

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/29/2018 3:59 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/29/2018	Time: 3:59 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GREAT RIVER MEDICAL CENTER (16-0057) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) TODD SLADKY

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-30,203	2,573	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-27,733	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-57,936	2,573	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1221 SOUTH GEAR AVENUE	PO Box:								1.00
2.00	City: WEST BURLINGTON	State: IA		Zip Code: 52655		County: DES MOINES				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	GREAT RIVER MEDICAL CENTER	160057	99916	1	07/01/1965	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	GREAT RIVER MEDICAL CENTER	16T057	99916	5	07/01/1985	N	P	P	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	GREAT RIVER MEDICAL CENTER	165110	99916		05/01/1977	N	P	P	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	GREAT RIVER MEDICAL CENTER	167136	99916		11/08/1984	N	P	P	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	GREAT RIVER MEDICAL CENTER	161567	99916		03/06/2002				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2017	06/30/2018		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(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		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	N		23.00
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
			1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,033	0	0	0	3,713	0		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0057		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 1:46 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	
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.			45	0	0	0	191		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.						2			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.						2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						N			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N		40.00
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.						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.									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.									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 §413.85? (see instructions)						N			60.00

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From 07/01/2017
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		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	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	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
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00
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	0	76.00

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			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
		1.00	2.00	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.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 1:46 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	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	738,310	932,490	225,000	
		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
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
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			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0057		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 1:46 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:	Contractor's Name:			Contractor's Number:			141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:			Zip Code:			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.				N				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								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	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						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	161.00		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus 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)							0	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
						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)					10/01/2016	09/30/2017		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	0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 1:46 pm
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 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 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/29/2018
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	N		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 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	11/26/2018	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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/29/2018 1:46 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN	WELLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4446	KEVIN.WELLEN@CLACONNECT.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 1:46 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, 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: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	126	45,990	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)		126	45,990	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		138	50,370	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,015		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	160	58,400		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	6	2,190			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)		315				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: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	10,923	561	20,587			1.00
2.00	HMO and other (see instructions)	1,718	3,230				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	197	191				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)	10,923	561	20,587			7.00
8.00	INTENSIVE CARE UNIT	1,182	42	2,013			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	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		426	1,433			13.00
14.00	Total (see instructions)	12,105	1,029	24,033	0.00	454.91	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,276	45	2,193	0.00	10.88	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	3,968	0	4,738	0.00	17.25	19.00
20.00	NURSING FACILITY		3,711	50,748	0.00	123.67	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	7,233	0	15,241	0.00	23.83	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	479	0	1,148	0.00	22.17	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	652.71	27.00
28.00	Observation Bed Days		261	1,368			28.00
29.00	Ambulance Trips	680					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	4	58			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: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/29/2018 1:46 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	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,905	402	7,981	1.00
2.00 HMO and other (see instructions)			380	1,326		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				161		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 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,905	402	7,981	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	105	31	351	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/29/2018 1:46 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	69,908,146	0	69,908,146	2,404,906.00	29.07
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	925,807	23,702	949,509	34,764.00	27.31
10.00	Excluded area salaries (see instructions)		10,525,045	624,370	11,149,415	443,020.00	25.17
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		871,257	0	871,257	11,647.00	74.81
12.00	Contract labor: Top level management and other management and administrative services		330,513	0	330,513	8,964.00	36.87
13.00	Contract labor: Physician-Part A - Administrative		27,000	0	27,000	262.00	103.05
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		0	0	0	0.00	0.00
14.02	Related organization salaries		3,263,793	0	3,263,793	8,610.00	379.07
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,173,700	0	15,173,700		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,761,957	0	3,761,957		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	711,328	0	711,328	21,374.00	33.28
27.00	Administrative & General	5.00	9,674,697	-648,072	9,026,625	290,355.00	31.09

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/29/2018 1:46 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on 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	
28.00	Administrative & General under contract (see inst.)		188,014	0	188,014	986.43	190.60	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,118,367	0	2,118,367	73,322.00	28.89	30.00
31.00	Laundry & Linen Service	8.00	219,794	0	219,794	13,493.00	16.29	31.00
32.00	Housekeeping	9.00	1,757,067	0	1,757,067	105,665.00	16.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,566,097	0	1,566,097	86,514.00	18.10	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,019,774	0	2,019,774	46,830.00	43.13	38.00
39.00	Central Services and Supply	14.00	945,358	0	945,358	51,660.00	18.30	39.00
40.00	Pharmacy	15.00	2,061,954	0	2,061,954	42,461.00	48.56	40.00
41.00	Medical Records & Medical Records Library	16.00	1,683,043	0	1,683,043	58,276.00	28.88	41.00
42.00	Social Service	17.00	494,416	0	494,416	13,207.00	37.44	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/29/2018 1:46 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	70,096,160	0	70,096,160	2,405,892.43	29.14	1.00
2.00	Excluded area salaries (see instructions)	11,450,852	648,072	12,098,924	477,784.00	25.32	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,645,308	-648,072	57,997,236	1,928,108.43	30.08	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,492,563	0	4,492,563	29,483.00	152.38	4.00
5.00	Subtotal wage-related costs (see inst.)	15,173,700	0	15,173,700	0.00	26.16	5.00
6.00	Total (sum of lines 3 thru 5)	78,311,571	-648,072	77,663,499	1,957,591.43	39.67	6.00
7.00	Total overhead cost (see instructions)	23,439,909	-648,072	22,791,837	804,143.43	28.34	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2018 1:46 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		3,073,624	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		327,252	7.00
HEALTH AND INSURANCE COST				
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)		9,208,143	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		273,187	9.00
10.00	Dental, Hearing and Vision Plan		426,676	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		172,004	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		160,866	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		5,072,417	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		16,319	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		140,812	22.00
23.00	Tuition Reimbursement		64,357	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		18,935,657	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part V
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	871,257	18,935,657	1.00
2.00	Hospital	871,257	18,935,657	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 16-0057 Component CCN: 16-7136		Period: From 07/01/2017 To 06/30/2018		Worksheet S-4 Date/Time Prepared: 11/29/2018 1:46 pm	
				Home Health Agency I		PPS	
				1.00			
0.00 County				DES MOINES		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,269	3,468	148	4,885	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	315.00	0.00	92.00	407.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.01	0.00	0.01	4.00
5.00	Other Administrative Personnel			1.60	0.00	1.60	5.00
6.00	Direct Nursing Service			11.38	0.00	11.38	6.00
7.00	Nursing Supervisor			1.12	0.00	1.12	7.00
8.00	Physical Therapy Service			3.30	0.00	3.30	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.58	0.00	1.58	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.15	0.00	0.15	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.84	0.00	0.84	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			3.74	0.00	3.74	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99916			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,956	508	67	84	2,615	21.00
22.00	Skilled Nursing Visit Charges	332,520	86,380	11,390	14,280	444,570	22.00
23.00	Physical Therapy Visits	1,824	249	23	51	2,147	23.00
24.00	Physical Therapy Visit Charges	344,660	46,550	4,370	9,500	405,080	24.00
25.00	Occupational Therapy Visits	900	147	9	28	1,084	25.00
26.00	Occupational Therapy Visit Charges	170,240	26,030	1,710	5,320	203,300	26.00
27.00	Speech Pathology Visits	38	45	0	0	83	27.00
28.00	Speech Pathology Visit Charges	7,220	8,550	0	0	15,770	28.00
29.00	Medical Social Service Visits	27	8	0	0	35	29.00
30.00	Medical Social Service Visit Charges	5,751	1,704	0	0	7,455	30.00
31.00	Home Health Aide Visits	1,036	210	2	21	1,269	31.00
32.00	Home Health Aide Visit Charges	101,430	20,580	196	2,058	124,264	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,781	1,167	101	184	7,233	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	961,821	189,794	17,666	31,158	1,200,439	35.00
36.00	Total Number of Episodes (standard/non outlier)	335		34	10	379	36.00
37.00	Total Number of Outlier Episodes		29		2	31	37.00
38.00	Total Non-Routine Medical Supply Charges	3,215	1,712	247	6	5,180	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
11/29/2018 1:46 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	14	0	14 7.00
8.00		RHL	28	0	28 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	36	0	36 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	118	0	118 15.00
16.00		RVB	70	0	70 16.00
17.00		RVA	66	0	66 17.00
18.00		RHC	335	0	335 18.00
19.00		RHB	527	0	527 19.00
20.00		RHA	828	0	828 20.00
21.00		RMC	369	0	369 21.00
22.00		RMB	524	0	524 22.00
23.00		RMA	403	0	403 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	47	0	47 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	45	0	45 33.00
34.00		HC1	3	0	3 34.00
35.00		HB2	21	0	21 35.00
36.00		HB1	214	0	214 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	4	0	4 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	17	0	17 42.00
43.00		LB2	2	0	2 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	25	0	25 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	9	0	9 50.00
51.00		CB2	7	0	7 51.00
52.00		CB1	13	0	13 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	240	0	240 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
11/29/2018 1:46 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	3	0	3	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,968	0	3,968	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			99916	99916	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,788,340			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 16-0057

Period:

Worksheet S-9

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018PARTS I THROUGH IV
Date/Time Prepared:
11/29/2018 1:46 pm

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	12,595	0	1,689	14,284	11.00
12.00	Hospice Inpatient Respite Care	209	0	43	252	12.00
13.00	Hospice General Inpatient Care	270	0	188	458	13.00
14.00	Total Hospice Days	13,074	0	1,920	14,994	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-10

Date/Time Prepared:
11/29/2018 1:46 pm

				1.00	
	Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.354038	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			28,159,086	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			77,451,360	6.00
7.00	Medicaid cost (line 1 times line 6)			27,420,725	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
	Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			374,955	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			132,748	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)			132,748	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)			132,748	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,689,106	45,601,882	49,290,988	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,306,084	45,601,882	46,907,966	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	31,387	31,387	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,306,084	45,570,495	46,876,579	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)			2,057,730	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			0	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			0	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,057,730	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			728,515	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			47,605,094	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			47,737,842	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,595,106	4,595,106	151,195	4,746,301
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN		1,281,978	1,281,978	26,829	1,308,807
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		9,747	9,747	2,013	11,760
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		41,352	41,352	1,366	42,718
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		0	0	0	0
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		0	0	0	0
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		231,794	231,794	3,914	235,708
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		722,842	722,842	0	722,842
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		872	872	0	872
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,272,412	9,272,412	102,540	9,374,952
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	711,328	519,463	1,230,791	1,728,512	2,959,303
5.01	00590	ADMINISTRATIVE AND GENERAL	228,936	81,556	310,492	-30,388	280,104
5.02	00550	DATA PROCESSING	3,631,971	6,688,467	10,320,438	-62,807	10,257,631
5.03	00560	PURCHASING RECEIVING AND STORES	305,324	358,929	664,253	-7,653	656,600
5.04	00570	ADMITTING	1,449,015	632,912	2,081,927	-42,036	2,039,891
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,000,041	1,937,101	2,937,142	-45,888	2,891,254
5.06	00591	OTHER A&G	3,059,410	10,679,139	13,738,549	-1,000,088	12,738,461
7.00	00700	OPERATION OF PLANT	2,118,367	4,000,720	6,119,087	-53,172	6,065,915
7.01	00701	OPERATION OF PLANT KLEIN	0	327,689	327,689	0	327,689
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0
7.04	00704	OPERATION OF PLANT CANCER	0	45,644	45,644	0	45,644
7.05	00705	OPERATION OF PLANT REHAB	0	164,037	164,037	0	164,037
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	54,099	54,099	0	54,099
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	219,794	465,188	684,982	-9,785	675,197
9.00	00900	HOUSEKEEPING	1,646,260	926,754	2,573,014	-74,040	2,498,974
9.01	00901	HOUSEKEEPING KLEIN	110,807	88,256	199,063	-2,587	196,476
10.00	01000	DIETARY	1,315,796	1,431,743	2,747,539	-52,478	2,695,061
10.01	01001	DIETARY KLEIN	250,301	609,083	859,384	-10,261	849,123
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,019,774	1,049,101	3,068,875	-33,961	3,034,914
14.00	01400	CENTRAL SERVICE & SUPPLY	945,358	728,568	1,673,926	-37,463	1,636,463
15.00	01500	PHARMACY	2,061,954	900,569	2,962,523	-30,792	2,931,731
16.00	01600	MEDICAL RECORDS & LIBRARY	1,683,043	1,051,557	2,734,600	-42,261	2,692,339
17.00	01700	SOCIAL SERVICE	494,416	76,673	571,089	-9,578	561,511
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,702,109	2,957,264	11,659,373	-228,223	11,431,150
31.00	03100	INTENSIVE CARE UNIT	2,639,048	430,082	3,069,130	-34,325	3,034,805
41.00	04100	SUBPROVIDER - IRF	739,929	213,321	953,250	-16,412	936,838
43.00	04300	NURSERY	331,306	94,286	425,592	-7,049	418,543
44.00	04400	SKILLED NURSING FACILITY	925,807	223,779	1,149,586	8,282	1,157,868
45.00	04500	NURSING FACILITY	5,255,522	1,593,761	6,849,283	-220,839	6,628,444
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,742,884	2,724,615	8,467,499	-112,871	8,354,628
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,409,236	1,179,668	2,588,904	-37,018	2,551,886
55.00	05500	RADIOLOGY-THERAPEUTIC	545,003	951,619	1,496,622	-10,596	1,486,026
56.00	05600	RADIOISOTOPE	156,472	500,766	657,238	-2,734	654,504
57.00	05700	CT SCAN	528,463	371,270	899,733	-11,319	888,414
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	289,602	109,676	399,278	-6,763	392,515
59.00	05900	CARDIAC CATHETERIZATION	876,658	603,562	1,480,220	-17,347	1,462,873
60.00	06000	LABORATORY	2,473,442	2,963,998	5,437,440	-71,311	5,366,129
64.00	06400	INTRAVENOUS THERAPY	503,569	157,219	660,788	-9,736	651,052
65.00	06500	RESPIRATORY THERAPY	1,084,060	462,696	1,546,756	-24,031	1,522,725
66.00	06600	PHYSICAL THERAPY	444,509	132,568	577,077	-9,730	567,347
67.00	06700	OCCUPATIONAL THERAPY	396,732	183,667	580,399	-7,841	572,558
68.00	06800	SPEECH PATHOLOGY	153,283	37,261	190,544	-2,256	188,288
69.00	06900	ELECTROCARDIOLOGY	370,331	266,424	636,755	-7,201	629,554
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,663,765	12,663,765	0	12,663,765
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,845,722	6,845,722	0	6,845,722
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,751,037	13,751,037	0	13,751,037
76.00	03040	AUDIOLOGY	0	0	0	0	0
76.01	03280	EKG AND EEG	301,122	98,355	399,477	-7,393	392,084
76.02	03950	O/P REHAB SERVICES	1,815,888	1,306,582	3,122,470	-37,568	3,084,902
76.03	03951	SPORTS FITNESS	978,497	363,422	1,341,919	-30,627	1,311,292
76.04	03952	LIFE CENTER	1,315,203	1,140,356	2,455,559	-32,126	2,423,433
76.06	03480	ONCOLOGY	763,507	289,099	1,052,606	-16,944	1,035,662
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	65,533	31,679	97,212	-1,208	96,004
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,318,942	851,720	4,170,662	-73,731	4,096,931

