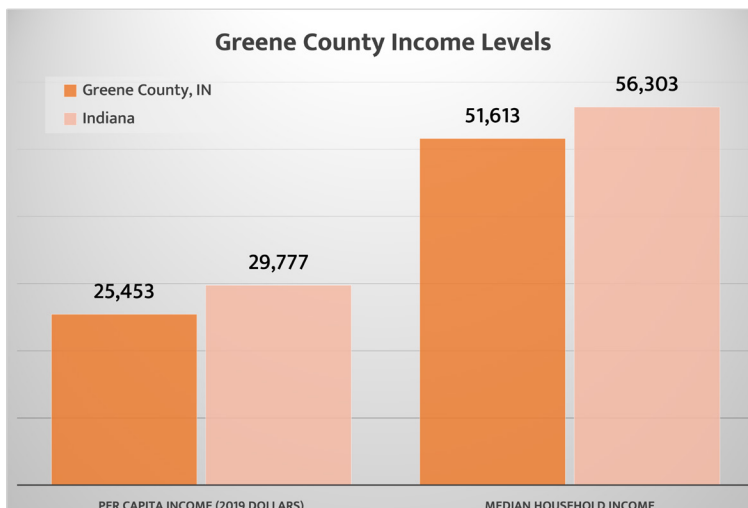
Among people reporting a single race, Greene County has a smaller proportion of residents who are non-White (3.74%) (3.2% in 2014) compared to Indiana (15.2%) (19.7% in 2014) The majority of non-White residents in Greene County are Black or African American.

	Greene County	Indiana
Hispanic or Latino	1.38%	7.06%
Foreign-born	0.786%	5.11%
Speak non-English language at home	0%	8.9%



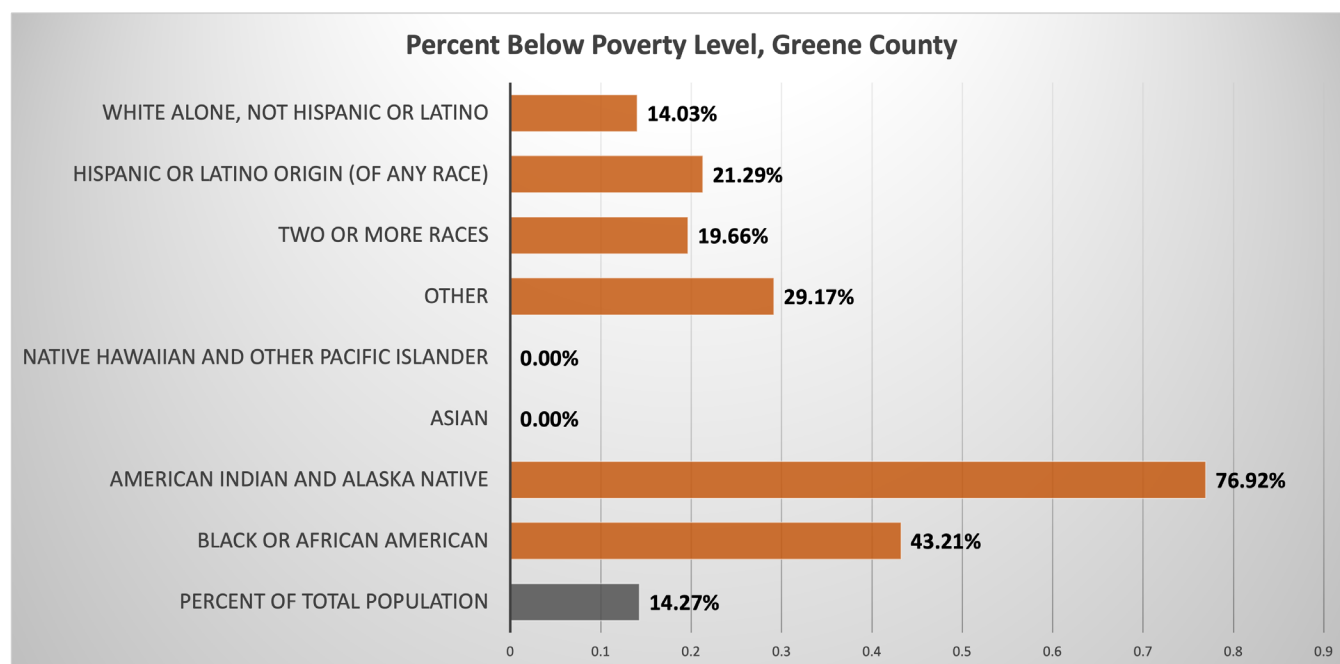
## Income

Both per capita income and median household income are lower in Greene County compared to the state.



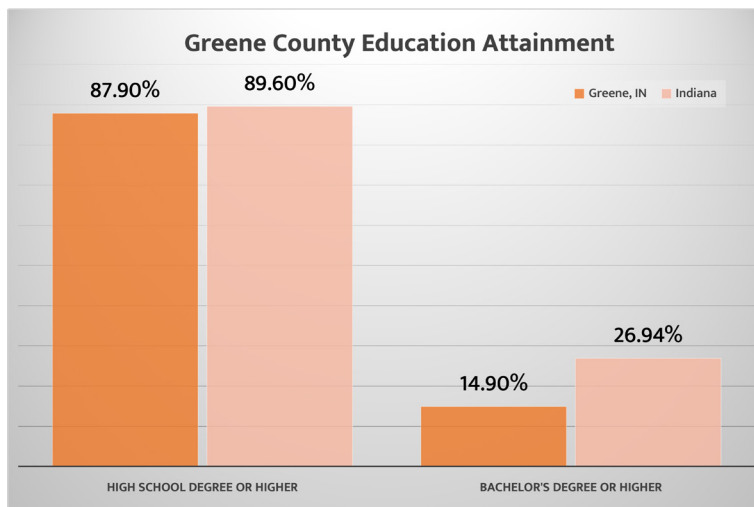
## Poverty

The percentage of Greene County residents who live below the federal poverty level (14.27%) (14.0% in 2014) is more than the Indiana state average (13.4%) (15.5% in 2014)



## Education

County-wide, the percent of residents 25 or older with a high school degree or higher (87.9%) (84.5% in 2014) is slightly lower than the state average (89.6%) (87.6% in 2014). Higher educational attainment is lower county-wide compared to the state. Only 14.9% (13.2% in 2014) of Greene County residents 25 and older have a Bachelor's degree or higher compared to 26.94% (23.6% in 2014) state-wide.



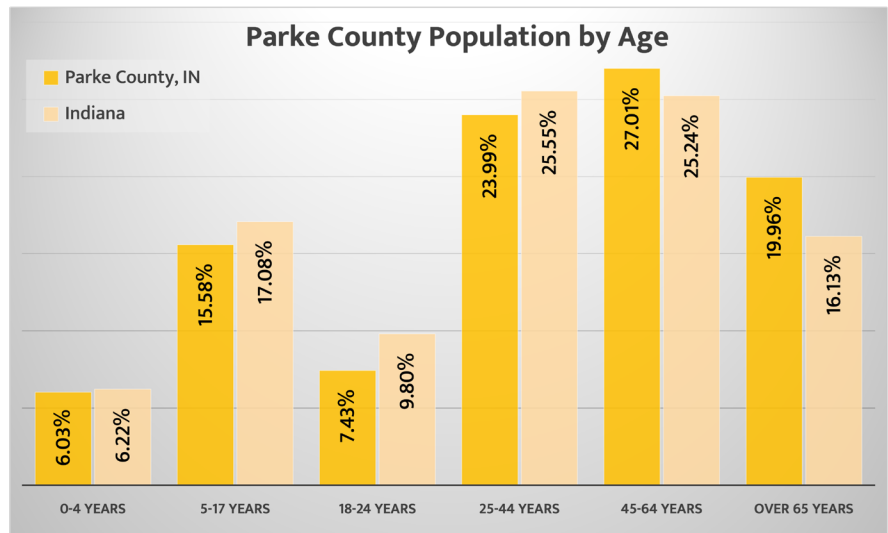
## Demographics: Parke County

### Population

An estimated 16,937 (17,233 in 2014) people lived in Parke County in 2019, and the population density is much lower (38.09 people per square mile) (39 people per mi<sup>2</sup>) than the state of Indiana (187.9 people per square mile) (181 people per mi<sup>2</sup> in 2014).

### Age

Overall, Parke County residents are slightly below the Indiana average in each category. However, Parke County does see more residents over the age of 45 than the Indiana average.

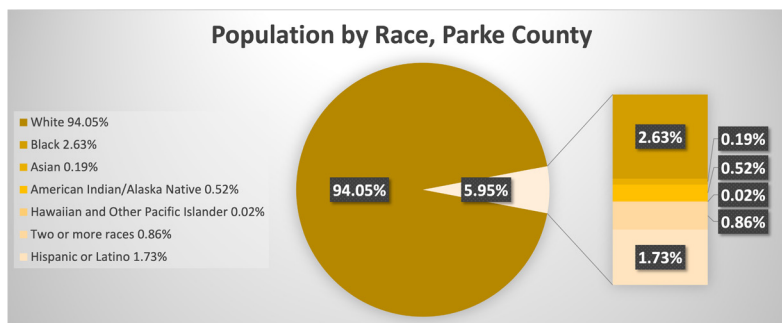


### Origin & Race Ethnicity

A significantly lower percentage of Parke County residents are foreign born (1.34%) (1.1% in 2014) compared to the state. Zero percent (3.9% in 2014) of Parke County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

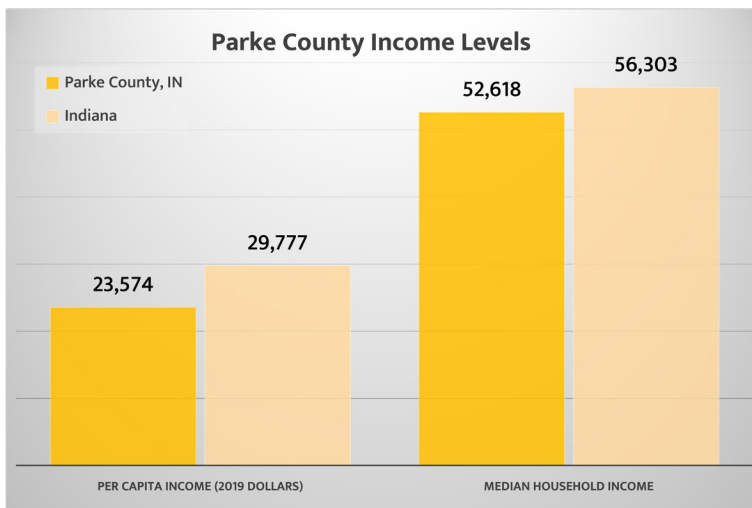
Among people reporting a single race, Parke County has a smaller proportion of residents who are non-White (5.95%) (5.3% in 2014) compared to Indiana (15.2%) (19.7% in 2014). The majority of non-White residents in Parke County are Black or African American.

	Parke County	Indiana
Hispanic or Latino	1.54%	7.06%
Foreign-born	1.34%	5.11%
Speak non-English language at home	0%	8.9%



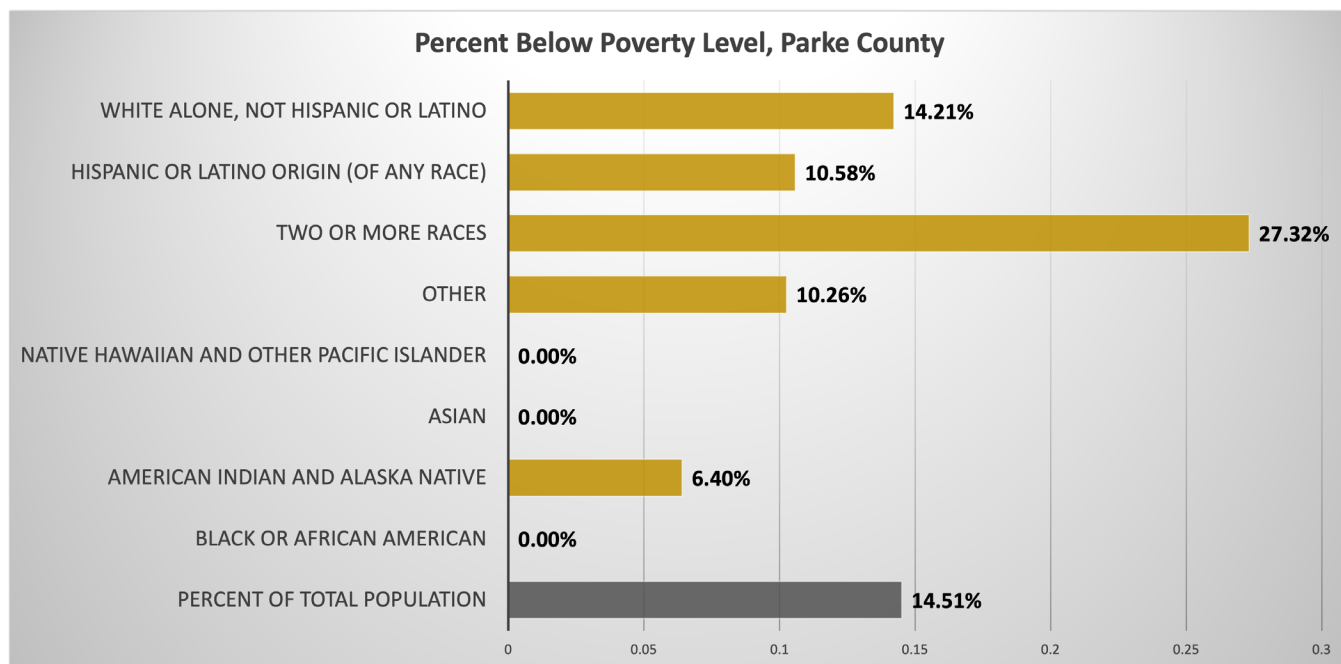
## Income

Both per capita income and median household income are lower in Parke County compared to the state.