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	491,472	212,582	704,054	-15,141	688,913	95.00
101.00	10100	HOME HEALTH AGENCY	1,579,180	570,755	2,149,935	197,068	2,347,003	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,898,409	1,898,409	0	1,898,409	113.00
116.00	11600	HOSPICE	1,429,295	640,239	2,069,534	218,996	2,288,530	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,878,499	105,794,575	174,673,074	-156,863	174,516,211	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	9,510	9,510	0	9,510	194.00
194.01	07951	DAYCARE	308,912	122,569	431,481	-22,527	408,954	194.01
194.02	07952	MARKETING	48,295	755,454	803,749	46,587	850,336	194.02
194.03	07953	OUTREACH REHAB	589,338	156,347	745,685	-10,737	734,948	194.03
194.04	07954	SWITCHBOARD	0	0	0	20,288	20,288	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	83,102	0	83,102	123,252	206,354	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	69,908,146	106,838,455	176,746,601	0	176,746,601	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Adjustments	Net Expenses		
		(See A-8)	For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	490,688	5,236,989	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,308,807	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	11,760	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	42,718	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	397,715	397,715	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	578,087	578,087	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	235,708	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	149,957	872,799	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	27,673	28,545	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-29,113	9,345,839	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-8,137	2,951,166	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	-9,277	270,827	5.01
5.02	00550	DATA PROCESSING	-1,192,698	9,064,933	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-117,465	539,135	5.03
5.04	00570	ADMITTING	-17,441	2,022,450	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-38,674	2,852,580	5.05
5.06	00591	OTHER A&G	-3,757,230	8,981,231	5.06
7.00	00700	OPERATION OF PLANT	-685,239	5,380,676	7.00
7.01	00701	OPERATION OF PLANT KLEIN	-16,202	311,487	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	252,195	252,195	7.02
7.03	00703	OPERATION OF PLANT MERCY	242,936	242,936	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	45,644	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	164,037	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	54,099	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	29,184	29,184	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	675,197	8.00
9.00	00900	HOUSEKEEPING	-18,377	2,480,597	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	196,476	9.01
10.00	01000	DIETARY	-1,724,141	970,920	10.00
10.01	01001	DIETARY KLEIN	0	849,123	10.01
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	447,688	3,482,602	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	-116,953	1,519,510	14.00
15.00	01500	PHARMACY	-99,136	2,832,595	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,858	2,690,481	16.00
17.00	01700	SOCIAL SERVICE	0	561,511	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-376,512	11,054,638	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,034,805	31.00
41.00	04100	SUBPROVIDER - IRF	0	936,838	41.00
43.00	04300	NURSERY	-24	418,519	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,157,868	44.00
45.00	04500	NURSING FACILITY	707,038	7,335,482	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-8,215	8,346,413	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,551,886	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-139,049	1,346,977	55.00
56.00	05600	RADIOISOTOPE	0	654,504	56.00
57.00	05700	CT SCAN	0	888,414	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	392,515	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,462,873	59.00
60.00	06000	LABORATORY	-10	5,366,119	60.00
64.00	06400	INTRAVENOUS THERAPY	0	651,052	64.00
65.00	06500	RESPIRATORY THERAPY	-4,860	1,517,865	65.00
66.00	06600	PHYSICAL THERAPY	0	567,347	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	572,558	67.00
68.00	06800	SPEECH PATHOLOGY	0	188,288	68.00
69.00	06900	ELECTROCARDIOLOGY	0	629,554	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,663,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,845,722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-4,876	13,746,161	73.00
76.00	03040	AUDIOLOGY	0	0	76.00
76.01	03280	EKG AND EEG	0	392,084	76.01
76.02	03950	O/P REHAB SERVICES	-26,092	3,058,810	76.02
76.03	03951	SPORTS FITNESS	-37,577	1,273,715	76.03
76.04	03952	LIFE CENTER	-663,257	1,760,176	76.04
76.06	03480	ONCOLOGY	-97,366	938,296	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	96,004	76.07
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	4,096,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-17,565	671,348	95.00
101.00	10100	HOME HEALTH AGENCY	-807	2,346,196	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,898,409	0	113.00
116.00	11600	HOSPICE	-904	2,287,626	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-7,784,303	166,731,908	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	9,510	194.00
194.01	07951	DAYCARE	0	408,954	194.01
194.02	07952	MARKETING	0	850,336	194.02
194.03	07953	OUTREACH REHAB	0	734,948	194.03
194.04	07954	SWITCHBOARD	0	20,288	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	33,066,018	33,066,018	194.05
194.06	07956	OTHER NONREIMB	0	206,354	194.06
194.07	07957	MEALS ON WHEELS	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	25,281,715	202,028,316	200.00

RECLASSIFICATIONS

Provider CCN: 16-0057

Period:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MARKETING SALARIES					
1.00	MARKETING	194.02	37,722	11,469		1.00
	0		37,722	11,469		
	B - SWITCHBOARD EXPENSE					
1.00	SWITCHBOARD	194.04	15,476	5,513		1.00
	0		15,476	5,513		
	C - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	287,857		1.00
	0		0	287,857		
	D - PHYSICIAN RECRUITMENT					
1.00	OTHER NONREIMB	194.06	102,727	23,251		1.00
	0		102,727	23,251		
	E - SNF EXPENSES					
1.00	SKILLED NURSING FACILITY	44.00	23,702	9,790		1.00
	0		23,702	9,790		
	F - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,728,512		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
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
	0		0	1,728,512		
	G - HOME HEALTH HOSPICE ADMIN					
1.00	HOME HEALTH AGENCY	101.00	236,231	1,025		1.00
2.00	HOSPICE	116.00	255,916	1,111		2.00
	TOTALS		492,147	2,136		
500.00	Grand Total: Increases		671,774	2,068,528		500.00

RECLASSIFICATIONS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MARKETING SALARIES						
1.00	OTHER A&G	5.06	37,722	11,469	0		1.00
	0		37,722	11,469			
	B - SWITCHBOARD EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.01	15,476	5,513	0		1.00
	0		15,476	5,513			
	C - PROPERTY INSURANCE						
1.00	OTHER A&G	5.06	0	287,857	12		1.00
	0		0	287,857			
	D - PHYSICIAN RECRUITMENT						
1.00	OTHER A&G	5.06	102,727	23,251	0		1.00
	0		102,727	23,251			
	E - SNF EXPENSES						
1.00	NURSING FACILITY	45.00	23,702	9,790	0		1.00
	0		23,702	9,790			
	F - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE AND GENERAL	5.01	0	9,399	0		1.00
2.00	DATA PROCESSING	5.02	0	62,807	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	7,653	0		3.00
4.00	ADMITTING	5.04	0	42,036	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	45,888	0		5.00
6.00	OTHER A&G	5.06	0	42,779	0		6.00
7.00	OPERATION OF PLANT	7.00	0	53,172	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	9,785	0		8.00
9.00	HOUSEKEEPING	9.00	0	74,040	0		9.00
10.00	HOUSEKEEPING KLEIN	9.01	0	2,587	0		10.00
11.00	DIETARY	10.00	0	52,478	0		11.00
12.00	DIETARY KLEIN	10.01	0	10,261	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	33,961	0		13.00
14.00	CENTRAL SERVICE & SUPPLY	14.00	0	37,463	0		14.00
15.00	PHARMACY	15.00	0	30,792	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	42,261	0		16.00
17.00	SOCIAL SERVICE	17.00	0	9,578	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	228,223	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	34,325	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	16,412	0		20.00
21.00	NURSERY	43.00	0	7,049	0		21.00
22.00	SKILLED NURSING FACILITY	44.00	0	25,210	0		22.00
23.00	NURSING FACILITY	45.00	0	187,347	0		23.00
24.00	OPERATING ROOM	50.00	0	112,871	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,018	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,596	0		26.00
27.00	RADIOISOTOPE	56.00	0	2,734	0		27.00
28.00	CT SCAN	57.00	0	11,319	0		28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,763	0		29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	17,347	0		30.00
31.00	LABORATORY	60.00	0	71,311	0		31.00
32.00	INTRAVENOUS THERAPY	64.00	0	9,736	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	24,031	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	9,730	0		34.00
35.00	OCCUPATIONAL THERAPY	67.00	0	7,841	0		35.00
36.00	SPEECH PATHOLOGY	68.00	0	2,256	0		36.00
37.00	ELECTROCARDIOLOGY	69.00	0	7,201	0		37.00
38.00	EKG AND EEG	76.01	0	7,393	0		38.00
39.00	O/P REHAB SERVICES	76.02	0	37,568	0		39.00
40.00	SPORTS FITNESS	76.03	0	30,627	0		40.00
41.00	LIFE CENTER	76.04	0	32,126	0		41.00
42.00	ONCOLOGY	76.06	0	16,944	0		42.00
43.00	OTHER ANCILLARY SERVICE COST CENTERS	76.07	0	1,208	0		43.00
44.00	EMERGENCY	91.00	0	73,731	0		44.00
45.00	AMBULANCE SERVICES	95.00	0	15,141	0		45.00
46.00	HOME HEALTH AGENCY	101.00	0	40,188	0		46.00
47.00	HOSPICE	116.00	0	38,031	0		47.00
48.00	DAYCARE	194.01	0	22,527	0		48.00
49.00	MARKETING	194.02	0	2,604	0		49.00
50.00	OUTREACH REHAB	194.03	0	10,737	0		50.00
51.00	SWITCHBOARD	194.04	0	701	0		51.00
52.00	OTHER NONREIMB	194.06	0	2,726	0		52.00
	0		0	1,728,512			

RECLASSIFICATIONS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/29/2018 1:46 pm

	Decreases						11/29/2016 1:45 PM
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	G - HOME HEALTH HOSPICE ADMIN						
1.00	OTHER A&G	5.06	492,147	2,136	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		492,147	2,136			
500.00	Grand Total: Decreases		671,774	2,068,528			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,946,488	0	0	0	0	1.00	
2.00	Land Improvements	11,972,330	0	0	0	0	2.00	
3.00	Buildings and Fixtures	126,596,893	0	0	0	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	60,430,241	337,263	0	337,263	10,537	5.00	
6.00	Movable Equipment	118,101,391	5,797,548	0	5,797,548	13,064,989	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	322,047,343	6,134,811	0	6,134,811	13,075,526	8.00	
9.00	Reconciling Items	-962,075	-1,964,294	0	-1,964,294	-731,907	9.00	
10.00	Total (line 8 minus line 9)	323,009,418	8,099,105	0	8,099,105	13,807,433	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,946,488	0				1.00	
2.00	Land Improvements	11,972,330	0				2.00	
3.00	Buildings and Fixtures	126,596,893	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	60,756,967	0				5.00	
6.00	Movable Equipment	110,833,950	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	315,106,628	0				8.00	
9.00	Reconciling Items	-2,194,462	0				9.00	
10.00	Total (line 8 minus line 9)	317,301,090	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
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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	4,595,106	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	1,281,978	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	9,747	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	41,352	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	231,794	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	722,842	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	872	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	9,272,412	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,156,103	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	CAP REL COSTS-BLDG & FIXT	0	4,595,106				1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,281,978				1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	9,747				1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	41,352				1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0				1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0				1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	231,794				1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	722,842				1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	872				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,272,412				2.00
3.00	Total (sum of lines 1-2)	0	16,156,103				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
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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	166,660,951	0	166,660,951	0.525246	151,195	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	29,573,241	0	29,573,241	0.093202	26,829	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	2,218,680	0	2,218,680	0.006992	2,013	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1,505,464	0	1,505,464	0.004745	1,366	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	4,314,342	0	4,314,342	0.013597	3,914	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	113,028,412	0	113,028,412	0.356218	102,540	2.00
3.00	Total (sum of lines 1-2)	317,301,090	0	317,301,090	1.000000	287,857	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	CAP REL COSTS-BLDG & FIXT	0	0	151,195	5,085,794	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	26,829	1,281,978	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	2,013	9,747	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	1,366	41,352	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	397,715	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	578,087	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	3,914	231,794	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	872,799	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	28,545	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	102,540	9,243,299	0	2.00
3.00	Total (sum of lines 1-2)	0	0	287,857	17,771,110	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	CAP REL COSTS-BLDG & FIXT	0	151,195	0	0	5,236,989	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	26,829	0	0	1,308,807	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	2,013	0	0	11,760	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	1,366	0	0	42,718	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	397,715	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	578,087	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	3,914	0	0	235,708	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	872,799	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	28,545	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	102,540	0	0	9,345,839	2.00
3.00	Total (sum of lines 1-2)	0	287,857	0	0	18,058,967	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/29/2018 1:46 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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - KLEIN (chapter 2)			0CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT - CANCER (chapter 2)			0CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-BLDG & FIXT - LAUNDRY (chapter 2)			0CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-BLDG & FIXT - MERCY (chapter 2)			0CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-BLDG & FIXT - EASTMAN (chapter 2)			0CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-BLDG & FIXT - HHA/HOSP (chapter 2)			0CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-BLDG & FIXT - REHAB (chapter 2)			0CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-BLDG & FIXT - WAPELLO (chapter 2)			0CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	1.08
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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)	B	-600,084	DIETARY	10.00	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	-812,298			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	33,025,755			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,098,732	DIETARY	10.00	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	B	-12,395	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,858	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			0	0.00	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/29/2018 1:46 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	
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
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - KLEIN			0 CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT - CANCER			0 CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT - LAUNDRY			0 CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT - MERCY			0 CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-BLDG & FIXT - EASTMAN			0 CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-BLDG & FIXT - HHA/HOSP			0 CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-BLDG & FIXT - REHAB			0 CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-BLDG & FIXT - WAPELLO			0 CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	26.08
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 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	MISC INCOME - EMPLOYEE BENEFITS	B	-8,137	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISC INCOME - DATA PROCESSING	B	-1,157,544	DATA PROCESSING	5.02	0	33.01
33.03	MISC INCOME - BUSINESS OFFICE	B	-2,015	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.03
33.04	MISC INCOME - OTHER A&G	B	-330,585	OTHER A&G	5.06	0	33.04
33.05	MISC INCOME - OPERATION OF PLANT	B	-17,152	OPERATION OF PLANT	7.00	0	33.05
33.06	MISC INCOME - HOUSEKEEPING	B	-18,377	HOUSEKEEPING	9.00	0	33.06
33.07	MISC INCOME - DIETARY	B	-25,325	DIETARY	10.00	0	33.07
33.08	MISC INCOME - NURSING ADMIN	B	-25,671	NURSING ADMINISTRATION	13.00	0	33.08
33.09	MISC INCOME - ADULTS AND PEDIATRICS	B	-376,512	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	MISC INCOME - NURSERY	B	-24	NURSERY	43.00	0	33.10
33.11	MISC INCOME - OR	B	-417	OPERATING ROOM	50.00	0	33.11
33.12	MISC INCOME - LABORATORY	B	-10	LABORATORY	60.00	0	33.12
33.14	MISC INCOME - SPORTS FITNESS	B	-37,577	SPORTS FITNESS	76.03	0	33.14
33.16	MISC INCOME - AMBULANCE	B	-17,565	AMBULANCE SERVICES	95.00	0	33.16
33.17	MISC INCOME - HOME HEALTH AGENCY	B	-807	HOME HEALTH AGENCY	101.00	0	33.17
33.18	MISC INCOME - HOSPICE	B	-904	HOSPICE	116.00	0	33.18
34.00	DISCOUNTS - PURCHASING RECEIVING AND	B	-112,253	PURCHASING RECEIVING AND STORES	5.03	0	34.00
34.01	DISCOUNTS - OTHER A&G	B	-115	OTHER A&G	5.06	0	34.01
35.00	RENTAL INCOME - PAIN MANAGEMENT	B	-5,200	O/P REHAB SERVICES	76.02	0	35.00
35.01	RENTAL INCOME - FARMLAND	B	-10,042	OTHER A&G	5.06	0	35.01
36.00	RELATED PARTY SERVICE REVENUE	B	-544,884	OPERATION OF PLANT	7.00	0	36.00
36.01	340B INCOME	B	-86,741	PHARMACY	15.00	0	36.01
37.00	INTEREST EXPENSE	A	-1,898,409	INTEREST EXPENSE	113.00	0	37.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/29/2018 1:46 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
37.01 DIALYSIS DEPRECIATION	A	-52,164	CAP REL COSTS-BLDG & FIXT	1.00	9	37.01
37.02 HELICOPTER DEPRECIATION	A	-44,531	CAP REL COSTS-BLDG & FIXT	1.00	9	37.02
37.03 CAPITALIZED COSTS	A	63,900	CAP REL COSTS-BLDG & FIXT	1.00	9	37.03
37.04 CAPITALIZED INTEREST ON UNNECESSARY	A	-92,437	CAP REL COSTS-BLDG & FIXT	1.00	9	37.04
37.05 USEFUL LIFE ADJUSTMENTS	A	658,715	CAP REL COSTS-BLDG & FIXT	1.00	9	37.05
37.06 ICF DEPRECIATION	A	419,130	NURSING FACILITY	45.00	0	37.06
37.07 DAYCARE DEPRECIATION	A	-42,795	CAP REL COSTS-BLDG & FIXT	1.00	9	37.07
37.08 TV DEPRECIATION EXPENSE	A	-29,113	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.08
37.09 PHONE COST OFFSET	A	-9,277	ADMINISTRATIVE AND GENERAL	5.01	0	37.09
38.00 CABLE TV	A	-1,088	ONCOLOGY	76.06	0	38.00
38.01 CABLE TV	A	0	AMBULANCE SERVICES	95.00	0	38.01
38.02 CABLE TV	A	-1,213	O/P REHAB SERVICES	76.02	0	38.02
38.03 CABLE TV	A	-16,202	OPERATION OF PLANT KLEIN	7.01	0	38.03
38.04 CABLE TV	A	-20,940	OPERATION OF PLANT	7.00	0	38.04
38.05 CABLE TV	A	-240	OPERATION OF PLANT	7.00	0	38.05
39.00 REMOVE MARKUP ON HMES TRANSACTIONS	A	-116,953	CENTRAL SERVICE & SUPPLY	14.00	0	39.00
39.01 AHA/IHA DUES - LOBBYING EXPENSES	A	-31,902	OTHER A&G	5.06	0	39.01
39.02 ALCOHOL	A	-7,796	OTHER A&G	5.06	0	39.02
39.03 ADMINISTRATIVE COST REDUCTIONS	A	-243,508	OTHER A&G	5.06	0	39.03
40.00 AMORTIZATION OF BOND COSTS	A	-105,101	OTHER A&G	5.06	0	40.00
41.00 OFFSET RENTAL COSTS - PETERSON, OTHE	A	-102,023	OPERATION OF PLANT	7.00	0	41.00
41.01 OFFSET RENTAL COSTS - PETERSON, OTHE	A	-1,948	OTHER A&G	5.06	0	41.01
42.00 OFFSET RENTAL COSTS - HCR	A	-35,154	DATA PROCESSING	5.02	0	42.00
42.01 OFFSET RENTAL COSTS - HCR	A	-17,441	ADMITTING	5.04	0	42.01
42.02 OFFSET RENTAL COSTS - HCR	A	-36,659	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	42.02
42.03 OFFSET RENTAL COSTS - HCR	A	-134,996	OTHER A&G	5.06	0	42.03
42.04 OFFSET RENTAL COSTS - HCR	A	-15,705	NURSING ADMINISTRATION	13.00	0	42.04
42.05 OFFSET RENTAL COSTS - HCR	A	-7,798	OPERATING ROOM	50.00	0	42.05
42.06 OFFSET RENTAL COSTS - HCR	A	-19,320	O/P REHAB SERVICES	76.02	0	42.06
42.07 OFFSET RENTAL COSTS - HCR	A	-91,505	ONCOLOGY	76.06	0	42.07
43.00 PHYSICIAN COSTS	A	-158,806	OTHER A&G	5.06	0	43.00
44.00 CONTRIBUTIONS - ADMIN	A	-161,537	OTHER A&G	5.06	0	44.00
44.01 CONTRIBUTIONS - PUBLIC RELATIONS	A	-86,000	OTHER A&G	5.06	0	44.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		25,281,715				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: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/29/2018 1:46 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	5.03	PURCHASING RECEIVING AND STO	PURCHASING	12,161	17,373	1.00
2.00	5.06	OTHER A&G	ADMIN & GENERAL	6,400	8,000	2.00
3.00	73.00	DRUGS CHARGED TO PATIENTS	PHARMACY	19,506	24,382	3.00
3.01	5.06	OTHER A&G	ADMIN & GENERAL	3,292,099	5,775,393	3.01
3.02	13.00	NURSING ADMINISTRATION	NURSING ADMIN	489,064	0	3.02
3.03	45.00	NURSING FACILITY	NURSING ADMIN - KLEIN	287,908	0	3.03
3.04	194.05	HENRY COUNTY HEALTH CENTER	HCHC EXPENSES	33,066,018	0	3.04
3.05	1.07	CAP REL COSTS-BLDG & FIXT -	REHAB DEPRECIATION	149,957	0	3.05
3.06	1.08	CAP REL COSTS-BLDG & FIXT -	WAPELLO BUILDING DEPRECIATIO	27,673	0	3.06
3.07	1.04	CAP REL COSTS-BLDG & FIXT -	GRMC - MERCY MOB	397,715	0	3.07
3.08	1.05	CAP REL COSTS-BLDG & FIXT -	GRMC - EASTMAN MOB	578,087	0	3.08
4.00	7.07	OPERATION OF PLANT WAPELLO	WAPELLO BUILDING PLANT OP OT	29,184	0	4.00
4.01	7.02	OPERATION OF PLANT EASTMAN	EASTMAN PLANT OP OTHER	252,195	0	4.01
4.02	7.03	OPERATION OF PLANT MERCY	MERCY PLANT OP OTHER	242,936	0	4.02
5.00	0		0	38,850,903	5,825,148	5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	C	0.00	HEALTH ENTERPRI	0.00	6.00
7.00	C	0.00	MCMS	100.00	7.00
8.00	E	0.00	HENRY COUNTY HE	0.00	8.00
9.00	C	0.00	HEALTH CARE REA	0.00	9.00
10.00		0.00		0.00	10.00
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: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/29/2018 1:46 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-5,212	0		1.00
2.00	-1,600	0		2.00
3.00	-4,876	0		3.00
3.01	-2,483,294	0		3.01
3.02	489,064	0		3.02
3.03	287,908	0		3.03
3.04	33,066,018	0		3.04
3.05	149,957	9		3.05
3.06	27,673	9		3.06
3.07	397,715	9		3.07
3.08	578,087	9		3.08
4.00	29,184	0		4.00
4.01	252,195	0		4.01
4.02	242,936	0		4.02
5.00	33,025,755			5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	PHARMACY, SURG	6.00
7.00	HOME OFFICE	7.00
8.00	MANAGEMENT SVCS	8.00
9.00	REHAB, MOB	9.00
10.00		10.00
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: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
11/29/2018 1:46 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	55.00	RADIOLOGY-THERAPEUTIC	139,049	139,049	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	4,860	4,860	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	27,000	0	27,000	211,500	262	3.00
4.00	76.04	LIFE CENTER	663,257	663,257	0	0	0	4.00
5.00	76.04	LIFE CENTER	0	0	0	0	0	5.00
6.00	76.06	ONCOLOGY	4,773	4,773	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			838,939	811,939	27,000		262	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	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	26,641	1,332	0	0	0	3.00
4.00	76.04	LIFE CENTER	0	0	0	0	0	4.00
5.00	76.04	LIFE CENTER	0	0	0	0	0	5.00
6.00	76.06	ONCOLOGY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			26,641	1,332	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	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	139,049		1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	4,860		2.00
3.00	76.02	O/P REHAB SERVICES	0	26,641	359	359		3.00
4.00	76.04	LIFE CENTER	0	0	0	663,257		4.00
5.00	76.04	LIFE CENTER	0	0	0	0		5.00
6.00	76.06	ONCOLOGY	0	0	0	4,773		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	26,641	359	812,298		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,236,989	5,236,989				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1,308,807	0	1,308,807			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	11,760	0	0	11,760		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	42,718	0	0	0	42,718	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	397,715	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	578,087	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	235,708	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	872,799	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	28,545	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,345,839					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,951,166	69,819	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	270,827	3,880	0	0	0	5.01
5.02	00550	DATA PROCESSING	9,064,933	136,099	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	539,135	164,160	0	0	0	5.03
5.04	00570	ADMITTING	2,022,450	35,494	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,852,580	30,726	0	0	0	5.05
5.06	00591	OTHER A&G	8,981,231	221,674	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	5,380,676	235,948	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	311,487	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	252,195	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	242,936	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	45,644	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	164,037	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	54,099	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	29,184	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	675,197	22,286	0	0	42,718	8.00
9.00	00900	HOUSEKEEPING	2,480,597	31,970	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	196,476	0	0	0	0	9.01
10.00	01000	DIETARY	970,920	234,912	0	0	0	10.00
10.01	01001	DIETARY KLEIN	849,123	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,482,602	125,186	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,519,510	145,443	0	0	0	14.00