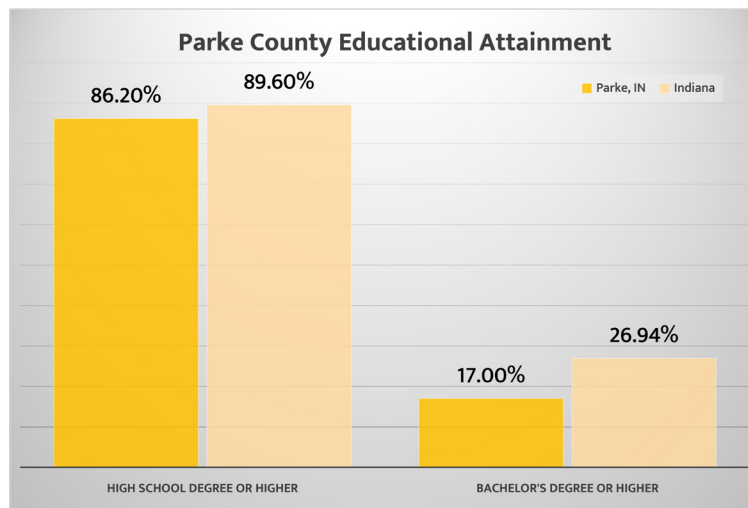
## Poverty

The percentage of Parke County residents who live below the federal poverty level (14.51%) (13.3% in 2014) is more than the Indiana state average (13.4%) (15.5% in 2014).



## Education

County-wide, the percent of residents 25 or older with a high school degree or higher (86.2%) (84.7% in 2014) is lower than the state average (89.60%) (87.6% in 2014). Higher educational attainment is lower county-wide compared to the state. Only 17% (14.3% in 2014) of Parke County residents 25 and older have a Bachelor's degree or higher compared to 26.94% (23.6% in 2014) state-wide.





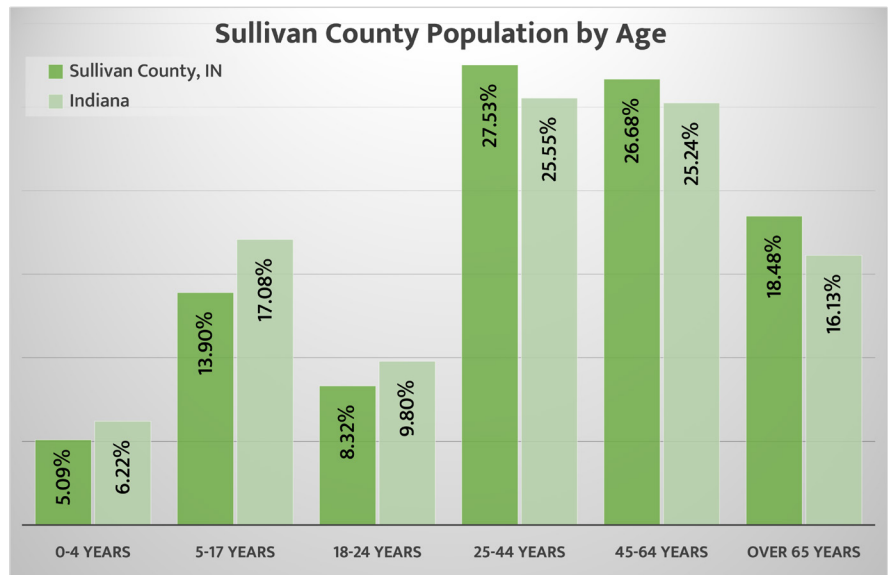
## Demographics: Sullivan County

### Population

An estimated 20,669 people lived in Sullivan County in 2019 (21,050 in 2014), and the population density is much lower (46.23 people per square mile) (48.0 people per mi<sup>2</sup> in 2014) than the state of Indiana (187.9 people per square mile) (181 people per mi<sup>2</sup> in 2014).

### Age

Overall, Sullivan County residents aged 0-24 years are slightly below the Indiana average. Sullivan County contains more residents over the age of 25 than the Indiana average.

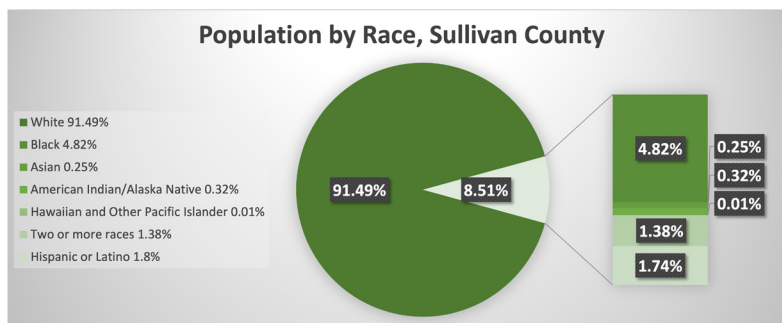


### Origin & Race Ethnicity

A significantly lower percentage of Sullivan County residents are foreign born (0.794%) (1.0% in 2014) compared to the state. Zero percent (1.9% in 2014) of Sullivan County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

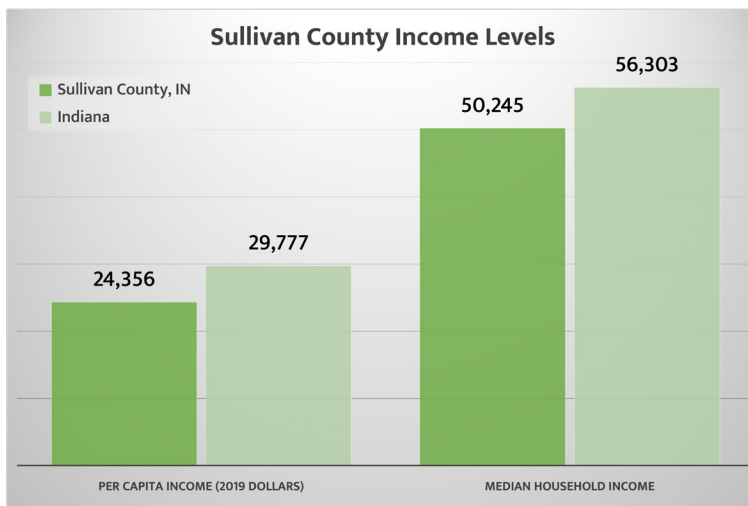
Among people reporting a single race, Sullivan County has a smaller proportion of residents who are non-White (8.51%) (8.0% in 2014) compared to Indiana (15.2%) (19.7% in 2014). The majority of non-White residents in Sullivan County are Black or African American.

	Sullivan County	Indiana
Hispanic or Latino	1.72%	7.06%
Foreign-born	0.794%	5.11%
Speak non-English language at home	0%	8.9%



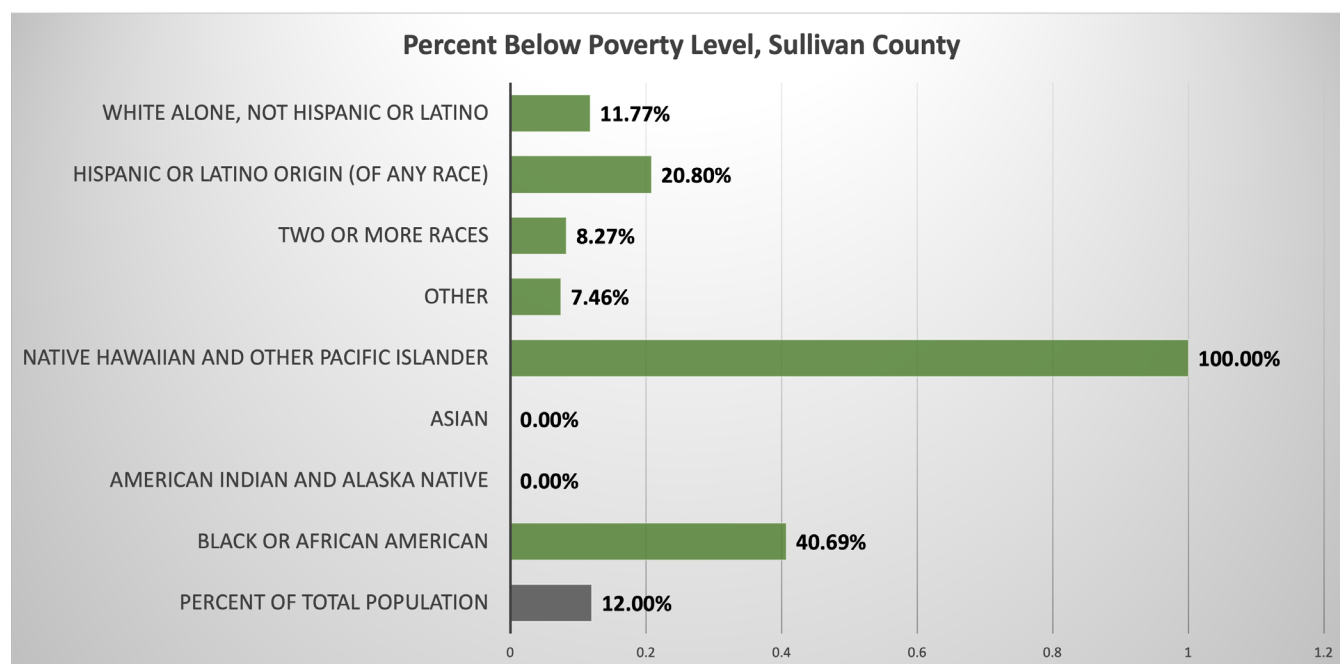
## Income

Both per capita income and median household income are lower in Sullivan County compared to the state.



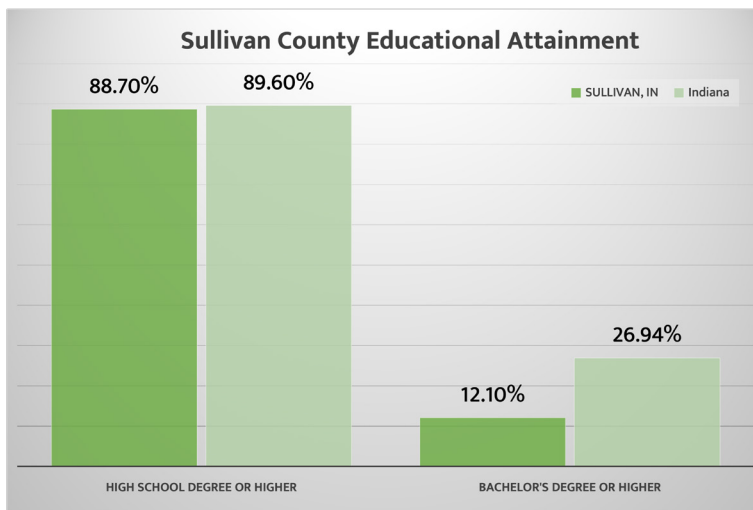
## Poverty

The percentage of Sullivan County residents who live below the federal poverty level (12%) (17.9% in 2014) is less than the Indiana state average (13.4%) (15.5% in 2014).



## Education

County-wide, the percent of residents 25 or older with a high school degree or higher (88.7%) (85.6% in 2014) is slightly lower than the state average (89.6%) (87.6% in 2014). Higher educational attainment is much lower county-wide compared to the state. Only 12.1% (13.0% in 2014) of Sullivan County residents 25 and older have a Bachelor’s degree or higher compared to 26.94% (23.6% in 2014) state-wide.



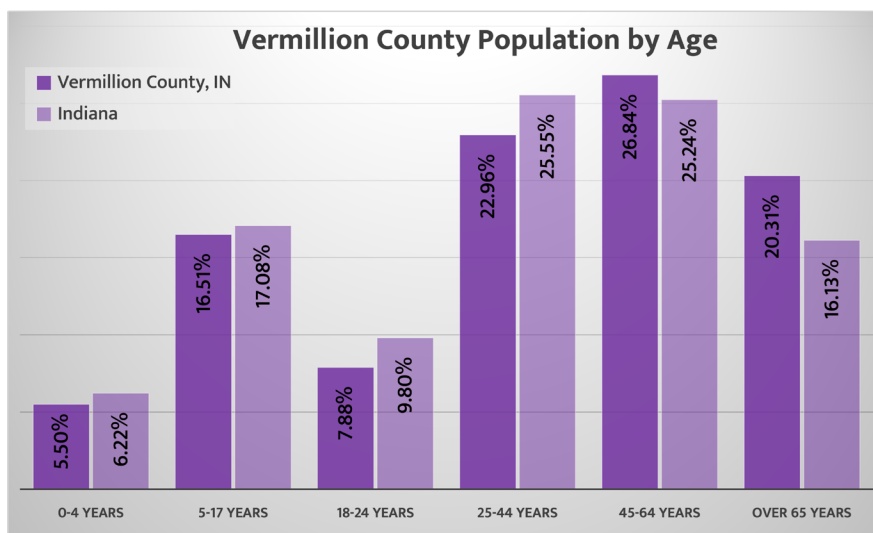
## Demographics: Vermillion County

### Population

An estimated 15,498 people lived in Vermillion County in 2019 (15,693 in 2014), and the population density is much lower (60.33 people per square mile) (63.1 people per mi<sup>2</sup> in 2014) than the state of Indiana (187.9 people per square mile) (181 people per mi<sup>2</sup>) (181 people per mi<sup>2</sup> in 2014).

### Age

Overall, Vermillion County residents are slightly below the Indiana average in each category. However, Parke County does see more residents over the age of 45 than the Indiana average.