15.00	01500	PHARMACY	2,832,595	37,375	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,690,481	115,027	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	561,511	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,054,638	1,253,900	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,034,805	134,796	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	936,838	80,836	0	0	0	41.00
43.00	04300	NURSERY	418,519	35,080	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,157,868	0	111,524	0	0	44.00
45.00	04500	NURSING FACILITY	7,335,482	0	1,194,466	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,346,413	693,881	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,551,886	53,071	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,346,977	0	0	11,760	0	55.00
56.00	05600	RADIOISOTOPE	654,504	76,956	0	0	0	56.00
57.00	05700	CT SCAN	888,414	30,326	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	392,515	45,120	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,462,873	230,884	0	0	0	59.00
60.00	06000	LABORATORY	5,366,119	158,133	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	651,052	80,999	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,517,865	54,182	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	567,347	134,559	1,422	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	572,558	0	1,248	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	188,288	0	147	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	629,554	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,663,765	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,845,722	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,746,161	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	392,084	66,857	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	3,058,810	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	1,273,715	0	0	0	0	76.03
76.04	03952	LIFE CENTER	1,760,176	0	0	0	0	76.04
76.06	03480	ONCOLOGY	938,296	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	96,004	43,431	0	0	0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
				1.00	1.01	1.02	1.03	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,096,931	278,373	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	671,348	47,829	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,346,196	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,287,626	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,731,908	5,109,212	1,308,807	11,760	42,718	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,631	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	9,510	0	0	0	0	194.00
194.01	07951	DAYCARE	408,954	0	0	0	0	194.01
194.02	07952	MARKETING	850,336	65,006	0	0	0	194.02
194.03	07953	OUTREACH REHAB	734,948	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	20,288	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	33,066,018	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	206,354	33,140	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	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)	202,028,316	5,236,989	1,308,807	11,760	42,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	397,715				1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	578,087			1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	235,708		1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	872,799	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				28,545	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	5,679	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00591	OTHER A&G	42,383	19,691	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	319,558	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,679	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	410	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	410	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	410	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	410	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,262	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	136,269	76.02
76.03	03951	SPORTS FITNESS	0	0	0	214,195	76.03
76.04	03952	LIFE CENTER	505	0	0	66,940	76.04
76.06	03480	ONCOLOGY	41,645	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
			MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	120,526	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	115,182	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,793	19,691	235,708	736,962	11,818	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	297,849	558,396	0	135,837	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	1,073	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	16,727	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	397,715	578,087	235,708	872,799	28,545	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,345,839					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	162,680	3,183,665				4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	279	17,309	297,974			5.01
5.02	00550	DATA PROCESSING	4,328,007	115,688	13,427	13,658,154	13,658,154	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	108,662	14,086	2,710	828,753	72,885	5.03
5.04	00570	ADMITTING	17,208	77,431	4,435	2,157,018	189,699	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	18,656	84,515	5,789	2,992,266	263,155	5.05
5.06	00591	OTHER A&G	130,187	78,792	8,376	9,482,334	833,924	5.06
7.00	00700	OPERATION OF PLANT	291,449	97,935	20,202	6,026,210	529,975	7.00
7.01	00701	OPERATION OF PLANT KLEIN	147,302	0	0	458,789	40,348	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	252,195	22,179	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	242,936	21,365	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	2,710	48,354	4,252	7.04
7.05	00705	OPERATION OF PLANT REHAB	62,396	0	246	546,237	48,039	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	54,099	4,758	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	29,184	2,567	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	22,189	18,031	370	780,791	68,667	8.00
9.00	00900	HOUSEKEEPING	19,340	136,386	1,848	2,670,141	234,826	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	4,779	0	201,255	17,699	9.01
10.00	01000	DIETARY	41,980	96,657	4,804	1,349,273	118,662	10.00
10.01	01001	DIETARY KLEIN	1,992	18,892	0	870,007	76,513	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	526,778	62,539	11,209	4,213,993	370,600	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	146,713	69,013	2,587	1,883,266	165,624	14.00
15.00	01500	PHARMACY	1,902	56,705	2,710	2,931,287	257,792	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,065	77,848	9,362	2,911,783	256,077	16.00
17.00	01700	SOCIAL SERVICE	0	17,642	1,232	580,385	51,042	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,497	420,352	21,187	12,859,984	1,130,971	30.00
31.00	03100	INTENSIVE CARE UNIT	64,675	63,234	3,819	3,301,739	290,371	31.00
41.00	04100	SUBPROVIDER - IRF	4,414	30,228	862	1,053,178	92,622	41.00
43.00	04300	NURSERY	8,858	12,975	0	475,432	41,812	43.00
44.00	04400	SKILLED NURSING FACILITY	3,310	47,925	1,232	1,322,269	116,287	44.00
45.00	04500	NURSING FACILITY	35,451	343,591	12,688	8,921,678	784,617	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	755,771	207,899	23,035	10,027,409	881,860	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	567,645	68,179	9,485	3,250,266	285,845	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	487,350	19,504	0	1,865,591	164,069	55.00
56.00	05600	RADIOISOTOPE	99,783	5,029	0	836,272	73,546	56.00
57.00	05700	CT SCAN	209,124	20,837	0	1,148,701	101,023	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	211,959	12,447	0	662,041	58,223	58.00
59.00	05900	CARDIAC CATHETERIZATION	252,168	31,950	8,007	1,985,882	174,648	59.00
60.00	06000	LABORATORY	90,520	131,357	6,652	5,754,043	506,039	60.00
64.00	06400	INTRAVENOUS THERAPY	31,724	17,920	2,587	784,282	68,974	64.00
65.00	06500	RESPIRATORY THERAPY	32,512	44,258	2,340	1,651,157	145,211	65.00
66.00	06600	PHYSICAL THERAPY	728	17,920	0	733,794	64,534	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,447	0	588,253	51,734	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,167	0	192,602	16,938	68.00
69.00	06900	ELECTROCARDIOLOGY	2,959	13,252	0	645,765	56,792	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,663,765	1,113,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,845,722	602,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,746,161	1,208,835	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	5,412	13,614	123	478,090	42,046	76.01
76.02	03950	O/P REHAB SERVICES	6,779	69,207	19,832	3,290,897	289,418	76.02
76.03	03951	SPORTS FITNESS	15,590	56,399	0	1,559,899	137,185	76.03
76.04	03952	LIFE CENTER	91,835	59,177	0	1,978,633	174,011	76.04
76.06	03480	ONCOLOGY	33,644	31,200	4,065	1,048,850	92,241	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	2,223	0	141,658	12,458	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	86,019	135,803	7,021	4,604,147	404,912	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	44,935	27,894	493	792,499	69,696	95.00
101.00	10100	HOME HEALTH AGENCY	10,227	74,014	9,608	2,560,571	225,189	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	33,216	70,041	0	2,506,065	220,396	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,342,890	3,111,291	225,053	165,446,005	13,348,913	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	29,631	2,606	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	992,082	87,249	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	9,510	836	194.00
194.01	07951	DAYCARE	2,949	41,480	1,109	454,492	39,970	194.01
194.02	07952	MARKETING	0	4,806	0	921,221	81,017	194.02
194.03	07953	OUTREACH REHAB	0	19,781	0	754,729	66,375	194.03
194.04	07954	SWITCHBOARD	0	1,278	71,812	93,378	8,212	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	33,066,018	0	194.05
194.06	07956	OTHER NONREIMB	0	5,029	0	261,250	22,976	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,345,839	3,183,665	297,974	202,028,316	13,658,154	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	901,638					5.03
5.04	00570	ADMITTING	211	2,346,928				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	574	0	3,255,995			5.05
5.06	00591	OTHER A&G	2,390	0	0	10,318,648	10,318,648	5.06
7.00	00700	OPERATION OF PLANT	610	0	0	6,556,795	352,913	7.00
7.01	00701	OPERATION OF PLANT KLEIN	18	0	0	499,155	26,867	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	274,374	14,768	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	264,301	14,226	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	52,606	2,831	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	594,276	31,986	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	58,857	3,168	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	31,751	1,709	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	4,194	0	0	853,652	45,947	8.00
9.00	00900	HOUSEKEEPING	7,342	0	0	2,912,309	156,752	9.00
9.01	00901	HOUSEKEEPING KLEIN	1,801	0	0	220,755	11,882	9.01
10.00	01000	DIETARY	1,313	0	0	1,469,248	79,081	10.00
10.01	01001	DIETARY KLEIN	16	0	0	946,536	50,946	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	986	0	0	4,585,579	246,814	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	9,778	0	0	2,058,668	110,806	14.00
15.00	01500	PHARMACY	5,567	0	0	3,194,646	171,949	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	308	0	0	3,168,168	170,523	16.00
17.00	01700	SOCIAL SERVICE	42	0	0	631,469	33,988	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,011	215,341	287,811	14,526,118	781,854	30.00
31.00	03100	INTENSIVE CARE UNIT	17,011	36,617	48,940	3,694,678	198,862	31.00
41.00	04100	SUBPROVIDER - IRF	23	16,632	22,229	1,184,684	63,764	41.00
43.00	04300	NURSERY	1,245	9,436	12,612	540,537	29,094	43.00
44.00	04400	SKILLED NURSING FACILITY	298	14,823	19,811	1,473,488	79,309	44.00
45.00	04500	NURSING FACILITY	10,459	0	71,340	9,788,094	526,834	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	481,053	500,396	668,429	12,559,147	675,984	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,307	97,112	129,794	3,772,324	203,042	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	797	64,369	86,032	2,180,858	117,383	55.00
56.00	05600	RADIOISOTOPE	12,114	24,553	32,817	979,302	52,710	56.00
57.00	05700	CT SCAN	3,433	131,635	175,935	1,560,727	84,005	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,700	80,824	108,024	911,812	49,077	58.00
59.00	05900	CARDIAC CATHETERIZATION	112,886	114,200	152,631	2,540,247	136,726	59.00
60.00	06000	LABORATORY	106,021	224,420	299,945	6,890,468	370,873	60.00
64.00	06400	INTRAVENOUS THERAPY	4,539	40,045	53,522	951,362	51,206	64.00
65.00	06500	RESPIRATORY THERAPY	5,698	63,319	84,628	1,950,013	104,957	65.00
66.00	06600	PHYSICAL THERAPY	1,939	13,578	18,147	831,992	44,781	66.00
67.00	06700	OCCUPATIONAL THERAPY	83	11,143	14,893	666,106	35,852	67.00
68.00	06800	SPEECH PATHOLOGY	60	3,700	4,945	218,245	11,747	68.00
69.00	06900	ELECTROCARDIOLOGY	58	48,257	64,497	815,369	43,886	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,583	46,221	13,858,284	745,908	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73,827	98,673	7,620,269	410,153	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	249,599	333,597	15,538,192	836,328	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	723	16,182	21,628	558,669	30,070	76.01
76.02	03950	O/P REHAB SERVICES	1,424	0	48,274	3,630,013	195,382	76.02
76.03	03951	SPORTS FITNESS	1,184	3,514	4,697	1,706,479	91,850	76.03
76.04	03952	LIFE CENTER	27,722	52,992	70,825	2,304,183	124,020	76.04
76.06	03480	ONCOLOGY	3,647	8,589	11,479	1,164,806	62,695	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	4	1,723	2,302	158,145	8,512	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,473	162,241	216,840	5,411,613	291,275	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	609	11,293	15,094	889,191	47,860	95.00
101.00	10100	HOME HEALTH AGENCY	942	10,682	14,277	2,811,661	151,335	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,002	11,303	15,106	2,756,872	148,386	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	900,615	2,346,928	3,255,995	165,135,741	8,332,876	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	32,237	1,735	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,079,331	58,094	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	43	0	0	10,389	559	194.00
194.01	07951	DAYCARE	957	0	0	495,419	26,665	194.01
194.02	07952	MARKETING	22	0	0	1,002,260	53,946	194.02
194.03	07953	OUTREACH REHAB	1	0	0	821,105	44,195	194.03
194.04	07954	SWITCHBOARD	0	0	0	101,590	5,468	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	33,066,018	1,779,812	194.05
194.06	07956	OTHER NONREIMB	0	0	0	284,226	15,298	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	901,638	2,346,928	3,255,995	202,028,316	10,318,648	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT	6,909,708					7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	526,022				7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	289,142			7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	278,527		7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	55,437	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	410,125	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	49,603	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	364,474	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	194,230	0	0	4,524	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	225,660	0	0	0	0	14.00
15.00	01500	PHARMACY	57,989	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	178,469	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,945,469	0	0	327	0	30.00
31.00	03100	INTENSIVE CARE UNIT	209,141	0	0	327	0	31.00
41.00	04100	SUBPROVIDER - IRF	125,420	0	0	0	0	41.00
43.00	04300	NURSERY	54,428	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44,823	0	327	0	44.00
45.00	04500	NURSING FACILITY	0	480,066	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,076,582	0	0	327	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,342	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55,437	55.00
56.00	05600	RADIOISOTOPE	119,401	0	0	0	0	56.00
57.00	05700	CT SCAN	47,053	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	70,005	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	358,225	0	0	0	0	59.00
60.00	06000	LABORATORY	245,349	0	0	1,005	0	60.00
64.00	06400	INTRAVENOUS THERAPY	125,673	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	84,065	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	208,773	572	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	502	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	59	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	103,732	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	402	0	76.04
76.06	03480	ONCOLOGY	0	0	0	33,174	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	67,385	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	431,906	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	74,209	0	0	0	0	95.00