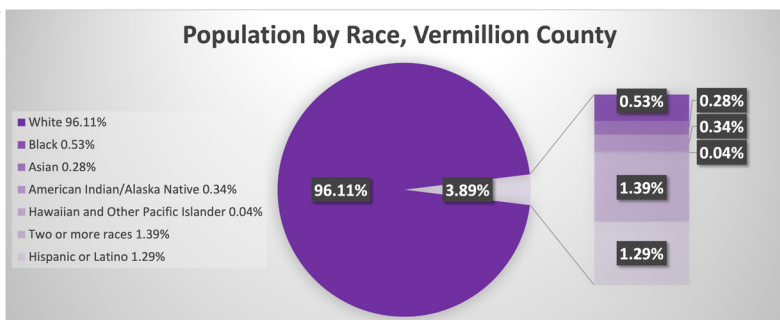


### Origin & Race Ethnicity

A significantly lower percentage of Vermillion County residents are foreign born (0.945%) (0.5% in 2014) compared to the state. Zero percent (2.8% in 2014) of Vermillion County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

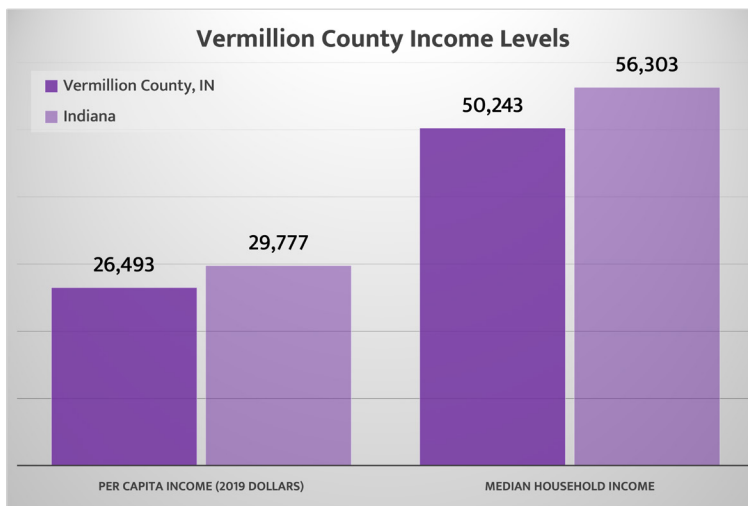
	Vermillion County	Indiana
Hispanic or Latino	0.366%	7.06%
Foreign-born	0.945%	5.11%
Speak non-English language at home	0%	8.9%

Among people reporting a single race, Vermillion County has a smaller proportion of residents who are non-White (3.89%) (2.8% in 2014) compared to Indiana (15.2%) (19.7% in 2014). The majority of non-White residents in Vermillion County are Black or African American.



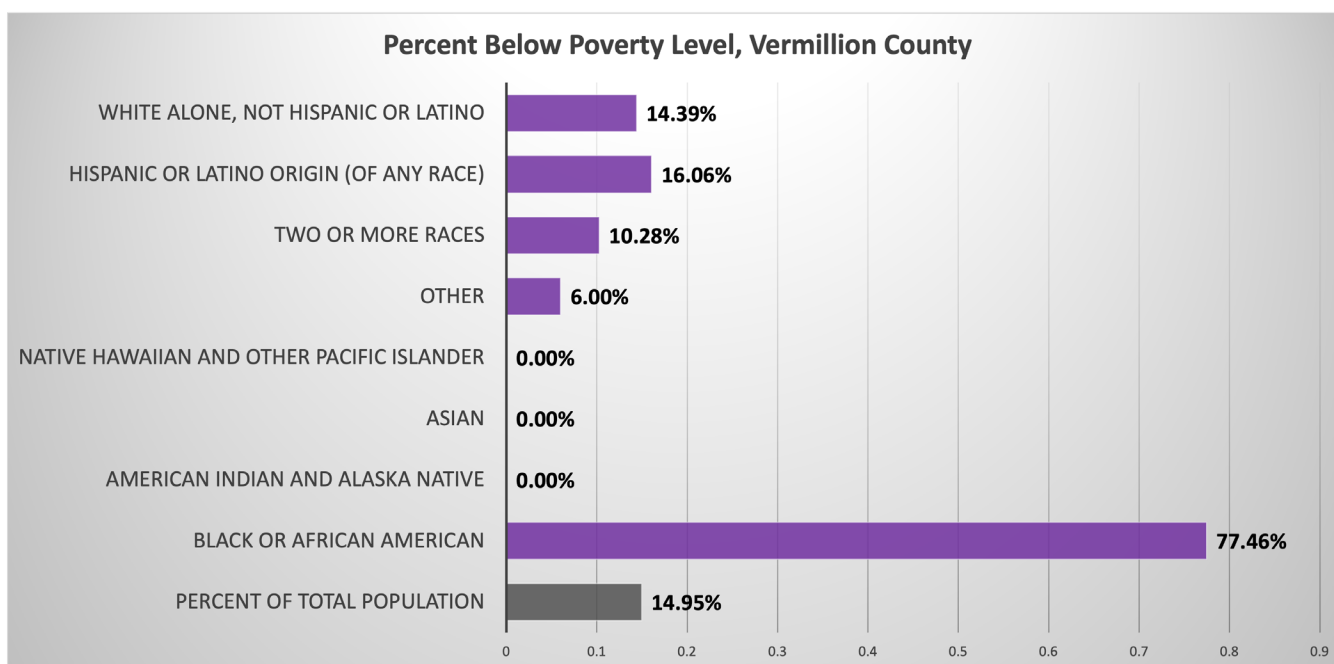
## Income

Both per capita income and median household income are lower in Vermillion County compared to the state.



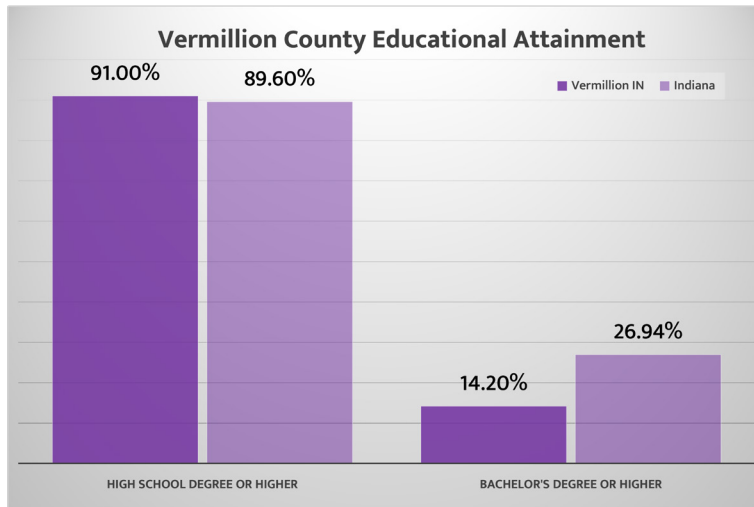
## Poverty

The percentage of Vermillion County residents who live below the federal poverty level (14.95%) (15.8% in 2014) is more than the Indiana state average (13.4%) (15.5% in 2014).



## Education

County-wide, the percent of residents 25 or older with a high school degree or higher (91%) (88.7% in 2014) is slightly higher than the state average (89.60%) (87.6% in 2014). Higher educational attainment is lower county-wide compared to the state. Only 14.2% (13.2% in 2014) of Vermillion County residents 25 and older have a Bachelor’s degree or higher compared to 26.94% (23.6% in 2014) state-wide.



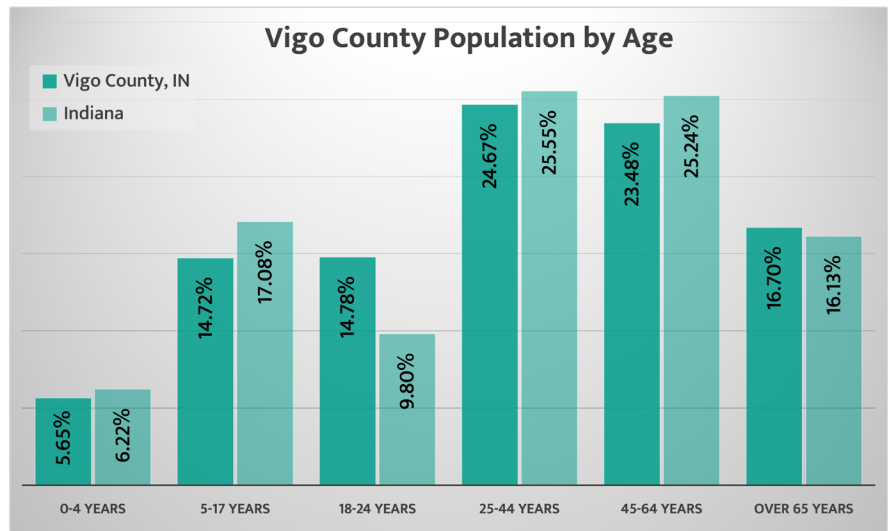
## Demographics: Vigo County

### Population

An estimated 107,038 people lived in Vigo County in 2019 (108,175 in 2014), and the population density is much higher (265.41 people per square mile) (267.4 people per mi<sup>2</sup> in 2014) than the state of Indiana (187.9 people per square mile) (181 people per mi<sup>2</sup>) (181 people per mi<sup>2</sup> in 2014).

### Age

Overall, Vigo County residents are slightly below the Indiana average in each category. The proportion of residents aged 65 and over is equivalent to the state average.

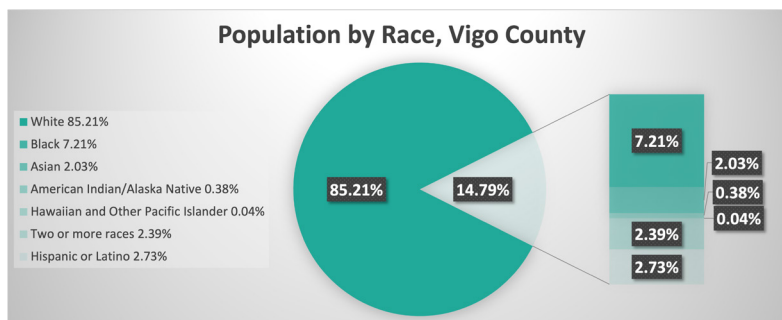


### Origin & Race Ethnicity

A lower percentage of Vigo County residents are foreign born (3.3%) (3.4% in 2014) compared to the state. 2.62% (5.4% in 2014) of Vigo County residents speak a language other than English at home, versus 8.9% statewide (8.2% in 2014).

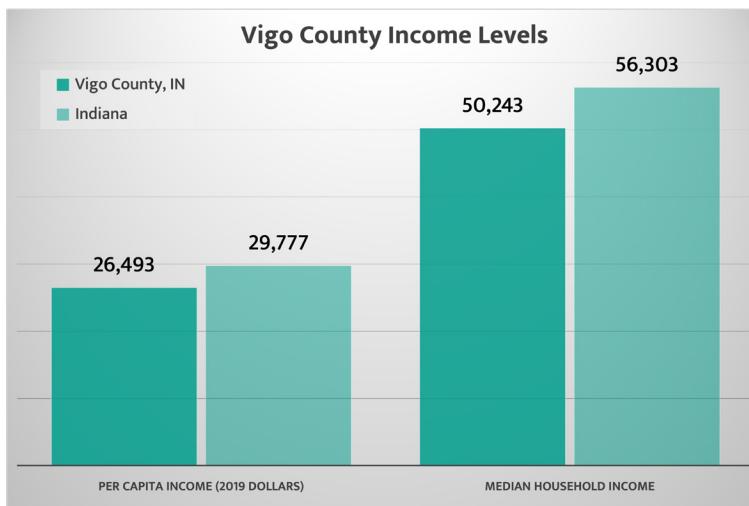
	Vigo County	Indiana
Hispanic or Latino	2.62%	7.06%
Foreign-born	3.3%	5.11%
Speak non-English language at home	0%	8.9%

Among people reporting a single race, Vigo County has a smaller proportion of residents who are non-White (14.79%) (14.1% in 2014) compared to Indiana (15.2%) (19.7% in 2014). The majority of non-White residents in Vigo County are Black or African American.



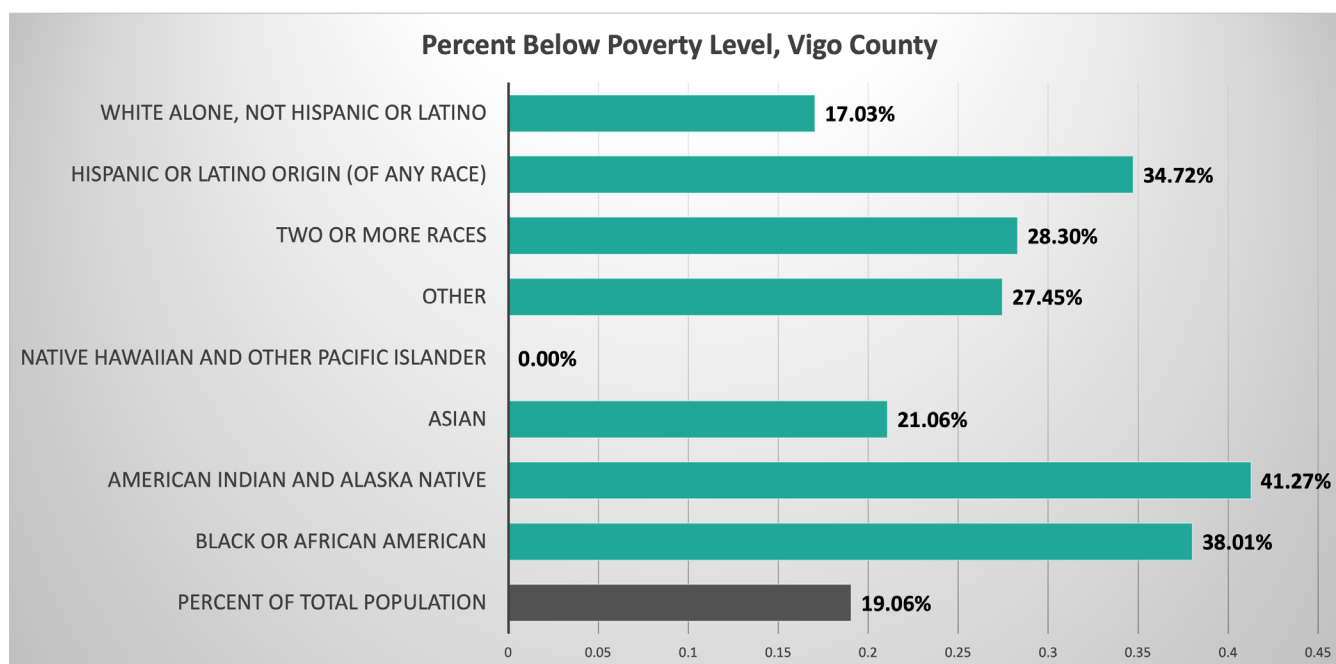
## Income

Both per capita income and median household income are lower in Vigo County compared to the state.