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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,909,708	526,022	0	40,413	55,437	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	289,142	237,260	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	854	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,909,708	526,022	289,142	278,527	55,437	202.00

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Cost Center Description			OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB	626,262					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	62,025				7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	33,460			7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,309,724		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,118,664	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	109,539	0	9.01
10.00	01000	DIETARY	0	0	0	0	5,327	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	6,392	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	3,823	19,176	14.00
15.00	01500	PHARMACY	0	0	0	0	217,332	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	9,588	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	5,327	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	318,770	950,457	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	33,892	127,842	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,561	25,568	41.00
43.00	04300	NURSERY	0	0	0	6,742	6,392	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	9,354	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	100,185	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	211,014	767,055	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,840	73,509	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,352	102,274	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	29,502	0	59.00
60.00	06000	LABORATORY	0	0	0	504	55,398	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,101	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	95,456	65.00
66.00	06600	PHYSICAL THERAPY	0	0	13,853	311	0	66.00
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
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	3,825	9,588	76.01
76.02	03950	O/P REHAB SERVICES	154,254	0	0	64,397	290,842	76.02
76.03	03951	SPORTS FITNESS	242,466	0	0	18,788	0	76.03
76.04	03952	LIFE CENTER	75,776	0	0	5,089	51,137	76.04
76.06	03480	ONCOLOGY	0	0	0	2,911	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	147,710	236,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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Cost Center Description			OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	31,716	0	0	63,495	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	30,309	0	7,523	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	472,496	62,025	13,853	1,170,733	3,118,664	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	153,766	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	19,607	138,991	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	626,262	62,025	33,460	1,309,724	3,118,664	202.00

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Cost Center Description			HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
			9.01	10.00	10.01	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN	342,176					9.01
10.00	01000	DIETARY	0	1,918,130				10.00
10.01	01001	DIETARY KLEIN	0	0	997,482			10.01
11.00	01100	CAFETERIA	0	1,458,143	0	1,458,143		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	47,561	5,085,100	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	55,492	165,474	14.00
15.00	01500	PHARMACY	0	0	0	45,596	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	62,596	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	14,186	63,213	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	309,416	0	338,000	1,506,309	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,250	0	50,845	226,548	31.00
41.00	04100	SUBPROVIDER - IRF	0	30,907	0	24,306	108,320	41.00
43.00	04300	NURSERY	0	0	0	10,433	46,523	43.00
44.00	04400	SKILLED NURSING FACILITY	30,796	0	89,773	0	166,421	44.00
45.00	04500	NURSING FACILITY	311,380	0	907,709	22	1,236,515	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	76	0	167,169	744,962	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54,822	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,683	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,044	0	56.00
57.00	05700	CT SCAN	0	0	0	16,755	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,008	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	799	0	25,691	114,489	59.00
60.00	06000	LABORATORY	0	0	0	105,623	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,542	0	14,409	64,257	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	35,587	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,354	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,467	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,770	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,656	47,528	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	10,947	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	53,280	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	45,350	0	76.03
76.04	03952	LIFE CENTER	0	0	0	47,584	0	76.04
76.06	03480	ONCOLOGY	0	0	0	25,088	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	1,787	7,974	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	6,664	0	109,197	486,633	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	22,429	99,934	95.00

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Cost Center Description			HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
			9.01	10.00	10.01	11.00	13.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,334	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,798	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	342,176	1,829,595	997,482	1,453,071	5,085,100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	2,078	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	1,028	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	1,966	0	194.06
194.07	07957	MEALS ON WHEELS	0	88,535	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	342,176	1,918,130	997,482	1,458,143	5,085,100	202.00

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Cost Center Description			CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,639,099					14.00
15.00	01500	PHARMACY	17,050	3,704,562				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	942	0	3,590,286			16.00
17.00	01700	SOCIAL SERVICE	127	0	0	748,310		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,045	164	317,341	157,037	21,249,307	30.00
31.00	03100	INTENSIVE CARE UNIT	52,102	118	53,962	15,355	4,680,922	31.00
41.00	04100	SUBPROVIDER - IRF	69	0	24,510	16,728	1,611,837	41.00
43.00	04300	NURSERY	3,813	7	13,906	10,931	722,806	43.00
44.00	04400	SKILLED NURSING FACILITY	0	81,343	21,844	36,141	2,033,619	44.00
45.00	04500	NURSING FACILITY	0	43,176	78,660	387,103	13,859,744	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,473,397	57,868	737,225	0	18,470,806	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,507	1,930	143,111	0	4,432,427	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,440	0	94,859	0	2,579,286	55.00
56.00	05600	RADIOISOTOPE	37,105	36,064	36,184	0	1,264,810	56.00
57.00	05700	CT SCAN	10,514	1,578	193,986	0	1,914,618	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,271	5	119,108	0	1,168,286	58.00
59.00	05900	CARDIAC CATHETERIZATION	345,754	65,442	168,292	0	3,785,167	59.00
60.00	06000	LABORATORY	324,727	2,562	330,720	0	8,327,229	60.00
64.00	06400	INTRAVENOUS THERAPY	13,901	224	59,014	0	1,289,689	64.00
65.00	06500	RESPIRATORY THERAPY	17,454	328	93,311	0	2,381,171	65.00
66.00	06600	PHYSICAL THERAPY	5,940	0	20,009	0	1,138,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	253	0	16,421	0	727,601	67.00
68.00	06800	SPEECH PATHOLOGY	183	0	5,453	0	238,457	68.00
69.00	06900	ELECTROCARDIOLOGY	178	0	71,115	0	988,732	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	50,963	0	14,655,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	108,797	0	8,139,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	367,825	0	16,742,345	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2,215	96	23,848	0	742,990	76.01
76.02	03950	O/P REHAB SERVICES	4,361	486	53,227	0	4,446,242	76.02
76.03	03951	SPORTS FITNESS	3,626	0	5,179	0	2,113,738	76.03
76.04	03952	LIFE CENTER	84,909	22,391	78,092	0	2,793,583	76.04
76.06	03480	ONCOLOGY	11,170	3,304,332	12,657	0	4,616,833	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	14	0	2,538	0	246,355	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	71,894	79	239,088	0	7,432,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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Cost Center Description			CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,865	159	16,643	0	1,152,290	95.00
101.00	10100	HOME HEALTH AGENCY	2,884	0	15,742	116,258	3,197,425	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,256	86,210	16,656	8,757	3,069,767	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,635,966	3,704,562	3,590,286	748,310	162,213,609	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	33,972	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,817,593	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	131	0	0	0	11,079	194.00
194.01	07951	DAYCARE	2,930	0	0	0	525,014	194.01
194.02	07952	MARKETING	68	0	0	0	1,059,206	194.02
194.03	07953	OUTREACH REHAB	4	0	0	0	865,304	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	108,086	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	34,845,830	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	460,088	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	88,535	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,639,099	3,704,562	3,590,286	748,310	202,028,316	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet B
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00500	ADMINISTRATIVE AND GENERAL		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	00591	OTHER A&G		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT KLEIN		7.01
7.02	00702	OPERATION OF PLANT EASTMAN		7.02
7.03	00703	OPERATION OF PLANT MERCY		7.03
7.04	00704	OPERATION OF PLANT CANCER		7.04
7.05	00705	OPERATION OF PLANT REHAB		7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE		7.06
7.07	00707	OPERATION OF PLANT WAPELLO		7.07
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING KLEIN		9.01
10.00	01000	DIETARY		10.00
10.01	01001	DIETARY KLEIN		10.01
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 21,249,307	30.00
31.00	03100	INTENSIVE CARE UNIT	0 4,680,922	31.00
41.00	04100	SUBPROVIDER - IRF	0 1,611,837	41.00
43.00	04300	NURSERY	0 722,806	43.00
44.00	04400	SKILLED NURSING FACILITY	0 2,033,619	44.00
45.00	04500	NURSING FACILITY	0 13,859,744	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 18,470,806	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 4,432,427	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 2,579,286	55.00
56.00	05600	RADIOISOTOPE	0 1,264,810	56.00
57.00	05700	CT SCAN	0 1,914,618	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0 1,168,286	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 3,785,167	59.00
60.00	06000	LABORATORY	0 8,327,229	60.00
64.00	06400	INTRAVENOUS THERAPY	0 1,289,689	64.00
65.00	06500	RESPIRATORY THERAPY	0 2,381,171	65.00
66.00	06600	PHYSICAL THERAPY	0 1,138,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 727,601	67.00
68.00	06800	SPEECH PATHOLOGY	0 238,457	68.00
69.00	06900	ELECTROCARDIOLOGY	0 988,732	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 14,655,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 8,139,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 16,742,345	73.00
76.00	03040	AUDIOLOGY	0 0	76.00
76.01	03280	EKG AND EEG	0 742,990	76.01
76.02	03950	O/P REHAB SERVICES	0 4,446,242	76.02
76.03	03951	SPORTS FITNESS	0 2,113,738	76.03
76.04	03952	LIFE CENTER	0 2,793,583	76.04
76.06	03480	ONCOLOGY	0 4,616,833	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0 246,355	76.07
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0 7,432,568	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	1,152,290	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,197,425	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	3,069,767	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	162,213,609	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,972	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,817,593	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	11,079	194.00
194.01	07951	DAYCARE	0	525,014	194.01
194.02	07952	MARKETING	0	1,059,206	194.02
194.03	07953	OUTREACH REHAB	0	865,304	194.03
194.04	07954	SWITCHBOARD	0	108,086	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	34,845,830	194.05
194.06	07956	OTHER NONREIMB	0	460,088	194.06
194.07	07957	MEALS ON WHEELS	0	88,535	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	202,028,316	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	180	69,819	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	3,880	0	0	0	5.01
5.02	00550	DATA PROCESSING	2,111,499	136,099	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	164,160	0	0	0	5.03
5.04	00570	ADMITTING	17,441	35,494	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	238,248	30,726	0	0	0	5.05
5.06	00591	OTHER A&G	303,014	221,674	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	43,500	235,948	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	22,286	0	0	42,718	8.00
9.00	00900	HOUSEKEEPING	0	31,970	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	234,912	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	70,116	125,186	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	3,230	145,443	0	0	0	14.00
15.00	01500	PHARMACY	11,380	37,375	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	94,282	115,027	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,610	1,253,900	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,282	134,796	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,517	80,836	0	0	0	41.00
43.00	04300	NURSERY	0	35,080	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	111,524	0	0	44.00
45.00	04500	NURSING FACILITY	705	0	1,194,466	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,938	693,881	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,834	53,071	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,760	0	55.00
56.00	05600	RADIOISOTOPE	0	76,956	0	0	0	56.00
57.00	05700	CT SCAN	6,000	30,326	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	45,120	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,982	230,884	0	0	0	59.00
60.00	06000	LABORATORY	28,954	158,133	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	80,999	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,624	54,182	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	134,559	1,422	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,248	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	147	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	524	66,857	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	19,320	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	845	0	0	0	0	76.03
76.04	03952	LIFE CENTER	45,290	0	0	0	0	76.04
76.06	03480	ONCOLOGY	91,505	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	43,431	0	0	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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To 06/30/2018Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs 0	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
				1.00	1.01	1.02	1.03	
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	5,526	278,373	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	47,829	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,183	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	108,246	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,472,775	5,109,212	1,308,807	11,760	42,718	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,631	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	65,006	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	33,140	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	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)	3,472,775	5,236,989	1,308,807	11,760	42,718	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
		MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	5,679	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00591	OTHER A&G	42,383	19,691	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	319,558	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,679	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	410	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	410	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	410	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	410	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,262	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	136,269	76.02
76.03	03951	SPORTS FITNESS	0	0	0	214,195	76.03
76.04	03952	LIFE CENTER	505	0	0	66,940	76.04
76.06	03480	ONCOLOGY	41,645	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
			MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	120,526	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	115,182	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,793	19,691	235,708	736,962	11,818	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	297,849	558,396	0	135,837	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	1,073	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	16,727	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	397,715	578,087	235,708	872,799	28,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