## Poverty

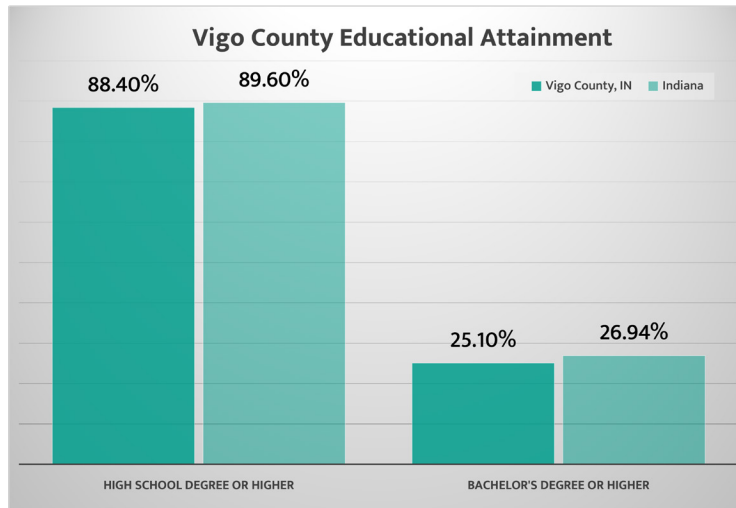
The percentage of Vigo County residents who live below the federal poverty level (19.06%) (20% in 2014) is far more than the Indiana state average (13.4%) (15.5% in 2014).





## Education

County-wide, the percent of residents 25 or older with a high school degree or higher (88.4%) (86.9% in 2014) is slightly lower than the state average (89.6%) (87.6% in 2014). Higher educational attainment is slightly lower county-wide compared to the state. Only 25.10% (21.6% in 2014) of Vigo County residents 25 and older have a Bachelor's degree or higher compared to 26.94% (23.6% in 2014) state-wide.



## Community Health Needs

### Identifying Community Health Needs: Methodology

Significant community health needs for the services area were determined using a combination of secondary and primary data.

#### Secondary Data

The secondary data used in this assessment was obtained from numerous sources, including:

- Robert Wood Johnson Foundation (countyhealthrankings.org)
- STATS Indiana
- US Census American Community Survey
- Indiana 211
- Illinois Department of Health and Human Services
- University of Illinois Extension
- Purdue Extension

#### Primary Data

To expand upon the information gathered from the secondary data, Union Hospital conducted key informant interviews to collect community input. Interviewees who were asked to participate were recognized as having expertise in public health, special knowledge of community health needs and/or represented the broad interest of the community served by the hospital.

Interviews were conducted between June and October 2021. Representatives from the following organizations participated with phone discussions and e-mails ranging from approximately 15-90 minutes in length.

- Catholic Charities – Jennifer Buell, Assistant Director
- County Health Departments within defined community
- Hamilton Center Behavioral Health System – Clinical Managers
- Landsbaum Center for Health Education – Hicham Rahmouni, Executive Director
- Minority Health Coalition
- Purdue Extension - Jay Christiansen, Senior Extension Educator
- Sullivan County Hospital - Leslie Lentz, Marketing Director
- Terre Haute Chamber of Commerce (2025 Community Action Plan)
- Thrive West Central – Jessica Taylor – Controller/Administration
- Tobacco Prevention & Control - Chances & Services for Youth - Sara Knoblock, Coordinator
- Union Health Physicians, Providers & Clinicians
- Union Hospital Population Health
- Union Hospital Center of Occupational Health – Rachael Spencer, Nursing & Wellness Care Manager
- Union Hospital Clinton – Stephanie Laws, Vice President/Administrator
- Union Hospital Emergency Department - Osman Abbasi, DO - Medical Director Emergency Medicine
- United Way of the Wabash Valley - Richard Payonk, Executive Director
- Valley Professionals Community Health Center - Dawn Boyles, Outreach & Resource Coordinator

During the interviews, questions were asked to learn more about the interviewee's background and organization, area of expertise, biggest health needs or concerns, and the impacts on different ethnic groups, aging population, as well as opportunities for collaboration.

### Community Input: Key Informant Interviews

Questions focused on:

- Interviewee's individual/organizational background and expertise
- Biggest community health needs or concerns by area providers
- Impact of health issues on low income, underserved/uninsured persons
- Impact of health issues on different ethnic/race groups
- Barriers and contributing factors to consider
- Community resources and opportunities to collaborate
- Aging population
- Specific health concerns that include tobacco usage, drug/alcohol use, behavioral health, behavioral health, food insecurities, and coronavirus.

### Community Resources and Opportunities

As part of the primary data collection process, key informants identified available community resources and programs that could be utilized in response to the significant health needs. Detailed community resource evaluations the following health areas appear in the appendix of this report.

#### Collaboration Resources and Opportunities (Key Community Stakeholders)

"Many of our **collaborations** have existed for years and became critical during the COVID-19 time frame because we required double the amount of food as compared to pre-COVID-19." **Jennifer Buell** - *Assistant Agency Director of Terre Haute Catholic Charities & Foodbank*

"Coordination between agencies to provide needed services that include transportation to access medical care would assist those seeking medical treatment in our community." **Dawn Boyles** - *Outreach & Resource Coordinator, Valley Professionals Community Health Center*

"Our United Way continues to contend that such large social issues (struggling working families) cannot be solved by any one entity. Our hospitals, our government or any single nonprofit cannot solve these on their own. Our approach has been to initiate and build a true collective impact model. A model where diverse organizations come together to solve complex social issues. We believe this is the opportunity for collaboration available to all entities in our community. United Way of the Wabash Valley is working to serve as a backbone to bring together the smartest and most passionate organizations to help drive the solutions needed and bring additional funding to the work needed. Breaking down siloes and coming together under a common agenda with each organization's unique contribution towards a common goal is the opportunity available for all such organizations in our community, but this requires a thought process to abandon just what is best for one's own organization as opposed to what is best for the growth of our community."

**Richard Payonk** - *Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)*

"The community Action Network through Union Hospital, United Way Impact Councils and our

Purdue Extension are all great collaboration resources.” **Jay Christiansen**, *Senior Extension Educator - Purdue Extension*

“Additional partnerships to address high health care utilizers - especially those with **mental health** and addiction issues and additional health care integration initiatives through Memorandum of Understanding (MOU), contracts or co-location arrangements are needed.” **Tiffany Cherry** – *Executive Director of Child and South Services, Hamilton Center, Inc.*

“A communitywide referral and information exchange system; such as the Indiana Health Information Exchange (IHIE) would support collaboration among providers.” **Tiffany Cherry** – *Executive Director of Child and South Services, Hamilton Center, Inc.*

“Engaging with patients at the center of planning or strategic processes; including community action networks, systems of care, United Way, colleges, health systems, infant initiatives, grocery stores, pharmacies and healthy young student foundations. Religious groups and churches can be a great resource and opportunity.” *Richard G. Lugar Center for Rural Health*

“Purdue Extension is a great collaborator in Vermillion & Parke Counties.” **Stephanie Laws** – *Vice President and Administrator, Union Hospital Clinton*

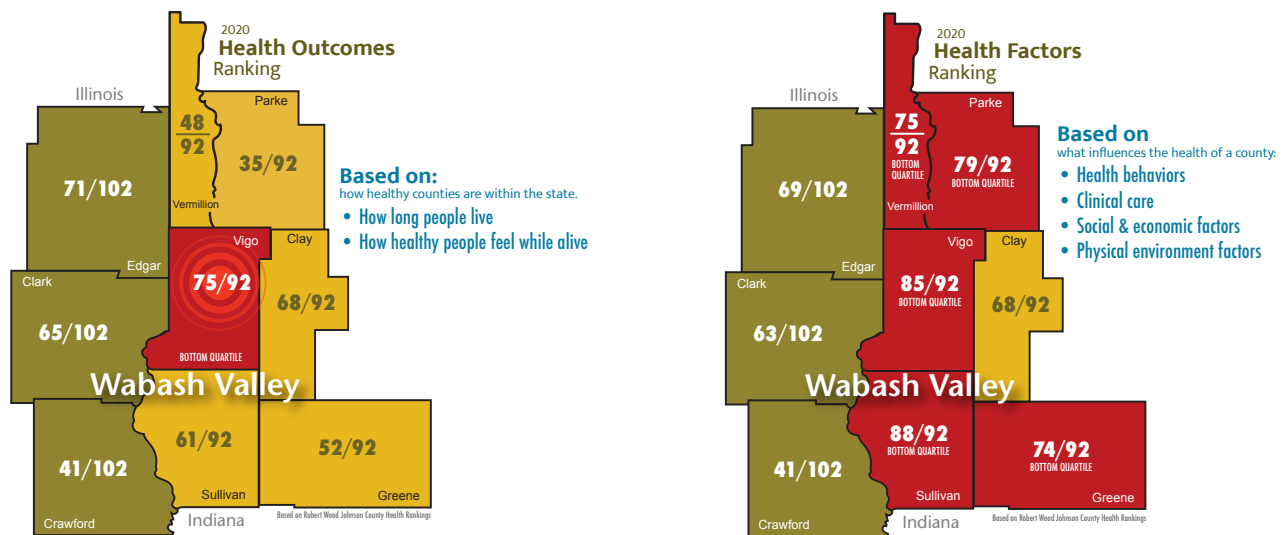
“Collaboration resources and opportunities for Sullivan County Hospital include the Wabash Valley Community Foundation, United Way of the Wabash Valley, Indiana Rural Health Association and the Hamilton Center. In addition, we work closely with the local school systems and city and county governments.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

## Significant Community Health Needs Assessment Findings

The secondary data summary and key informant interview findings are presented together to capture a more holistic assessment of health needs in our service area.

### QUALITY OF LIFE

Socioeconomic indicators across the quality of life areas point to multiple barriers to health, and the effect of these drivers was noted in primary data. The Robert Wood Johnson County Health Rankings provides an overall ranking of health outcomes and health factors for Indiana counties. As defined by RWJF:



The overall rankings in **health outcomes** represent how **healthy counties are within the state**. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.

The overall rankings in **health factors** represent **what influences the health of a county**. They are an *estimate of the future health of counties as compared to other counties within a state*. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.

County	State	2020 Health Outcomes Ranking	2020 Health Factors Ranking
Clay	IN	68 (of 92)	68 (of 92)
Greene	IN	52 (of 92)	74 (of 92) - bottom quartile
Parke	IN	35 (of 92)	79 (of 92) - bottom quartile
Sullivan	IN	61 (of 92)	88 (of 92) - bottom quartile
Vermillion	IN	48 (of 92)	75 (of 92) - bottom quartile
Vigo	IN	75 (of 92) - bottom quartile	85 (of 92) - bottom quartile
Clark	IL	65 (of 102)	63 (of 102)
Crawford	IL	41 (of 102)	41 (of 102)
Edgar	IL	71 (of 102)	69 (of 102)

## Significant Health Needs

State and local health priorities were compared with topics independently identified through the most recent primary and secondary data available to prioritize community needs in the defined service area. The figure below summarizes the health priorities identified during the 2018 community health needs assessment for the Wabash Valley and the topics that were highlighted as existing or emerging concerns within the primary and secondary data and/or health opinion leaders. Summaries of the ten key topic areas identified through more recent primary and secondary data were discussed with community members and subject matter experts. Those individuals were then asked to recommend priorities based on the data available and any additional information or expertise given their position in the community and/or proprietary data collected by the organization.

### Projected Wabash Valley Health Priorities

Health-related Concerns Identified through Primary & Secondary Data	Wabash Valley Health Priorities (2019-2021)	Topics Identified Through Most Recent Primary Data Research
<ul style="list-style-type: none"> <li>• Address obesity at an earlier age</li> <li>• Indiana is the 10th most obese in the U.S.</li> <li>• Tobacco affects with increased growth in vape usage for teens and remains the most commonly used tobacco product among Hoosier you.</li> <li>• Increased behavioral health needs</li> <li>• Lack of behavioral health providers, especially in rural areas</li> <li>• Women’s Health - Breast cancer</li> <li>• Women’s Health - Heart disease</li> <li>• Maternal and infant health continue to be a priority for the state of Indiana and the Wabash Valley</li> <li>• Lack of continuum of care for addiction services</li> <li>• Minority stigma related to behavioral health</li> <li>• Increased need of affordable housing for seniors</li> <li>• Many seniors delaying health care until symptoms becoming urgent</li> <li>• Transportation concerns for seniors, disabled, insured and underinsured.</li> <li>• Strained resources for the aging population</li> <li>• COVID-19 affecting most vulnerable population</li> <li>• Limited acceptance of the COVID-19 vaccination</li> </ul> <p><b>UNDERSERVED POPULATION</b></p> <ul style="list-style-type: none"> <li>• Substance use dependency (top concern)</li> <li>• Low income families affected by multiple challenges: (child care, social isolation, acute health problems, ability to pay for health care, low wages and internet access.)</li> <li>• Food insecurities that translate into higher health care needs and costs</li> <li>• Lack of knowledge and resources for healthier habits.</li> <li>• Challenges accessing free food pantries &amp; soup kitchens</li> <li>• Generational poverty &amp; struggling, working families</li> <li>• Family-sustaining wage jobs</li> <li>• Financial stability lacking with many living below poverty threshold</li> <li>• Financial assistance for child care</li> <li>• Youth mentoring - (academic, health &amp; character building)</li> <li>• Community safety</li> <li>• Lack of walking &amp; biking trails and sidewalks reduces transportation options</li> <li>• Lack of adequate transportation for persons under age 60 who are not eligible for medical transportation from their insurance carrier</li> </ul> <p><small>Key community stakeholders from the following organizations shared feedback regarding their greatest health-related challenges during 2018, 2019 and 2020, as well as the anticipated needs going forward. Catholic Charities, Indiana State Health Assessment &amp; Improvement Plan, County Health Departments within defined communities, Hamilton Center Behavioral Health System, Richard G. Lugar Center for Rural Health, Sullivan County Hospital, Terre Haute Chamber of Commerce, Thrive West Central, Tobacco Prevention &amp; Control - Chances &amp; Services for Youth, Union Hospital Population Health, Union Hospital Center for Occupational Health, Union Hospital Clinton, Union Hospital Emergency Department, United Way of the Wabash Valley and Valley Professionals Community Health Center.</small></p>	<p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>Obesity (Adult &amp; Child)</li> <li>Tobacco Usage</li> <li>Heart Disease &amp; Stroke</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>Diabetes</li> <li>Access</li> <li>Infant Mortality</li> <li>Mental Health</li> </ul>	<p>Topics identified through 2018-2021 primary data review of greatest health risks and related causes</p> <p><b>HEALTH RISKS</b></p> <ul style="list-style-type: none"> <li>Heart Disease</li> <li>Diabetes</li> <li>Cancer</li> <li>Stroke</li> <li>Women’s Health</li> </ul> <p><b>RELATED CAUSES</b></p> <ul style="list-style-type: none"> <li>Obesity (Youth &amp; Adult)</li> <li>Tobacco/Vape Use</li> <li>Exercise (lack of)</li> <li>Behavioral Health</li> <li>Drug &amp; Alcohol Dependency</li> <li>Access to Health Care</li> <li>Transportation (lack of)</li> <li>COVID-19</li> <li>STDs</li> <li>Access to Health Care</li> <li>Food Insecurities</li> </ul> <p><i>Primary data above was collected from Union Health physicians and providers between July and September of 2021. Physician and provider groups represent clinical areas in family medicine, family medicine residency, cardiology, cardiac surgery, orthopedics, podiatry, pediatrics, internal medicine and urgent care clinics.</i></p> <p>Union Health 2021</p>

Note: Due to changing in-market dynamics at the time of writing of this report, content for expanded interventions will continue. Information will be added to this report as available.

## Prioritization Process

Key community stakeholders and subject matter experts provided valuable insight that was combined with available secondary data.

Area physicians/providers were also asked to provide input by selecting their greatest health concerns based on their respected practice. Family medicine practices represented the largest segment of health care providers polled. Other health care practices and specialties represented include internal medicine, urgent care, cardiology, cardio surgery, orthopedics, pediatrics, podiatry and the Union Hospital Family Medicine Residency Program. The 2021 Community Health Needs Assessment was prioritized by ranking the list of highest health risks and causes.

Questions to Consider in Reviewing Health Topics:

- What is the magnitude of the issue?
- What is the severity or rate of illness or death due to the issue?
- Is there an opportunity to intervene at the prevention level?
- Is there an opportunity for partnerships to improve the issue?
- Are specific sub-segments of the population (unfairly) bearing more of the burden than the general population?
- What resources or programs exist to address the problem?
- Could resources, programs, or solutions to one positively impact multiple other issues?
- What is the feasibility of intervention?
- What is the importance of the problem to the community?
- What is the potential economic burden to the community?
- What are the potential consequences of not intervening?

The following chart identifies stroke death rates and stroke hospitalization rates in the Wabash

### Stroke Rates by County

	Vigo	Vermillion	Parke	Clay	Greene	Sullivan	Edgar	Clark	Crawford
<b>Stroke Death rate 2017-2019 Wabash Valley</b> Four out of nine counties in the Wabash Valley rated above the state average of 78.2 for stroke deaths from 2017-2019 according to the CDC Interactive Atlas of Heart Disease & Stroke.	81.0	85.6				80.9			82.1
<b>Stroke Hospitalization rate 2017-2019 Wabash Valley</b> Five out of nine counties in the Wabash Valley rated above the state average of 12.9 for stroke hospitalizations from 2017 - 2019 according to the CDC Interactive Atlas of Heart Disease & Stroke.	13.6			13.0			13.3	13.3	14.1

- In 2018, one in every six deaths from cardiovascular deaths was due to stroke.
- Someone in the U.S. has a stroke every 40 seconds and dies of stroke every four minutes.
- Stroke risks can occur at any age and increase as we grow older.
- According to the CDC – Division for Heart Disease & Stroke Prevention



A county-level summary of the health behavior and clinical care opportunities, as identified by countyhealthrankings.org. The 2021 County Health Rankings used data from 2015-2020 for this measure.

### Wabash Valley Health Opportunities by County

#### HEALTH BEHAVIORS

**Adult Smoking by %**  
% of adults who are current smokers (2018)

**Adult Obesity by %**  
% of adults (20+) reporting a BMI >30 (2017)

**Food Environment Index (2015-2018)**

**Physical Inactivity by %**  
% of adults (20+) reporting no physical activity (2017)

**Excessive Drinking by %**  
% of adults (21+) reporting excessive or binge drinking (2018)

**Alcohol-Impaired Driving Deaths**  
% of driving deaths with alcohol involvement (2015-2019)

**Sexually Transmitted Infections**  
No. of newly diagnosed chlamydia cases per 100,000 (2018)

**Drug Overdose Deaths**  
No. of drug poisoning deaths per 1000,000 (2018)

	Vigo	Vermillion	Parke	Clay	Greene	Sullivan	Edgar	Clark	Crawford
Adult Smoking by %	25%	25%	26%	24%	25%	26%	22%	22%	22%
Adult Obesity by %	34%	36%	35%	34%	40%	37%	31%	31%	28%
Food Environment Index (2015-2018)									
Physical Inactivity by %	30%	29%	35%	34%	39%	28%	25%	35%	32%
Excessive Drinking by %	17%	19%	17%	18%	17%	19%	23%	22%	23%
Alcohol-Impaired Driving Deaths	9	2	4	3	9	4	1	4	3
Sexually Transmitted Infections	640	42	97	88	94	56	47	37	29
Drug Overdose Deaths	54	10	-	13	16	-	-	-	-

#### CLINICAL CARE

**Uninsured**  
Population under age 65 without health insurance

**Primary Care Physicians**  
Ratio of population to PCPs (2018)

**Dentists (2019)**

**Mental Health Providers (2020)**

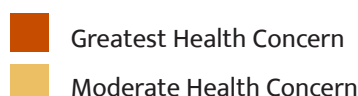
**Preventable Hospital Stays**

**Mammography Screening (2018)**  
% of female Medicare enrollees age 65-75 that received an annual mammography screening

**Suicides**  
Number of deaths due to suicide per 100,000

Uninsured	8,013	1,008	1,402	1,675	2,380	1,446	806	719	848
Primary Care Physicians	95	6	4	11	10	8	6	6	10
Dentists (2019)	55	5	3	6	14	5	5	3	7
Mental Health Providers (2020)	173	12	10	12	21	8	18	4	38
Preventable Hospital Stays	7,068	7,412	4,726	5,223	6,464	6,027	6,707	6,828	2,995
Mammography Screening (2018)	34%	31%	35%	34%	38%	29%	36%	36%	44%
Suicides	111	10	14	25	24	17	20	19	13

Data source: countyhealthrankings.org





## Key Community Stakeholder Input

Representatives from the following organizations participated in the **Key Community Stakeholder Survey**.

- **Catholic Charities** – Jennifer Buell, *Assistant Director*
- **County Health Departments** within defined community
- **Hamilton Center Behavioral Health System** – *Clinical Managers*
- **Minority Health Coalition**
- **Purdue Extension** - Jay Christiansen, *Senior Extension Educator*
- **Richard G. Lugar Center for Rural Health**
- **Sullivan County Hospital** - Leslie Lentz, *Marketing Director*
- **Terre Haute Chamber of Commerce** (2025 Community Action Plan)
- **Thrive West Central** – Jessica Taylor, *Director of Aging & Disabled Operations*
- **Tobacco Prevention & Control - Chances & Services for Youth** - Sarah Knoblock, *Coordinator*
- **Union Health Physician and provider groups** representing clinical areas in family medicine, cardiology, cardiac surgery, orthopedics, podiatry, pediatrics, internal medicine and urgent care clinics.
- **Union Hospital ACO** – Hans Andreasen, MD - *Medical Director of Population Health*
- **Union Hospital Center of Occupational Health** – Rachael Spencer, *Nursing & Wellness Care Manager*
- **Union Hospital Clinton** – Stephanie Laws, *Vice President/Administrator*
- **Union Hospital Emergency Department** - Osman Abbasi, DO, *Medical Director Emergency Medicine*
- **United Way of the Wabash Valley** - Richard Payonk, *Executive Director*
- **Valley Professionals Community Health Center** - Dawn Boyles, *Outreach & Resource Coordinator*

Key community stakeholder interviews were conducted in 2021 in order to identify the greatest community health-related concerns during 2018, 2019 and 2020, and the anticipated needs going forward.

### Obesity

**Indiana is the 12th most obese state in the U.S. - Center for Disease Control & Prevention – 2020**

*More than 7 out of 10 U.S. adults aged 20 and older are either overweight or obese. Rates for children and adolescents are lower, but have risen drastically in the past few decades. The U.S.*

*spends nearly \$200 billion dollars in annual health care costs related to obesity.*

*New findings by the **Physical Activity Council** suggests a need for more aggressive efforts to combat the issue.*

*81 million Americans aged 6 and older were completely inactive in 2019. Lack of physical activity is a leading cause of obesity.*

[Diabetes] was identified by Union Health physicians and providers as the second highest ranked health risk in the Wabash Valley. — August of 2021.

“The need to address the obesity epidemic at an early age continues throughout the Wabash Valley.”  
**Hans Andreasen, MD** - *Medical Director of Population Health*

“Sullivan County has a high obesity rate of 37%.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

“Parke County is also low on health factor status- ranking 83rd out of 92 counties.” **Stephanie Laws** – *Vice President, Administrator of Union Hospital Clinton*

## Heart Disease

“Heart disease is the #1 killer of women over age 35 in Vigo County. Data also supports very low screenings. Risk factors include high blood pressure, high cholesterol, smoking, diabetes, unhealthy diet, lack of exercise and obesity.” **Richard G. Lugar** *Center for Rural Health*

Cardiovascular disease deaths are 23% higher in Vigo County than the state average.

[Heart Disease] was the highest ranked health risk in the Wabash Valley, while [stroke] ranked 4th by Union Health physicians and providers. — August of 2021.

Not surprising, the top health causes identified by Union Health physicians and providers were obesity (No.1), tobacco/vape usage (No.2) and lack of exercise (No.3).

“Vermillion County is ranked first in the state for the highest cardiovascular mortality rate and second in the state for the highest stroke mortality rate.” **Stephanie Laws** - *Vice President, Administrator of Union Hospital Clinton*

## Stroke

Prevention is better than cure. — “Stroke can be prevented by modifying stroke risks and behaviors that include hypertension, diabetes, hypercholesterolemia and smoking. Health care organizations have a great opportunity to be proactive by creating awareness messaging for stroke risk factors and what individuals should do when someone shows signs of a stroke.” **Mellekate Vishwas, MBBS, MD** - *Union Health Medical Director, Stroke & Neuroscience Service Line*

“Patients who arrive at the emergency room within three hours following their initial stroke symptoms, have access to treatments, such as intravenous tPA and thrombectomy, resulting in less disability three months after a stroke.” **Mellekate Vishwas, MBBS, MD** - *Union Health Medical Director, Stroke & Neuroscience Service Line*

## Diabetes

“Increased awareness of Prediabetes and the associated impact of education and lifestyle changes will help prevent or delay the development of Type 2 Diabetes.” **Marina Wolfe, RN, MSN, CDCES** - *Union Health Diabetes Educator*

“We need to increase access to primary care, promote lifelong lifestyle changes and encourage patient engagement in managing their health.” **Audreen Singson, MD** - *Family Medicine Physician with Illiana Internal Medicine South, Union Medical Group*

“We need to promote early recognition and treatment of prediabetes to prevent progression to diabetes. Earlier treatment and control has a profound impact on preventing the many long-term complications of diabetes.” **Meghan P. Williams, Pharm.D., BCPS** - *Systems Manager - Ambulatory Care Pharmacy Services*

## Cancer

“REDUCING cancer incidence is a forever job that starts with changing behaviors, like not smoking, being moderate with alcohol, exercise and eat an American Heart Association diet with fat moderation and more vegetables especially cruciferous ones.

On an individual level CURING cancer mostly means finding the problem early so we have better chance that surgery and radiation can be used to eradicate it, and/or medicines can still be employed to finish off whatever is left.” **Robert Haerr, MD** – *Radiation Oncology, Union Health Hux Center*

## Tobacco / Vaping Effects On Community Health

**Vigo County** ranks 23% higher than the state average in cardiovascular disease deaths and ranks 3% higher than the state average of adults who smoke.