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Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	162,680	232,679	232,679			4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	279	9,838	1,265	11,103		5.01
5.02	00550	DATA PROCESSING	4,328,007	6,575,605	8,455	500	6,584,560	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	108,662	272,822	1,029	101	35,137	5.03
5.04	00570	ADMITTING	17,208	70,143	5,659	165	91,453	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	18,656	287,630	6,177	216	126,866	5.05
5.06	00591	OTHER A&G	130,187	716,949	5,759	312	402,032	5.06
7.00	00700	OPERATION OF PLANT	291,449	570,897	7,158	753	255,499	7.00
7.01	00701	OPERATION OF PLANT KLEIN	147,302	147,302	0	0	19,452	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	10,693	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	10,300	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	101	2,050	7.04
7.05	00705	OPERATION OF PLANT REHAB	62,396	381,954	0	9	23,159	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	2,294	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	1,237	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	22,189	87,193	1,318	14	33,104	8.00
9.00	00900	HOUSEKEEPING	19,340	51,310	9,968	69	113,209	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	349	0	8,533	9.01
10.00	01000	DIETARY	41,980	276,892	7,064	179	57,206	10.00
10.01	01001	DIETARY KLEIN	1,992	1,992	1,381	0	36,887	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	526,778	727,759	4,571	418	178,665	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	146,713	295,386	5,044	96	79,847	14.00
15.00	01500	PHARMACY	1,902	50,657	4,144	101	124,281	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,065	228,374	5,690	349	123,454	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,289	46	24,607	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,497	1,391,417	30,720	789	545,238	30.00
31.00	03100	INTENSIVE CARE UNIT	64,675	210,163	4,621	142	139,987	31.00
41.00	04100	SUBPROVIDER - IRF	4,414	86,767	2,209	32	44,653	41.00
43.00	04300	NURSERY	8,858	43,938	948	0	20,157	43.00
44.00	04400	SKILLED NURSING FACILITY	3,310	115,244	3,503	46	56,062	44.00
45.00	04500	NURSING FACILITY	35,451	1,230,622	25,111	473	378,261	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	755,771	1,488,000	15,194	858	425,142	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	567,645	799,550	4,983	353	137,805	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	487,350	499,110	1,425	0	79,097	55.00
56.00	05600	RADIOISOTOPE	99,783	176,739	368	0	35,456	56.00
57.00	05700	CT SCAN	209,124	245,450	1,523	0	48,703	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	211,959	257,079	910	0	28,069	58.00
59.00	05900	CARDIAC CATHETERIZATION	252,168	494,034	2,335	298	84,197	59.00
60.00	06000	LABORATORY	90,520	278,869	9,600	248	243,960	60.00
64.00	06400	INTRAVENOUS THERAPY	31,724	112,723	1,310	96	33,252	64.00
65.00	06500	RESPIRATORY THERAPY	32,512	90,318	3,235	87	70,006	65.00
66.00	06600	PHYSICAL THERAPY	728	148,527	1,310	0	31,111	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,248	1,056	0	24,941	67.00
68.00	06800	SPEECH PATHOLOGY	0	147	305	0	8,166	68.00
69.00	06900	ELECTROCARDIOLOGY	2,959	2,959	969	0	27,379	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	536,918	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	290,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	582,786	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	5,412	72,793	995	5	20,270	76.01
76.02	03950	O/P REHAB SERVICES	6,779	162,368	5,058	739	139,527	76.02
76.03	03951	SPORTS FITNESS	15,590	230,630	4,122	0	66,137	76.03
76.04	03952	LIFE CENTER	91,835	204,570	4,325	0	83,890	76.04
76.06	03480	ONCOLOGY	33,644	166,794	2,280	151	44,469	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	43,431	162	0	6,006	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	86,019	369,918	9,925	262	195,207	91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	44,935	92,764	2,039	18	33,600	95.00
101.00	10100	HOME HEALTH AGENCY	10,227	132,936	5,409	358	108,563	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	33,216	256,644	5,119	0	106,252	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,342,890	20,391,134	227,389	8,384	6,435,477	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,631	0	0	1,256	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	992,082	0	0	42,062	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	403	194.00
194.01	07951	DAYCARE	2,949	2,949	3,032	41	19,270	194.01
194.02	07952	MARKETING	0	66,079	351	0	39,058	194.02
194.03	07953	OUTREACH REHAB	0	0	1,446	0	31,999	194.03
194.04	07954	SWITCHBOARD	0	0	93	2,678	3,959	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	49,867	368	0	11,076	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,345,839	21,531,742	232,679	11,103	6,584,560	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	309,089					5.03
5.04	00570	ADMITTING	72	167,492				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	197	0	421,086			5.05
5.06	00591	OTHER A&G	819	0	0	1,125,871		5.06
7.00	00700	OPERATION OF PLANT	209	0	0	38,508	873,024	7.00
7.01	00701	OPERATION OF PLANT KLEIN	6	0	0	2,932	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	1,611	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	1,552	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	309	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	3,490	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	346	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	186	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,438	0	0	5,013	51,818	8.00
9.00	00900	HOUSEKEEPING	2,517	0	0	17,104	6,267	9.00
9.01	00901	HOUSEKEEPING KLEIN	618	0	0	1,296	0	9.01
10.00	01000	DIETARY	450	0	0	8,629	46,050	10.00
10.01	01001	DIETARY KLEIN	5	0	0	5,559	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	338	0	0	26,931	24,540	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	3,352	0	0	12,091	28,512	14.00
15.00	01500	PHARMACY	1,908	0	0	18,762	7,327	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	105	0	0	18,607	22,549	16.00
17.00	01700	SOCIAL SERVICE	14	0	0	3,709	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,974	15,353	37,227	85,312	245,807	30.00
31.00	03100	INTENSIVE CARE UNIT	5,832	2,611	6,330	21,699	26,424	31.00
41.00	04100	SUBPROVIDER - IRF	8	1,186	2,875	6,958	15,847	41.00
43.00	04300	NURSERY	427	673	1,631	3,175	6,877	43.00
44.00	04400	SKILLED NURSING FACILITY	102	1,057	2,562	8,654	0	44.00
45.00	04500	NURSING FACILITY	3,586	0	9,228	57,485	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	164,904	35,842	86,398	73,760	136,023	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,191	6,924	16,788	22,155	10,404	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	273	4,589	11,128	12,808	0	55.00
56.00	05600	RADIOISOTOPE	4,153	1,751	4,245	5,751	15,086	56.00
57.00	05700	CT SCAN	1,177	9,385	22,756	9,166	5,945	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	926	5,762	13,972	5,355	8,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,699	8,142	19,742	14,919	45,261	59.00
60.00	06000	LABORATORY	36,346	16,000	38,796	40,468	30,999	60.00
64.00	06400	INTRAVENOUS THERAPY	1,556	2,855	6,923	5,587	15,878	64.00
65.00	06500	RESPIRATORY THERAPY	1,954	4,514	10,946	11,452	10,621	65.00
66.00	06600	PHYSICAL THERAPY	665	968	2,347	4,886	26,378	66.00
67.00	06700	OCCUPATIONAL THERAPY	28	794	1,926	3,912	0	67.00
68.00	06800	SPEECH PATHOLOGY	20	264	640	1,282	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20	3,440	8,342	4,789	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,466	5,978	81,390	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,263	12,763	44,754	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,795	43,149	91,256	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	248	1,154	2,798	3,281	13,106	76.01
76.02	03950	O/P REHAB SERVICES	488	0	6,244	21,319	0	76.02
76.03	03951	SPORTS FITNESS	406	251	608	10,022	0	76.03
76.04	03952	LIFE CENTER	9,504	3,778	9,161	13,532	0	76.04
76.06	03480	ONCOLOGY	1,250	612	1,485	6,841	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	2	123	298	929	8,514	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,047	11,567	28,047	31,782	54,570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	209	805	1,952	5,222	9,376	95.00
101.00	10100	HOME HEALTH AGENCY	323	762	1,847	16,513	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,372	806	1,954	16,191	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	308,738	167,492	421,086	909,240	873,024	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	189	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,339	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	15	0	0	61	0	194.00
194.01	07951	DAYCARE	328	0	0	2,910	0	194.01
194.02	07952	MARKETING	8	0	0	5,886	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	4,822	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	597	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	194,158	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	1,669	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	309,089	167,492	421,086	1,125,871	873,024	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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Cost Center Description			OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	169,692					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	12,304				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	11,852			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	2,460		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	408,612	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	192	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	14	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	14	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,460	0	14	0	0	44.00
45.00	04500	NURSING FACILITY	154,867	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	14	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,460	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	43	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	184	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	162	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	19	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	100,645	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	158,200	76.03
76.04	03952	LIFE CENTER	0	0	17	0	49,441	76.04
76.06	03480	ONCOLOGY	0	0	1,412	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

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Cost Center Description			OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	169,692	0	1,720	2,460	308,286	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,304	10,096	0	100,326	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	36	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	169,692	12,304	11,852	2,460	408,612	202.00

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Cost Center Description			OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING KLEIN	
			7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	2,640					7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	1,423				7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	179,898			8.00
9.00	00900	HOUSEKEEPING	0	0	0	200,444		9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	15,046	0	25,842	9.01
10.00	01000	DIETARY	0	0	0	342	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	411	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	525	1,233	0	14.00
15.00	01500	PHARMACY	0	0	0	13,968	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	616	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	342	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	43,786	61,089	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,655	8,217	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,038	1,643	0	41.00
43.00	04300	NURSERY	0	0	926	411	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	1,285	0	2,326	44.00
45.00	04500	NURSING FACILITY	0	0	13,761	0	23,516	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	28,984	49,300	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	10,005	4,725	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,422	6,573	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	4,052	0	0	59.00
60.00	06000	LABORATORY	0	0	69	3,561	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	838	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,135	0	65.00
66.00	06600	PHYSICAL THERAPY	0	589	43	0	0	66.00
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
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	525	616	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	8,845	18,693	0	76.02
76.03	03951	SPORTS FITNESS	0	0	2,581	0	0	76.03
76.04	03952	LIFE CENTER	0	0	699	3,287	0	76.04
76.06	03480	ONCOLOGY	0	0	400	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	20,289	15,201	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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Cost Center Description			OPERATION OF PLANT HHA/HOSPICE 7.06	OPERATION OF PLANT WAPELLO 7.07	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING KLEIN 9.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,350	0	0	4,081	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,290	0	1,033	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,640	589	160,807	200,444	25,842	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	834	19,091	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,640	1,423	179,898	200,444	25,842	202.00