“Smoking traditional cigarettes has steadily decreased over the past decade, but vaping has emerged as the new go-to nicotine product for teens, addicting a new generation.” **Sarah Knoblock** - *Tobacco Prevention & Cessation (TPC) Coordinator, Chances & Services for Youth*

“Lung cancer deaths have decreased by 18% when compared to the early 2000’s due to the new city and county smoke-free ordinances that went into effect in 2012.” **Sarah Knoblock** – *TPC Coordinator, Chances & Services for Youth*

“Reducing tobacco use and the harm it creates continues to affect community health, while escalating the cost of care.” **Hans Andreasen, MD** - *Medical Director, Population Health*

“Sullivan County has a high smoking percentage of 26% and a 20% higher ranking of lung cancer deaths than the state average.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

“We should continue to educate middle school and high school students on the negative impacts of vaping that most are unaware of.” **Aimee Cottrell, RRT AE-C** - *Certified Rehab Coordinator, Union Hospital*

“When considering barriers or contributing factors related to a tobacco-free population, Vermillion County ranks 86nd out of 92 Indiana counties for health factors with smoking rates remaining high in part due to a lack of existing cessation incentives in place.” **Stephanie Laws** – *Vice President and Administrator, Union Hospital Clinton*

## Greatest Community Needs Affecting Behavioral Health

Several behavioral health specialists from Hamilton Center, Inc., a regional behavioral health organization in central and west central Indiana, summarized the escalated mental illness needs that

occurred during the first year of the coronavirus pandemic (2020). Clinical managers from Hamilton Center identified some of the greatest community needs and several key factors regarding the challenges in addressing behavioral health needs. Hamilton Center’s regional system includes Vigo, Parke, Vermillion, Sullivan, Greene, Putnam, Clay, Owen, Marion, Hendricks (one program in Knox) counties.

“Some of the **greatest community needs** or concerns affecting behavioral health in the Wabash Valley include a lack of behavioral health providers, (especially in rural areas), continuous funding for mental health services, a full continuum of addiction services, meth addiction, lack of available beds for substance abuse and mental health; as well as the stigma associated with mental health.” **Emily Owens** - *Deputy Chief Clinical Officer, Hamilton Center, Inc.*

“Social determinates of health for those with serious mental illnesses or chronic addiction issues include a lack of safe affordable housing, food insecurity, chronic health conditions, homelessness and a lack of social support.” **Mark Collins** - *Chief Clinical Officer, Hamilton Center, Inc. Clinical Managers — Hamilton Center, Inc.*

“The biggest community concerns that we are seeing is chronic disease prevention/education, substance abuse, mental health, lack of transportation, access to healthy food, financial management and maternal and infant health.” **Jay Christiansen**, *Senior Extension Educator - Purdue Extension*

“There is a large mental health component relating to barriers affecting health outcomes.” **Hans Andreasen, MD** - *Medical Director of Population Health Coordinator*

Behavioral health appeared as the fourth highest cause of health concerns in the Wabash Valley from Union Health physicians and providers.

*The primary data from Union Health physicians was collected between July and September of 2021. Physician and provider groups represented clinical areas in family medicine, cardiology, cardiac surgery, orthopedics, podiatry, pediatrics, internal medicine and urgent care clinics.*

### **Infant Mortality & Birth Outcomes**

“If we are to improve infant mortality rates and/or birth outcomes in the Wabash Valley over the next 3 years we need to:

- Ensure all pregnant women have access to adequate prenatal care starting in the first trimester of pregnancy, regardless of ability to pay.
- Build a practical, sustainable model for treating Perinatal Substance Use which must include behavioral and mental health counseling, regardless of the patient’s ability to pay.
- Ensure all women of childbearing age have education and access to reproductive planning information, including the option of Long Acting Reversible Contraceptives (LARC), regardless of their ability to pay.
- Continue educating parents, families, and all care givers about safe sleep, in order to reduce the number of preventable infant deaths that occur in our region.”

**Kristen Moore, MSN, RNC-OB, C-EFM** *Director of Maternal Child Services, Union Health*

“Infant mortality continues to be a challenge due to a lack of health care access and baseline healthy habit knowledge. When considering equity factors, many do not have, or cannot afford, the same access.” **Richard G. Lugar Center for Rural Health**

### **Aging Population Concerns**

“The aging population of the United States is growing, which will strain the resources and infrastructure we have in place to serve this population. Nationally, this means that social safety nets like Medicare and Social Security will be stretched thin. Health care of the elderly is seen as less important since their health issues are perceived as inevitable, which leads to worse health outcomes. Investing more in preventative care and taking better care of this population can improve health outcomes and allow our elderly to make valuable contributions to society long after they retire.” **Jessica Taylor** – *Director, Aging & Disabled Operations for Thrive West Central*

“The continued local growth of the elderly population over the next decade means that we may not have adequate resources like retirement homes, in-home care, health care providers, etc., to provide for them.” **Jessica Taylor** – *Director, Aging & Disabled Operations for Thrive West Central*

“**Vermillion County** has a declining population (-5.4% since 2010) and a high proportion of older adults and seniors (47%) with a 12% poverty rate among all adults.”

“**Parke County** is also low on health factor status ranking 83rd out of 92 counties.”

**Stephanie Laws** – *Vice President and Administrator, Union Hospital Clinton*

### **Adverse Health Effects Due To The Coronavirus**

“We should continue to educate middle school and high school students on the negative impacts of vaping that most are unaware of.” **Aimee Cottrell, RRT AE-C** - *Certified Rehab Coordinator, Union Hospital*

“In 2020, the coronavirus revealed patient vulnerability to multiple diseases. For nearly two years, we’ve seen increased hospitalizations, increased infections and an overall decline in health.” **Osman Abbasi, DO** - *Medical Director, Emergency Medicine*

“The biggest community need that I see is the lack of COVID-19 vaccination and understanding of the importance of it.” **Rachael Spencer, MSN, RN, IBCLC** - *Nursing Care Manager, Union Hospital Center for Occupational Health, Student Health Center Manager for Indiana State University, Rose Hulman Institute of Technology & Saint Mary-of-the-Woods College*

“As we entered 2020, the pandemic struck and the United Way of the Wabash Valley shifted to some early, weekly meetings with nonprofit service organizations to collect and understand the changing needs. Also, we assembled local “Guide Teams” from health care, government and non-profits to have a deeper discussion of where the needs existed and what funding was needed. In mid-2020, we quantified the following core needs in our area based on the COVID-19 pandemic:

- 1) **Food and/or COVID-19 related Supplies, Service, Delivery**  
Applicant will demonstrate ability to provide meal/food and/or COVID-19 related supply services to unmet populations.
- 2) **Stress Relief (Behavioral Health)**  
Applicant will demonstrate program capability to provide evidence-based behavioral health services, including suicide prevention to first responders, essential workers or family members impacted.
- 3) **Financial Stability Assistance**  
Applicant will demonstrate capability for expanded case management and/or financial skills training/mentoring incentivized with financial assistance.
- 4) **Shelter Expenses**  
Applicant will demonstrate improved social distant capabilities & living conditions for shelter residents, including recovery, domestic abuse, homeless and adult care facilities.
- 5) **Child Care Financial Assistance**  
Applicant will demonstrate ability to oversee/manage a financial assistance program for multiple child care facilities working toward pandemic-necessitated upgrades, scholarships or staffing.
- 6) **Engagement Programming**  
Applicant will demonstrate ability to expand youth programming in a clear means to “keep our youth engaged in academic-, health- or character-building pursuits.”
- 7) **Internet Access / Connectivity**  
Applicant will demonstrate management of a program to provide temporary or permanent internet connectivity to an unmet population. Requested funds may be used for Office of Community & Rural Affairs (OCRA) match.

Even today, as we receive additional COVID-19 funding, the primary local needs center around the Centers for Disease Control and Prevention Social Determinants of Health as they relate to basic needs and essential services.” **Richard Payonk** - *Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)*

### **Drug Use Disorder**

“Our data for needs in the community for 2018, 2019 and 2020 vary widely based on the impact of the COVID-19 pandemic, but the core needs remain consistent. Our Community Conversations conducted in 2016 and 2017 landed on four primary issues with substance use disorders ranked as the top concern, followed by family sustaining wage jobs and our community’s ability to attract such employers, community safety and community pride.” **Richard Payonk** - *Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)*



“Vermillion County ranks 6th worst in the state among all 92 counties for drug overdoses, according to Stats Indiana, 18.97 (US rate 9.51/Indiana 14.29 per 100,000).” **Stephanie Laws** – *Vice President, Administrator of Union Hospital Clinton*

### Community Needs Surrounding Food Insecurities

“One of the biggest community needs surrounding food insecurities is access. There are several food pantries and soup kitchens throughout most of Vigo County, however, many low-income families do not have access to reliable personal transportation or access to public transportation. The routes to nutrition are not always simple, direct routes.” **Jennifer Buell** - *Assistant Agency Director, Terre Haute Catholic Charities & Foodbank*

“Food insecurity doesn’t exist in isolation, as low-income families are affected by multiple, overlapping issues like lack of affordable housing, social isolation, chronic or acute health problems, high medical costs and low wages.” **Jennifer Buell** - *Assistant Agency Director, Terre Haute Catholic Charities & Foodbank*

“The biggest community needs include poverty, broken homes, mental health, COVID-19, tobacco use and overall lack of engagement in solving issues around health, nutrition and economic development. Neighborhood revitalization draws people together into healthy environments, such as community gardens, walking and biking trails that reconnect communities and creates healthier family habits.” **Richard G. Lugar** **Center for Rural Health**

### Impact of Health Issues On A Low Income & Underserved Community

“Lack of access to health care, nutritional foods and adequate sidewalks for safe walking impact the underserved and low income neighborhoods in our community.” **Dawn Boyles** - *Outreach & Resource Coordinator, Valley Professionals Community Health Center*

“Transportation for persons under the age of 60, who are not eligible for medical transportation from their insurance, is also a concern.” **Dawn Boyles** - *Outreach & Resource Coordinator, Valley Professionals Community Health Center*

“Regarding poverty, there is a lack of knowledge of available resources, as well as an ability to access those resources.” **Rachael Spencer, MSN, RN, IBCLC** - *Nursing Care Manager, Union Hospital Center for Occupational Health, Student Health Center Manager for Indiana State University, Rose-Hulman Institute of Technology & Saint Mary-of-the-Woods College*

“Our Community Conversations conducted in 2016 and 2017 also showed a true social issue of generational poverty and struggling working families. The data we use for a snapshot of 2018 shows the same trend. We use the ALICE Project Report in Indiana issued last year for 2018 data [www.unitedforalice.org/Indiana](http://www.unitedforalice.org/Indiana) [unitedforalice.org]. This shows that 40% of households in our six-county service area live below what we would call, a “survival budget” (ALICE means – Asset Limited, Income Constrained, Employed). As we entered 2020, this was the greatest social issue and the focus of our United Way – also trying to focus other organizations, nonprofits and civic organizations on the same issue.” **Richard Payonk** - *Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)*

”Issues affecting underserved populations include stigma related to seeking mental health services from some minority populations, lack of trust with health care systems from minority populations, lack of diverse service providers and lack of targeted involvement in minority neighborhoods within the community.” **Mark Collins** - *Chief Clinical Officer, Hamilton Center, Inc.*

“Comorbid conditions exist for those suffering from mental health needs (diabetes, high blood pressure, obesity, smoking and decreased life expectancy).” **Brock Lough** - *Deputy Chief of FQHC Look alike, Hamilton Center, Inc.*

“In 2016, the total annual cost of health care disparities associated with food insecurity was \$1,767 per food insecure adult that resulted in \$25,426 of additional health care related costs.” **Jennifer Buell** - *Assistant Agency Director, Terre Haute Catholic Charities & Foodbank*

“Often low-income patients delay seeking medical treatment, which increases their health risks and overall health outcomes. Many also have difficulty navigating siloed care, as opposed to an integrated health care plan.” **Hans Andreasen, MD** - *Medical Director of Population Health*

“Unhealthy habits, that include fast food consumption and self-medication or drug abuse, become reactionary traps with negative outcomes for this underserved population. Housing and food insecurities quickly become higher necessities that lead to less emphasis on preventative health, unhealthy diets and lack of physical exercise.” **Richard G. Lugar Center for Rural Health**

“The impact on the underserved creates more stress, higher rates of tobacco/alcohol use and increases in chronic disease.” **Jay Christiansen**, *Senior Extension Educator - Purdue Extension*

“Unhealthy lifestyles, poor food choices, obesity, in addition to high smoking rates, are contributing to heart disease and high emergency room visits in Sullivan County.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

“Vermillion and Parke counties have experienced an overall poor quality of life, poor health outcomes, higher health care costs per capita, high lower life expectancy and higher utilization of health care resources.” **Stephanie Laws** – *Vice President, Administrator of Union Hospital Clinton*

### **Racial Disparities and Health Impacts**

“There is a stigma among some minority populations related to seeking mental health services, a shortage of diverse service providers as well as an overall lack of trust with health care systems among the minority populations.” **Mark Collins** - *Chief Clinical Officer, Hamilton Center, Inc.*

“Race may be associated with a greater genetic risk for certain disease states, but lower socioeconomic class delays preventative care and decreases health outcomes.” **Hans Andreasen, MD** - *Medical Director of Population Health*



“Infant mortality continues to be a challenge due to a lack of health care access and baseline healthy habit knowledge. When considering equity factors, many do not have, or cannot afford, the same access.” **Richard G. Lugar Center for Rural Health**

“During the summer months, Sullivan County Hospital experiences an influx of uninsured Hispanic workers.” **Leslie Lentz - Marketing Director, Sullivan County Hospital**

“Vermillion and Parke counties are showing no specific ethnic or racial impacts. Both counties consist of a predominantly white, rural population demographically.” **Stephanie Laws – Vice President, Administrator of Union Hospital Clinton**

### **Barriers Affecting Health Outcomes**

“Affordable and accessible housing is the second highest, unmet need with the aging and disabled individuals we work with in our community.” **Jessica Taylor – Director, Aging & Disabled Operations for Thrive West Central**

“Cultural stigma for the elderly and disabled individuals often delay addressing small, routine health issues until they become emergencies, as well as the lack of participation in preventative health screenings.” **Jessica Taylor – Director, Aging & Disabled Operations for Thrive West Central**

“Transportation continues to be a challenge for the aging and disabled. Our office is inundated with calls from Medicaid recipients requesting transportation to medical appointments.” **Jessica Taylor – Director, Aging & Disabled Operations for Thrive West Central**

“The two common barriers that I hear (though again, limited quantitative data has been presented to us) are:

- 1). Understanding or communication of the available array of services and resources for those who are in need. For example, we have a much more robust substance use disorder treatment and recovery community than many residents (especially those in need, and even the legal community) may understand. Our ability to bring these services together and market/communicate their availability in the community would break down a huge barrier. I expect this same issue exists in other health care fields, but I do not see it in as great a way as in the Substance Use Disorder (SUD) arena.
- 2). Transportation to access the services needed. Even in Vigo County, there remain rural residences that cannot access public transportation to make it to the services or appointments required. Combine this with the large population in our rural counties and this becomes an even greater issue.” **Richard Payonk - Executive Director, United Way of the Wabash Valley (Clay, Clark, Parke, Sullivan, Vermillion and Vigo counties.)**

“There is a lack of access outside of normal business hours for primary care treatment. There are also continued challenges with transportation and underinsured or uninsured. Valley Professionals does offer after-hours services at various locations to help meet this need.” **Dawn Boyles** - *Outreach & Resource Coordinator, Valley Professionals Community Health Center*

“The greatest barriers in our community relates to poverty, access to resources or lack of knowledge of available resources.” **Rachael Spencer, MSN, RN, IBCLC** - *Nursing Care Manager, Union Hospital Center for Occupational Health Student Health Center Manager for Indiana State University, Rose-Hulman Institute of Technology & Saint Mary-of-the-Woods College*

“In addition to transportation concerns, the aftereffects of COVID-19 created a false sense of security by many low-income individuals due to the multiple stimulus payments made, temporary increase in unemployment-income and accelerated tax credits. This influx of temporary funds may have provided a level of temporary relief, but it doesn’t move these families out of poverty.” **Jennifer Buell** - *Assistant Agency Director, Terre Haute Catholic Charities & Foodbank*

“People suffering from mental health issues already have barriers to access health care which affects their overall health and some health care organizations/physicians lack of knowledge or experience with the mental health population.” **Natasha Newcomb** – *Executive Director of Substance Abuse Services, Hamilton Center, Inc.*

“The community needs a health care integration focus – primary and behavioral health integration.” **Natasha Newcomb** – *Executive Director of Substance Abuse Services, Hamilton Center, Inc.*

“Transportation and other environmental factors are often barriers.” **Megan Creech** – *Executive Director of Adult and North Services, Hamilton Center, Inc.*

“We need increased understanding and integration with care of consumers with co-occurring mental illness and substance use disorders.” **Megan Creech** – *Executive Director of Adult and North Services, Hamilton Center, Inc.*

“One huge barrier is having mechanisms in place for all ages to prepare and attend college. If they are able to leave the home to attend college, they will become exposed to new lifestyles that will support new employment and entrepreneurial opportunities.” **Richard G. Lugar** **Center for Rural Health**

“Sullivan County residents experience cyclical poverty, a lack of child development education and resources, a decrease in the number skilled workers and an absence of adequate transportation.” **Leslie Lentz** - *Marketing Director, Sullivan County Hospital*

“Barriers affecting better health outcomes in Parke and Vermillion counties include transportation, internal and external cultural influences, unemployment jobless rates, smoking rates/cessation incentives, chronic disease and behavioral health issues.” **Stephanie Laws** – *Vice President and Administrator, Union Hospital Clinton*

Key informants indicated low staffing levels, low funding levels, being able to break cultural barriers, increases in drug use, poverty and apathy, lack of free clinics, unaffordable healthcare and medications, lack of available affordable housing, provider billing, and limited local resources as major themes. Indiana State Health Assessment & Improvement Plan (2018 – 2021)—Summary of primary data

“Women’s health data shows the Wabash Valley is among the 10 highest risk counties for breast cancer. Health barriers include a lack of continuum of care, gaps in screening among primary care providers and additional needs for treatment and survival plans. These rates have been worsening over the past five years. An educational piece should be considered to address the data that states only 61% of eligible women are receiving routine breast screenings. Based on predictive models from Healthy People 2020, it will take 13 years to reach the recommended state average at our current pace.” **Richard G. Lugar Center for Rural Health**

Additional primary data from Union Health physicians and providers were collected between July and September of 2021. Physician and provider groups represent clinical areas in family medicine, cardiology, cardiac surgery, orthopedics, podiatry, pediatrics, internal medicine and urgent care clinics.

## Implementation Framework

### 2019-2021 Interventions to Continue and New or Expanded Interventions Needed Community Health Dynamics

New information and potential opportunities are continually emerging within community health. As of September 2021, the best-available information informed the following implementation framework for 2022-2024. As information and opportunities emerge, those will be considered for integration into this framework and success tracking.

#### Projected Health Needs and Interventions

Health Need	Successful Interventions to Continue	New or Expanded Interventions
Obesity (Youth & Adult) & Lack of Exercise	<ul style="list-style-type: none"> <li>• Employer outreach</li> <li>• Breastfeeding support/education</li> <li>• Sponsor community sports (Youth)</li> <li>• Support community gardens</li> <li>• "Operation Fit Kids" from Minority Health Coalition</li> </ul>	<ul style="list-style-type: none"> <li>• Follow Vigo County School System model to encourage access to playgrounds &amp; outdoor facilities.</li> <li>• Initiate messaging to increase the number of physically active minutes per adult/youth.</li> <li>• Establish Union Health budget to promote healthy lifestyles.</li> <li>• Partner with United Way to improve obesity rates.</li> <li>• Include a primary care message within the patient admission folder.</li> <li>• Implemented an "Eat Better Tonight" billboard promotion</li> </ul>
Heart Disease & Stroke (Men & Women)	<ul style="list-style-type: none"> <li>• Heart screenings at health fairs</li> <li>• Low cost heart scans at Union Hospital Clinton</li> <li>• Promote Stroke education at public health fairs and to existing Union Health patients</li> <li>• Promote Stroke Awareness during Month &amp; World Stroke Day</li> <li>• Community Virtual public educational programs for stroke prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart health education programs at Union Health health fairs.</li> <li>• Include heart health education in the community benefit marketing plan and budget.</li> <li>• Support expanded Farmer's Market initiatives.</li> <li>• Encourage expanded wellness programs.</li> <li>• Expand heart scan promotions.</li> <li>• Include a Heart &amp; Vascular message within the patient admission folder.</li> <li>• Record and promote physician interviews regarding stroke</li> <li>• Improve stroke outreach with critical access hospitals in our region.</li> </ul>
Diabetes	<ul style="list-style-type: none"> <li>• Employer outreach</li> <li>• Support community gardens</li> </ul>	<ul style="list-style-type: none"> <li>• Increase reach and participation levels for pre-diabetes (borderline) patients.</li> <li>• Increase frequency of medical nutrition therapy instruction for diabetes patients.</li> <li>• Include diabetes education in the community benefit marketing plan and budget.</li> <li>• Increase diabetes education programs at Union Health community health fairs.</li> <li>• Diabetes Education will reactivate peer support classes once COVID19 pandemic subsides.</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>• Employee screenings in the community (sunscreens, smoking, self exams)</li> <li>• High school outreach</li> <li>• Lung screenings</li> <li>• Food for life education</li> <li>• Expanded access to 3D mammographies</li> <li>• Support cancer sponsorships</li> </ul>	<ul style="list-style-type: none"> <li>• Implemented social media campaign that screening mammograms start at 40.</li> <li>• Expand screenings at Union Health &amp; public health fairs.</li> <li>• Include lower age (45) recommendations of colon screening messages.</li> <li>• Support expanding Farmer's Market initiatives.</li> <li>• Include cancer education in the community benefit marketing plan and budget.</li> <li>• Created a skin cancer video with Union Health Physicians. Promoted throughout the Wabash Valley.</li> <li>• Implement genetic counselors to work with patients to determine cancer risks.</li> <li>• Promote 3D mammography screenings now available at Union Health Clinton - Vermillion and Parke county</li> </ul>
Tobacco/Vape	<ul style="list-style-type: none"> <li>• Employer Outreach</li> <li>• Education/Promotion of Quit Line (IN &amp; IL)</li> <li>• Quit Kit Availability</li> </ul>	<ul style="list-style-type: none"> <li>• Include Indiana and Illinois Quitline messaging in patient admission folders.</li> <li>• Continue to retrain frontline staff about the referral options for the smoking Quitline.</li> <li>• Partner with United Way to improve smoking rates.</li> <li>• Promote anti-smoking messaging for pregnant mothers.</li> <li>• Support new anti-vape messaging programs with CASY.</li> <li>• Include tobacco/vape education in the community benefit marketing plan and budget.</li> </ul>
Behavioral Health	<ul style="list-style-type: none"> <li>• Patient assessment through clinical interviews</li> <li>• Medication evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Place a licensed behavioral health staff member with patients in order to evaluate their behavioral health needs.</li> <li>• Support the United Way in its youth engagement programming to include health, academic and character-building screening messaging.</li> </ul>
Infant Mortality	<ul style="list-style-type: none"> <li>• Safe sleep education</li> <li>• Prenatal navigation</li> <li>• Referral promotion</li> <li>• Breastfeeding support/education</li> <li>• Participate in child safety seat installations</li> <li>• Host Community Baby Shower event</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit maternal-fetal medicine provider to improve high-risk pregnancy measures.</li> <li>• Add a new health care provider to offer in-home prenatal care to under served, low-risk patients.</li> <li>• Implement a peer obstetrics recovery coach to help patients with substance abuse disorders.</li> <li>• Include safe sleep &amp; birthing education in the community benefit marketing plan and budget.</li> <li>• Promote new neonatal navigators to the community.</li> </ul>
Substance Abuse		<ul style="list-style-type: none"> <li>• Expand the number of behavioral health &amp; substance abuse providers.</li> <li>• Expand continuum of addiction services.</li> <li>• Expand the number of available beds for substance abuse.</li> </ul>

Initiatives derived from various community organizations including the Chamber of Commerce "See You in Terre Haute 2025 Community Plan," Union Health, Union Hospital Clinton, Clinical Managers with Hamilton Center Behavioral Health System and Tobacco Prevention & Control - Chances & Services for Youth (CASY), United Way, Vigo County School Corporation, Richard G. Lugar Center for Rural Health.

Note: Due to changing in-market dynamics at the time of writing of this report, content for expanded interventions will continue. Information will be added to this report as available.

Note: Due to changing in-market dynamics at the time of writing of this report, interventions to continue - as well as new and/or expanded interventions for behavioral health were still under evaluation. Information will be added to this reports as it becomes available.

### Milestones & Success Metrics

Four question format for milestone & success metrics

- Where are we now?
- Where do we want to be?
- How will we get there?
- How will we know we are getting there?

### Implementation Plan: Four Key Questions Format

	Health Need
Where are we now?	Status as of 2021 CHNA
Where do we want to be?	Statistically Significant Movement
How will we get there?	Intervention (See Framework)
How will we know we are getting there?	Goal attainment of statistically significant movement;  Interim metrics, activity based  Health interim metrics, as defined by Population health team scorecard (established in Q1 each year)

## Appendix: Community Resources

### Programs within service areas for improving Heart Health / Reducing Cardiovascular Disease

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Edgar	Clark	Crawford
St. Mary-of-the-woods College Pomeroy Wellness Heart Healthy						X			
Heart Smart - Purdue Extension Office	X	X	X	X	X	X			
Get WalkIN' - Purdue Extension Office	X	X	X	X	X	X			
LEAF - The Maple Center						X			
County Health Departments						X			
School Corporation					X	X			
Purdue Extension						X			
Patient Advocates - Union Health						X			
Minority Health Coalition						X			
Horizon Health (Paris Community Health)							X		

#### Clay County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.

#### Green County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.

#### Sullivan County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.
- Sullivan County Community Hospital's Speaker's Bureau offers a number of health care topics for community education programs. They also offer health fairs for businesses or special events with lab services to identify health concerns.

#### Vermillion County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.
- The Vermillion County Health Department provides multiple resources for residents including Let's Walk Vermillion County, a booklet that identifies walking paths across the county to encourage regular psysical activity.

## Programs within service areas for improving Heart Health / Reducing Cardiovascular Disease (continued)

### Vigo County, IN

- Patient Advocates from Union Health attend several health fairs to offer health screenings to detect heart-related problems.
- St. Mary-of-the-Woods College offers the Pomeroy Wellness Program to reduce cardiovascular disease.
- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Get WalkIN' program. A virtual program that encourages participants to increase physical activity by walking more. Over a period of 12 weeks, participants receive 16 email messages containing information about the benefits of walking, overcoming barriers, principles of self-efficacy, social support, goal setting, walking locations and relapse prevention.
- The Maple Center for Integrative Health offers a variety of clinical services in the area of Holistic/Integrative Medicine and Acupuncture.
- Mini Medical School offers a series of informative presentations on multiple topics ranging from current medical news to medical procedures. The conversational style presentations are free of charge and available in person and via Zoom.

### Edgar County, IL

- Horizon Health offers a variety of health screenings fully covered by the patients' insurance.
- University of Illinois Extension offers a variety of nutrition and wellness information on their website that includes healthy recipes, nutrition and exercise tips for adults and youth.

### Clark County, IL

- The Clark County Health Department offers information to residents on a variety of topics.
- University of Illinois Extension offers a variety of nutrition and wellness information on their website that includes healthy recipes, nutrition and exercise tips for adults and youth.

### Crawford County, IL

- University of Illinois Extension offers a variety of nutrition and wellness information on their website that includes healthy recipes, nutrition and exercise tips for adults and youth.