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Cost Center Description			DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	396,812					10.00
10.01	01001	DIETARY KLEIN	0	45,824				10.01
11.00	01100	CAFETERIA	301,651	0	301,651			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	9,839	973,664		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	11,480	31,684	469,250	14.00
15.00	01500	PHARMACY	0	0	9,433	0	3,032	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	12,949	0	167	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,935	12,104	23	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,010	0	69,921	288,419	17,433	30.00
31.00	03100	INTENSIVE CARE UNIT	3,569	0	10,519	43,378	9,264	31.00
41.00	04100	SUBPROVIDER - IRF	6,394	0	5,028	20,740	12	41.00
43.00	04300	NURSERY	0	0	2,158	8,908	678	43.00
44.00	04400	SKILLED NURSING FACILITY	0	4,124	0	31,865	0	44.00
45.00	04500	NURSING FACILITY	0	41,700	5	236,760	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16	0	34,583	142,641	261,975	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,341	0	5,069	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,244	0	434	55.00
56.00	05600	RADIOISOTOPE	0	0	836	0	6,598	56.00
57.00	05700	CT SCAN	0	0	3,466	0	1,869	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,070	0	1,471	58.00
59.00	05900	CARDIAC CATHETERIZATION	165	0	5,315	21,922	61,479	59.00
60.00	06000	LABORATORY	0	0	21,851	0	57,740	60.00
64.00	06400	INTRAVENOUS THERAPY	733	0	2,981	12,303	2,472	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,362	0	3,103	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,556	0	1,056	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,752	0	45	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	573	0	33	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,204	9,100	32	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	2,265	0	394	76.01
76.02	03950	O/P REHAB SERVICES	0	0	11,022	0	775	76.02
76.03	03951	SPORTS FITNESS	0	0	9,382	0	645	76.03
76.04	03952	LIFE CENTER	0	0	9,844	0	15,098	76.04
76.06	03480	ONCOLOGY	0	0	5,190	0	1,986	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	370	1,527	2	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,379	0	22,590	93,178	12,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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Cost Center Description			DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	4,640	19,135	332	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	897	0	513	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	579	0	0	0	2,179	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	378,496	45,824	300,601	973,664	468,693	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	23	194.00
194.01	07951	DAYCARE	0	0	0	0	521	194.01
194.02	07952	MARKETING	0	0	430	0	12	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	1	194.03
194.04	07954	SWITCHBOARD	0	0	213	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	407	0	0	194.06
194.07	07957	MEALS ON WHEELS	18,316	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	396,812	45,824	301,651	973,664	469,250	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY	233,613					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	412,860				16.00
17.00	01700	SOCIAL SERVICE	0	0	45,069			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10	36,498	9,458	2,953,475	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7	6,206	925	504,563	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,819	1,007	199,216	0	41.00
43.00	04300	NURSERY	0	1,599	658	93,164	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,129	2,512	2,177	251,122	0	44.00
45.00	04500	NURSING FACILITY	2,723	9,047	23,315	2,210,460	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,649	84,724	0	3,032,007	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	122	16,459	0	1,049,874	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,910	0	633,473	0	55.00
56.00	05600	RADIOISOTOPE	2,274	4,162	0	257,419	0	56.00
57.00	05700	CT SCAN	100	22,311	0	371,851	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,699	0	338,158	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,127	19,355	0	824,042	0	59.00
60.00	06000	LABORATORY	162	38,037	0	816,749	0	60.00
64.00	06400	INTRAVENOUS THERAPY	14	6,787	0	206,308	0	64.00
65.00	06500	RESPIRATORY THERAPY	21	10,732	0	230,486	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,301	0	222,921	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,889	0	37,753	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	627	0	12,076	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,179	0	67,413	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,861	0	632,613	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,513	0	365,538	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,304	0	777,290	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	6	2,743	0	121,199	0	76.01
76.02	03950	O/P REHAB SERVICES	31	6,122	0	481,876	0	76.02
76.03	03951	SPORTS FITNESS	0	596	0	483,580	0	76.03
76.04	03952	LIFE CENTER	1,412	8,981	0	417,539	0	76.04
76.06	03480	ONCOLOGY	208,375	1,456	0	442,701	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	292	0	61,656	0	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5	27,498	0	902,249	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10	1,914	0	172,016	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,811	7,002	282,365	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,436	1,916	527	401,298	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	233,613	412,860	45,069	19,854,450	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	31,076	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,163,209	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	502	0	194.00
194.01	07951	DAYCARE	0	0	0	29,051	0	194.01
194.02	07952	MARKETING	0	0	0	111,860	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	38,268	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	7,540	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	194,158	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	83,312	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	18,316	0	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)	233,613	412,860	45,069	21,531,742	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	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	00591	OTHER A&G	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT KLEIN	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	7.02
7.03	00703	OPERATION OF PLANT MERCY	7.03
7.04	00704	OPERATION OF PLANT CANCER	7.04
7.05	00705	OPERATION OF PLANT REHAB	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING KLEIN	9.01
10.00	01000	DIETARY	10.00
10.01	01001	DIETARY KLEIN	10.01
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03040	AUDIOLOGY	76.00
76.01	03280	EKG AND EEG	76.01
76.02	03950	O/P REHAB SERVICES	76.02
76.03	03951	SPORTS FITNESS	76.03
76.04	03952	LIFE CENTER	76.04
76.06	03480	ONCOLOGY	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	76.07
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	194.00
194.01	07951	DAYCARE	194.01
194.02	07952	MARKETING	194.02
194.03	07953	OUTREACH REHAB	194.03
194.04	07954	SWITCHBOARD	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	194.05
194.06	07956	OTHER NONREIMB	194.06
194.07	07957	MEALS ON WHEELS	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	353,663					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	142,635				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	29,164			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	16,346		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	63,031	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,715	0	0	0	0	4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	262	0	0	0	900	5.01
5.02	00550	DATA PROCESSING	9,191	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	11,086	0	0	0	0	5.03
5.04	00570	ADMITTING	2,397	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,075	0	0	0	0	5.05
5.06	00591	OTHER A&G	14,970	0	0	0	6,717	5.06
7.00	00700	OPERATION OF PLANT	15,934	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,505	0	0	16,346	0	8.00
9.00	00900	HOUSEKEEPING	2,159	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	15,864	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,454	0	0	0	900	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	9,822	0	0	0	0	14.00
15.00	01500	PHARMACY	2,524	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,768	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,678	0	0	0	65	30.00
31.00	03100	INTENSIVE CARE UNIT	9,103	0	0	0	65	31.00
41.00	04100	SUBPROVIDER - IRF	5,459	0	0	0	0	41.00
43.00	04300	NURSERY	2,369	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	12,154	0	0	65	44.00
45.00	04500	NURSING FACILITY	0	130,174	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,859	0	0	0	65	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,584	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	29,164	0	0	55.00
56.00	05600	RADIOISOTOPE	5,197	0	0	0	0	56.00
57.00	05700	CT SCAN	2,048	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,047	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,592	0	0	0	0	59.00
60.00	06000	LABORATORY	10,679	0	0	0	200	60.00
64.00	06400	INTRAVENOUS THERAPY	5,470	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,659	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,087	155	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	136	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	16	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	4,515	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	80	76.04
76.06	03480	ONCOLOGY	0	0	0	0	6,600	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	2,933	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	18,799	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,230	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	345,034	142,635	29,164	16,346	15,657	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,001	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	47,204	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	4,390	0	0	0	170	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	2,238	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,236,989	1,308,807	11,760	42,718	397,715	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.807851	9.175918	0.403237	2.613361	6.309832	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						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