*\*Programs, days and times may change after the publishing of this report.*



## Community Assets and Programs for the Prevention & Treatment of Obesity (Nutrition-Focus)

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Edgar	Clark	Crawford
Purdue Extension	X	X	X	X	X	X			
LEAF - The Maple Center						X			
County Health Departments	X	X	X	X	X	X	X	X	X
School Corporations	X	X	X	X	X	X	X	X	X
Meals on Wheels	X	X	X	X	X	X	X	X	X
Horizon Health							X	X	X
University of Illinois Extension							X	X	X
WIC (Women, Infants & Children) IN & IL	X	X	X	X	X	X	X	X	X

### Clay County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Clay County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.
- Meals on Wheels are offered to Clay County residents who would like a hot lunch and/or cold sack dinner delivered to their home.

### Greene County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Greene County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.
- Meals on Wheels are offered to Greene County residents who would like a hot lunch and/or cold sack dinner delivered to their home.

### Sullivan County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Sullivan County Community Hospital's Nutrition Services department provides nutritional counseling for diabetes, cardiovascular, renal, weight control, sports nutrition and eating disorders.
- Meals on Wheels are offered to Sullivan County residents who would like a hot lunch and/or cold sack dinner delivered to their home. Meals are available Sunday - Saturday and include therapeutic meals (diabetic, calorie controlled, low sodium, etc.)
- Sullivan County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

### Vermillion County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Meals on Wheels are offered to Vermillion County residents who would like a hot lunch and/or cold sack dinner delivered to their home. Meals are available via CRIS Healthy-Aging Center
- Vermillion County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.



## Community Assets and Programs for the Prevention & Treatment of Obesity (Nutrition-Focus) (continued)

### Vigo County, IN

- Purdue Extension Office offers the Be Heart Smart program that covers risk factors, Cholesterol & blood pressure guidelines, healthy eating plans, stress reduction guidelines and talking to your health care provider.
- Purdue Extension Office offers the Growing Food, Growing Communities program that partners with local communities to grow and supply nutritious food, deepen partnerships, provide education and ultimately strengthen people.
- Meals on Wheels are offered to Vigo County residents who would like a hot lunch and/or cold sack dinner delivered to their home.
- Vigo County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- United Way is replacing its “Healthier by 2020” initiative with the “United Way of the Wabash Valley Community Health Impact Council” and will begin work in the Fall of 2021. The council will aim to promote healthy lifestyles and decide on continued funding for programs like Mobile Market, Community Teaching Kitchens and the Food Rx Program.
- LEAF - Maple Center for Integrative Health provides healthy lifestyle and nutrition services.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

### Edgar County, IL

- University of Illinois Extension offers a variety of Nutrition & Wellness information on their website that includes healthy recipes.
- Meals on Wheels are offered to Edgar County residents who would like a hot lunch and/or cold sack dinner delivered to their home.
- Edgar County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

### Clark County, IL

- University of Illinois Extension offers a variety of Nutrition & Wellness information on their website that includes healthy recipes.
- Meals on Wheels are offered to Clark County residents who would like a hot lunch and/or cold sack dinner delivered to their home.
- Clark County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

### Crawford County, IL

- University of Illinois Extension offers a variety of Nutrition & Wellness information on their website that includes healthy recipes.
- Meals on Wheels are offered to Crawford County residents who would like a hot lunch and/or cold sack dinner delivered to their home.
- Crawford County School Corporation, through the McKinney-Vento Act, offers homeless youth free breakfast and lunch.
- The WIC program is available to women, infants and children in Indiana and Illinois who are at nutrition risk.

## Community Assets and Programs for Tobacco Cessation in the Wabash Valley

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Edgar	Clark	Crawford
County Health Departments	X	X	X	X	X	X	X	X	X
Quit Now Indiana	X	X	X	X	X	X			
Illinois Quit Line							X	X	X
Chances and Services For Youth				X		X			

### Clay County, IN

- Tobacco cessation program offered by the Clay County Health Department and free nicotine patches are available.
- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.

### Greene County, IN

- Tobacco cessation program offered by the Greene County Health Department and free nicotine patches and gum are available to those who enroll in cessation class.
- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.

### Sullivan County, IN

- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.
- Chances and Services for Youth houses the Tobacco Free Vigo Coalition. The coalition offers presentations for k-12 classes as well as parent/teacher organizations, health care professionals, employers, non-profits, and other organizations. They work closely with the Indiana Tobacco Quitline and implement “Too Good for Drugs” and “Catch my Breath”.

### Vermillion County, IN

- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.

### Vigo County, IN

- Quit Now Indiana offers multiple approaches to encourage Hoosiers to quit tobacco.
- Chances and Services for Youth houses the Tobacco Free Vigo Coalition. The coalition offers presentations for k-12 classes as well as parent/teacher organizations, health care professionals, employers, non-profits, and other organizations. They work closely with the Indiana Tobacco Quitline and implement “Too Good for Drugs” and “Catch my Breath”.

### Edgar County, IL

- Smoking cessation education is offered through Edgar County Public Health Department.
- The Illinois Quit Line is offered in all Illinois Counties. Operated by the National Cancer Institute, the 1-800-QUIT-LINE will connect callers to each state’s tobacco quit line.

### Clark County, IL

- Smoking cessation education is offered through Clark County Public Health Department.
- The Illinois Quit Line is offered in all Illinois Counties. Operated by the National Cancer Institute, the 1-800-QUIT-LINE will connect callers to each state’s tobacco quit line.

### Crawford County, IL

- Smoking cessation education is offered through Crawford County Public Health Department.
- The Illinois Quit Line is offered in all Illinois Counties. Operated by the National Cancer Institute, the 1-800-QUIT-LINE will connect callers to each state’s tobacco quit line.

\*Programs, days and times may change after the publishing of this report.

## Community Assets and Programs to Reduce Food Insecurities

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo	Edgar	Clark	Crawford
Food Pantries, Meal Programs, Free Meals	X	X	X	X	X	X	X	X	X

Indiana residents can access a list of food pantries, meal programs and free meals by calling “211” or visiting [indianacommunityconnect.in.gov](http://indianacommunityconnect.in.gov)

Illinois residents can access a list of food pantries, meal programs and free meals by calling “211” or visiting <https://www.dhs.state.il.us/>

### Clay County, IN

- Saint Vincent De Paul Clay County, Brazil IN, Tuesdays Noon - 2:00 p.m.
- Mobile Food Pantry - Knights of Columbus, Brazil IN, Select Saturdays 10:00 - 11:00 a.m.
- Mobile Food Pantry - Cooper Towers, Brazil, IN, Select Saturdays 10:00 - 11:00 a.m. while supplies last
- Cupboard and Closet - Senior Citizens of Clay County, Brazil IN, Tuesdays & Thursdays 8:00 - 11:00 a.m.
- Clay County Emergency Food Pantry, Brazil IN, Monday - Friday 9:00 - 11:00 a.m.
- Mobile Food Pantry - Carbon Baptist Church, Carbon IN, Select Mondays 10:00 - 11:00 a.m. while supplies last
- Center Point United Methodist Church, Center Point IN, Last Weds of month 2:00 - 3:30 p.m.
- Christian Care and Share Services of Southern Clay County, Clay City IN, Wednesday 10:00 a.m. - Noon, Thursday 5:00 - 7:00 p.m.
- Garrad Chapel Food Pantry, Bowling Green IN, Wednesdays 10:00 a.m. - Noon, 2nd and 4th Thursday 5:00 - 6:00 p.m.

### Greene County, IN

- Food Pantry and Blessing Box, Bloomfield IN, Tuesday - Thursday 9:00 a.m. - 11:00 a.m.
- Operation Outreach - Solsberry Christian Church, Solsberry IN, Monday, Tuesday 11:00 a.m. - 2:00 p.m., Wednesday 2:00 p.m. - 5:30 p.m.
- Family Life Center of Greene County, Bloomfield IN, Daily, 24 hours a day, 7 days a week
- Mobile Food Pantry - Scotland Mobile Full Gospel Church, Bloomfield IN, Select Wednesdays 11:00 a.m. - Noon
- The Son Shine Shop, Worthington IN, Monday 2:00 p.m. - 5:00 p.m., Thursday 10:00 a.m. - Noon, 5:00 - 7:00 p.m.
- Mobile Food Pantry - Scotland Fire Department, Scotland IN, Select Wednesdays 11:00 a.m. - Noon while supplies last
- Linton Community Food Pantry, Linton IN, Tuesday and Thursday 1:00 - 3:00 p.m., Saturday 10:00 a.m. - Noon
- Jasonville United Methodist Church, 3rd Saturday of the month 10:00 a.m. - 1:00 p.m.

### Parke County, IN

- Parke County Food Pantry, Rockville IN, Wednesdays 9:00 a.m. - 1:00 p.m.

### Sullivan County, IN

- Our Father’s Arms, Sullivan IN, Monday 6:00 - 7:20 p.m., Friday 8:00 - 9:20 a.m.
- Pleasantville United Methodist Church, 4th Saturday of the month 10:00 a.m. - 12:30 p.m.
- Shelburn Community Center, Shelburn IN, Select Tuesdays 10:00 - 11:00 a.m. while supplies last

### Vermillion County, IN

- Mobile Pantry - Hilcrest Community Center, Clinton IN, 1st and 3rd Wednesday 4:00 - 5:00 p.m. while supplies last
- Food Pantry - Hilcrest Community Center, Clinton IN, Tuesday and Wednesday 10:00 a.m. - 1:00 p.m., Thursday 10:00 a.m. - 2:00 p.m.
- Vermillion County Food Pantry, Clinton IN, Thursday 3:00 - 5:00 p.m., 2nd and 4th Tuesday 2:00 - 4:00 p.m.
- Food Pantry - Helt Township Trustee, Dana IN, Mondays 1:00 - 3:30 p.m., Tuesday 9:00 - 11:30 a.m.
- Mobile Food Pantry - Dana Fire Department, Dana IN, 1st Thursday 5:00 - 6:00 p.m.
- Newport Christian Food Center - Newport IN, Select Thursdays 5:00 - 6:00 p.m.
- Newport Christian Food Center Mobile Pantry - Cayuga IN, 3rd Thursday 5:00 p.m.
- Cayuga Christian Church, Cayuga IN, 2nd Tuesday of the month 5:00 - 8:00 p.m., Thursdays 10:00 a.m. - 2:00 p.m.

### Vigo County, IN

- Sarah Scott Middle School Food Pantry, Terre Haute IN, 2nd Monday 9:00 - 10:00 a.m.
- Higher Hope Ministries, Terre Haute IN, 2nd and 4th Thursday 4:00 p.m.
- Dreiser Square Community Food Pantry, Terre Haute IN, Select Wednesdays 10:00 - 11:00 a.m. while supplies last
- Salvation Army Food Pantry, Terre Haute IN, Monday - Friday 8:30 a.m. - Noon, Thursday 1:00 - 2:00 p.m.
- The Life Center Food Pantry, Terre Haute IN, 2nd and 4th Thursday 4:00 - 6:00 p.m.
- Sisters of Providence Saint Mary-of-the-Woods, West Terre Haute IN, Thursday 8:00 - 10:30 a.m.
- Covenant Food Pantry, Terre Haute IN, Tuesday and Wednesday 10:00 a.m. - 1:00 p.m.
- Mobile Food Pantry West Vigo Community Center, West Terre Haute IN, Select Tuesday 11:00 a.m. - 1:00 p.m.
- Manna From Seven, Terre Haute IN, Friday 11:00 a.m. - 1:00 p.m.
- Mother Hubbard’s Cupboard, Terre Haute IN, Tuesday 9:00 a.m. - Noon
- Terre Haute Foresquare Church, Terre Haute IN, Monday 6:00 - 7:00 p.m.

- Bread and Produce Market, Terre Haute IN, 3rd Saturday of the month 9:00 a.m. - 11:00 a.m.
- First Baptist North, Terre Haute IN, 1st and 3rd Thursday 9:00 a.m. - Noon

### **Edgar County, IL**

- Chrisman Christian Church Food Pantry, Chrisman IL, 3rd Monday of the month 3:00 - 7:00 p.m., 4th Tuesday 11:00 a.m. - 7:00 p.m. by appointment
- Compassionate Food Ministries - Food Pantry, Paris IL, Wednesdays 8:30 - 11:30 a.m.
- Kansas UMC Food Pantry, Kansas IL, 4th Saturday of the month 8:30 - 10:30 a.m.

### **Clark County, IL**

- Casey Ministerial Association, Casey IL, 3rd Tuesday of the month 1:00 - 3:00 p.m.
- Marshall Food Disbursement Program, Marshall IL, Tuesdays 2:00 - 4:00 p.m., 4th Tuesday of the month 1:30 - 4:30 P.M.
- Martinsville Community Pantry, Martinsville IL, 1st and 3rd Thursday 4:00 - 6:00 p.m., 2nd and 4th Thursday 9:00 - 11:00 a.m.
- Westfield Food Pantry, Westfield IL, 2nd and 4th Monday 5:30 - 6:30 p.m.

### **Crawford County, IL**

- Palestine Community Food Pantry, Palestine IL, Mondays 1:00 - 3:00 p.m. Wednesdays 5:00 - 6:00 p.m.
- Robinson Food Pantry, Robinson IL, Mondays 3:30 - 4:30 p.m. Wednesdays 10:30 - 11:30 a.m.
- Robinwood Food Pantry, Robinson IL, Thursdays 3:00 - 6:00 p.m.
- Upper Room Street Ministries, Robinson IL, by appointment only

*\*Programs, days and times may change after the publishing of this report.*

## Non-programmatic Community Assets, Indiana Counties

	Clay	Greene	Parke	Sullivan	Vermillion	Vigo
<b>Parks</b>	3	8	8	7	7	34
<b>Fitness Centers</b>	5	2	1	2	4	27
<b>Churches/Faith Communities</b>	41	57	35	50	32	135

*Union Health is a not-for-profit health system that provides comprehensive health care to patients in west central Indiana and eastern Illinois. Serving its communities since 1892, Union Health provides care to all area residents regardless of their ability to pay. Their patient-focused philosophy emphasized collaboration, integrity, transparency and stewardship to help patients reach better health and well-being. For more information about Union Health, visit [www.myunionhealth.org](http://www.myunionhealth.org).*