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Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	
			(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00		
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04	
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	74,276				1.05	
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	16,760			1.06	
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	99,066		1.07	
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	4,548	1.08	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					9,272,412	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	161,402	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	277	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	4,294,004	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	107,808	5.03
5.04	00570	ADMITTING	0	0	0	0	17,073	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	18,509	5.05
5.06	00591	OTHER A&G	2,530	0	0	0	129,164	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	289,159	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	146,145	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	36,271	0	61,906	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	22,015	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	19,188	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	41,650	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	1,976	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	522,639	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	145,560	14.00
15.00	01500	PHARMACY	0	0	0	0	1,887	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	18,915	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	108,637	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	64,167	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	4,379	41.00
43.00	04300	NURSERY	0	0	0	0	8,788	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	3,284	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	35,172	45.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	749,833	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	563,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	483,521	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	98,999	56.00
57.00	05700	CT SCAN	0	0	0	0	207,481	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	210,294	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	250,187	59.00
60.00	06000	LABORATORY	0	0	0	0	89,809	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	31,475	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	32,257	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,883	722	66.00
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	2,936	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	5,369	76.01
76.02	03950	O/P REHAB SERVICES	0	0	15,467	0	6,726	76.02
76.03	03951	SPORTS FITNESS	0	0	24,312	0	15,468	76.03
76.04	03952	LIFE CENTER	0	0	7,598	0	91,113	76.04
76.06	03480	ONCOLOGY	0	0	0	0	33,380	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	85,343	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	44,582	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,570	0	0	10,147	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,190	0	0	32,955	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,530	16,760	83,648	1,883	9,269,486	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,746	0	15,418	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	2,926	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	2,665	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	578,087	235,708	872,799	28,545	9,345,839	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.782958	14.063723	8.810278	6.276385	1.007919	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						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: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (FTEs)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	114,591				4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	623	2,419			5.01
5.02	00550	DATA PROCESSING	4,164	109	-13,658,154	155,304,144	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	507	22	0	828,753	5.03
5.04	00570	ADMITTING	2,787	36	0	2,157,018	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,042	47	0	2,992,266	5.05
5.06	00591	OTHER A&G	2,836	68	0	9,482,334	5.06
7.00	00700	OPERATION OF PLANT	3,525	164	0	6,026,210	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	458,789	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	252,195	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	242,936	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	22	0	48,354	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	2	0	546,237	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	54,099	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	29,184	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	649	3	0	780,791	8.00
9.00	00900	HOUSEKEEPING	4,909	15	0	2,670,141	9.00
9.01	00901	HOUSEKEEPING KLEIN	172	0	0	201,255	9.01
10.00	01000	DIETARY	3,479	39	0	1,349,273	10.00
10.01	01001	DIETARY KLEIN	680	0	0	870,007	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,251	91	0	4,213,993	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,484	21	0	1,883,266	14.00
15.00	01500	PHARMACY	2,041	22	0	2,931,287	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,802	76	0	2,911,783	16.00
17.00	01700	SOCIAL SERVICE	635	10	0	580,385	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,130	172	0	12,859,984	30.00
31.00	03100	INTENSIVE CARE UNIT	2,276	31	0	3,301,739	31.00
41.00	04100	SUBPROVIDER - IRF	1,088	7	0	1,053,178	41.00
43.00	04300	NURSERY	467	0	0	475,432	43.00
44.00	04400	SKILLED NURSING FACILITY	1,725	10	0	1,322,269	44.00
45.00	04500	NURSING FACILITY	12,367	103	0	8,921,678	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,483	187	0	10,027,409	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,454	77	0	3,250,266	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	702	0	0	1,865,591	55.00
56.00	05600	RADIOISOTOPE	181	0	0	836,272	56.00
57.00	05700	CT SCAN	750	0	0	1,148,701	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	448	0	0	662,041	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,150	65	0	1,985,882	59.00
60.00	06000	LABORATORY	4,728	54	0	5,754,043	60.00
64.00	06400	INTRAVENOUS THERAPY	645	21	0	784,282	64.00
65.00	06500	RESPIRATORY THERAPY	1,593	19	0	1,651,157	65.00
66.00	06600	PHYSICAL THERAPY	645	0	0	733,794	66.00
67.00	06700	OCCUPATIONAL THERAPY	520	0	0	588,253	67.00
68.00	06800	SPEECH PATHOLOGY	150	0	0	192,602	68.00
69.00	06900	ELECTROCARDIOLOGY	477	0	0	645,765	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,663,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,845,722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,746,161	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	490	1	0	478,090	76.01
76.02	03950	O/P REHAB SERVICES	2,491	161	0	3,290,897	76.02
76.03	03951	SPORTS FITNESS	2,030	0	0	1,559,899	76.03
76.04	03952	LIFE CENTER	2,130	0	0	1,978,633	76.04
76.06	03480	ONCOLOGY	1,123	33	0	1,048,850	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	80	0	0	141,658	76.07
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,888	57	0	4,604,147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				532,447	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
			4.00	5.01	5A.02	5.02	5.03	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,004	4	0	792,499	13,810	95.00
101.00	10100	HOME HEALTH AGENCY	2,664	78	0	2,560,571	21,361	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,521	0	0	2,506,065	90,769	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,986	1,827	-13,658,154	151,787,851	20,429,026	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	29,631	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	992,082	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	9,510	968	194.00
194.01	07951	DAYCARE	1,493	9	0	454,492	21,700	194.01
194.02	07952	MARKETING	173	0	0	921,221	503	194.02
194.03	07953	OUTREACH REHAB	712	0	0	754,729	28	194.03
194.04	07954	SWITCHBOARD	46	583	0	93,378	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	-33,066,018	0	0	194.05
194.06	07956	OTHER NONREIMB	181	0	0	261,250	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,183,665	297,974		13,658,154	901,638	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.782854	123.180653		0.087945	0.044085	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	232,679	11,103		6,584,560	309,089	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.030517	4.589913		0.042398	0.015113	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: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	441,447,761					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	458,283,022				5.05
5.06	00591	OTHER A&G	0	0	-10,318,648	191,709,668		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	6,556,795	300,750	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	499,155	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	274,374	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	264,301	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	52,606	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	594,276	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	58,857	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	31,751	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	853,652	17,851	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,912,309	2,159	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	220,755	0	9.01
10.00	01000	DIETARY	0	0	0	1,469,248	15,864	10.00
10.01	01001	DIETARY KLEIN	0	0	0	946,536	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,585,579	8,454	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	2,058,668	9,822	14.00
15.00	01500	PHARMACY	0	0	0	3,194,646	2,524	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,168,168	7,768	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	631,469	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,508,168	40,508,168	0	14,526,118	84,678	30.00
31.00	03100	INTENSIVE CARE UNIT	6,888,118	6,888,118	0	3,694,678	9,103	31.00
41.00	04100	SUBPROVIDER - IRF	3,128,682	3,128,682	0	1,184,684	5,459	41.00
43.00	04300	NURSERY	1,775,049	1,775,049	0	540,537	2,369	43.00
44.00	04400	SKILLED NURSING FACILITY	2,788,340	2,788,340	0	1,473,488	0	44.00
45.00	04500	NURSING FACILITY	0	10,040,848	0	9,788,094	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	94,093,389	94,093,389	0	12,559,147	46,859	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,267,963	18,267,963	0	3,772,324	3,584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,108,621	12,108,621	0	2,180,858	0	55.00
56.00	05600	RADIOISOTOPE	4,618,792	4,618,792	0	979,302	5,197	56.00
57.00	05700	CT SCAN	24,762,117	24,762,117	0	1,560,727	2,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,203,935	15,203,935	0	911,812	3,047	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,482,231	21,482,231	0	2,540,247	15,592	59.00
60.00	06000	LABORATORY	42,215,980	42,215,980	0	6,890,468	10,679	60.00
64.00	06400	INTRAVENOUS THERAPY	7,533,010	7,533,010	0	951,362	5,470	64.00
65.00	06500	RESPIRATORY THERAPY	11,911,039	11,911,039	0	1,950,013	3,659	65.00
66.00	06600	PHYSICAL THERAPY	2,554,183	2,554,183	0	831,992	9,087	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,096,122	2,096,122	0	666,106	0	67.00
68.00	06800	SPEECH PATHOLOGY	696,044	696,044	0	218,245	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,077,736	9,077,736	0	815,369	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,505,410	6,505,410	0	13,858,284	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,887,786	13,887,786	0	7,620,269	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,952,450	46,952,450	0	15,538,192	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	3,044,106	3,044,106	0	558,669	4,515	76.01
76.02	03950	O/P REHAB SERVICES	0	6,794,413	0	3,630,013	0	76.02
76.03	03951	SPORTS FITNESS	661,108	661,108	0	1,706,479	0	76.03
76.04	03952	LIFE CENTER	9,968,351	9,968,351	0	2,304,183	0	76.04
76.06	03480	ONCOLOGY	1,615,608	1,615,608	0	1,164,806	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	324,023	324,023	0	158,145	2,933	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	30,519,337	30,519,337	0	5,411,613	18,799	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,124,433	2,124,433	0	889,191	3,230	95.00
101.00	10100	HOME HEALTH AGENCY	2,009,486	2,009,486	0	2,811,661	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,126,144	2,126,144	0	2,756,872	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	441,447,761	458,283,022	-10,318,648	154,817,093	300,750	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	32,237	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,079,331	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	10,389	0	194.00
194.01	07951	DAYCARE	0	0	0	495,419	0	194.01
194.02	07952	MARKETING	0	0	0	1,002,260	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	821,105	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	101,590	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	33,066,018	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	284,226	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,346,928	3,255,995		10,318,648	6,909,708	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005316	0.007105		0.053824	22.974923	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	167,492	421,086		1,125,871	873,024	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000379	0.000919		0.005873	2.902823	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: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
			7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	142,635					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	71,746				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	55,414			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	29,164		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	62,795	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	900	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	65	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	65	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,154	0	65	0	0	44.00
45.00	04500	NURSING FACILITY	130,174	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	65	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,164	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	200	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	155	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	136	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	16	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	15,467	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	24,312	76.03
76.04	03952	LIFE CENTER	0	0	80	0	7,598	76.04
76.06	03480	ONCOLOGY	0	0	6,600	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		OPERATION OF PLANT KLEIN (SQUARE FEET) 7.01	OPERATION OF PLANT EASTMAN (SQUARE FEET) 7.02	OPERATION OF PLANT MERCY (SQUARE FEET) 7.03	OPERATION OF PLANT CANCER (SQUARE FEET) 7.04	OPERATION OF PLANT REHAB (SQUARE FEET) 7.05	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	142,635	0	8,040	29,164	47,377	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	71,746	47,204	0	15,418	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 MARKETING	0	0	170	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	526,022	289,142	278,527	55,437	626,262	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.687889	4.030078	5.026293	1.900871	9.973119	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	169,692	12,304	11,852	2,460	408,612	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.189694	0.171494	0.213881	0.084351	6.507079	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: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
			7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	16,760					7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	4,548				7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,795,364			8.00
9.00	00900	HOUSEKEEPING	0	0	0	175,641		9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	150,155	0	100	9.01
10.00	01000	DIETARY	0	0	0	300	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	360	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	5,241	1,080	0	14.00
15.00	01500	PHARMACY	0	0	0	12,240	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	540	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	300	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	436,968	53,529	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	46,459	7,200	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	10,364	1,440	0	41.00
43.00	04300	NURSERY	0	0	9,242	360	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	12,822	0	9	44.00
45.00	04500	NURSING FACILITY	0	0	137,333	0	91	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	289,257	43,200	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	99,849	4,140	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,191	5,760	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	40,441	0	0	59.00
60.00	06000	LABORATORY	0	0	691	3,120	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	8,363	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,376	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,883	427	0	0	66.00
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
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	5,243	540	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	88,275	16,380	0	76.02
76.03	03951	SPORTS FITNESS	0	0	25,754	0	0	76.03
76.04	03952	LIFE CENTER	0	0	6,976	2,880	0	76.04
76.06	03480	ONCOLOGY	0	0	3,990	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	202,481	13,320	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
			7.06	7.07	8.00	9.00	9.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,570	0	0	3,576	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,190	0	10,313	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,760	1,883	1,604,835	175,641	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	2,665	190,529	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	62,025	33,460	1,309,724	3,118,664	342,176	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.700776	7.357080	0.729503	17.755900	3,421.760000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,640	1,423	179,898	200,444	25,842	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.157518	0.312885	0.100201	1.141214	258.420000	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: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
			10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	379,075					10.00
10.01	01001	DIETARY KLEIN	0	100				10.01
11.00	01100	CAFETERIA	288,169	0	65,271			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,129	1,062,417		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	2,484	34,572	19,545,099	14.00
15.00	01500	PHARMACY	0	0	2,041	0	126,272	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,802	0	6,976	16.00
17.00	01700	SOCIAL SERVICE	0	0	635	13,207	942	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,149	0	15,130	314,709	726,120	30.00
31.00	03100	INTENSIVE CARE UNIT	3,409	0	2,276	47,332	385,865	31.00
41.00	04100	SUBPROVIDER - IRF	6,108	0	1,088	22,631	511	41.00
43.00	04300	NURSERY	0	0	467	9,720	28,242	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9	0	34,770	0	44.00
45.00	04500	NURSING FACILITY	0	91	1	258,342	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15	0	7,483	155,643	10,911,944	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,454	0	211,126	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	702	0	18,070	55.00
56.00	05600	RADIOISOTOPE	0	0	181	0	274,798	56.00
57.00	05700	CT SCAN	0	0	750	0	77,863	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	448	0	61,254	58.00
59.00	05900	CARDIAC CATHETERIZATION	158	0	1,150	23,920	2,560,651	59.00
60.00	06000	LABORATORY	0	0	4,728	0	2,404,919	60.00
64.00	06400	INTRAVENOUS THERAPY	700	0	645	13,425	102,949	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,593	0	129,261	65.00
66.00	06600	PHYSICAL THERAPY	0	0	553	0	43,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	379	0	1,874	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	124	0	1,354	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	477	9,930	1,316	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	490	0	16,402	76.01
76.02	03950	O/P REHAB SERVICES	0	0	2,385	0	32,298	76.02
76.03	03951	SPORTS FITNESS	0	0	2,030	0	26,856	76.03
76.04	03952	LIFE CENTER	0	0	2,130	0	628,833	76.04
76.06	03480	ONCOLOGY	0	0	1,123	0	82,728	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	80	1,666	101	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,317	0	4,888	101,671	532,447	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
			10.00	10.01	11.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	1,004	20,879	13,810	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	194	0	21,361	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	553	0	0	0	90,769	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	361,578	100	65,044	1,062,417	19,521,900	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	968	194.00
194.01	07951	DAYCARE	0	0	0	0	21,700	194.01
194.02	07952	MARKETING	0	0	93	0	503	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	28	194.03
194.04	07954	SWITCHBOARD	0	0	46	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	88	0	0	194.06
194.07	07957	MEALS ON WHEELS	17,497	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,918,130	997,482	1,458,143	5,085,100	2,639,099	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.060028	9,974.820000	22.339829	4.786350	0.135026	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	396,812	45,824	301,651	973,664	469,250	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.046790	458.240000	4.621516	0.916461	0.024009	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: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY			1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY			1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN			1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP			1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO			1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00500	ADMINISTRATIVE AND GENERAL			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	00591	OTHER A&G			5.06
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT KLEIN			7.01
7.02	00702	OPERATION OF PLANT EASTMAN			7.02
7.03	00703	OPERATION OF PLANT MERCY			7.03
7.04	00704	OPERATION OF PLANT CANCER			7.04
7.05	00705	OPERATION OF PLANT REHAB			7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE			7.06
7.07	00707	OPERATION OF PLANT WAPELLO			7.07
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING KLEIN			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY KLEIN			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY			14.00
15.00	01500	PHARMACY	7,354,302		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	458,283,022	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	325	40,508,168	30.00
31.00	03100	INTENSIVE CARE UNIT	235	6,888,118	31.00
41.00	04100	SUBPROVIDER - IRF	0	3,128,682	41.00
43.00	04300	NURSERY	13	1,775,049	43.00
44.00	04400	SKILLED NURSING FACILITY	161,482	2,788,340	44.00
45.00	04500	NURSING FACILITY	85,714	10,040,848	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	114,879	94,093,389	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,832	18,267,963	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,108,621	55.00
56.00	05600	RADIOISOTOPE	71,595	4,618,792	56.00
57.00	05700	CT SCAN	3,133	24,762,117	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9	15,203,935	58.00
59.00	05900	CARDIAC CATHETERIZATION	129,916	21,482,231	59.00
60.00	06000	LABORATORY	5,087	42,215,980	60.00
64.00	06400	INTRAVENOUS THERAPY	444	7,533,010	64.00
65.00	06500	RESPIRATORY THERAPY	651	11,911,039	65.00
66.00	06600	PHYSICAL THERAPY	0	2,554,183	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,096,122	67.00
68.00	06800	SPEECH PATHOLOGY	0	696,044	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,077,736	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,505,410	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,887,786	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,952,450	73.00
76.00	03040	AUDIOLOGY	0	0	76.00
76.01	03280	EKG AND EEG	190	3,044,106	76.01
76.02	03950	O/P REHAB SERVICES	965	6,794,413	76.02
76.03	03951	SPORTS FITNESS	0	661,108	76.03
76.04	03952	LIFE CENTER	44,450	9,968,351	76.04
76.06	03480	ONCOLOGY	6,559,765	1,615,608	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	324,023	76.07
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	156	30,519,337	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet B-1
Date/Time Prepared:
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Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			15.00	16.00	17.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	316	2,124,433	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,009,486	15,241	101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	171,145	2,126,144	1,148	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,354,302	458,283,022	98,101	118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	194.07
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,704,562	3,590,286	748,310	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.503727	0.007834	7.627955	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	233,613	412,860	45,069	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.031765	0.000901	0.459414	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 1:46 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 Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,249,307		21,249,307	0	21,249,307	30.00
31.00	03100	INTENSIVE CARE UNIT	4,680,922		4,680,922	0	4,680,922	31.00
41.00	04100	SUBPROVIDER - IRF	1,611,837		1,611,837	0	1,611,837	41.00
43.00	04300	NURSERY	722,806		722,806	0	722,806	43.00
44.00	04400	SKILLED NURSING FACILITY	2,033,619		2,033,619	0	2,033,619	44.00
45.00	04500	NURSING FACILITY	13,859,744		13,859,744	0	13,859,744	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,470,806		18,470,806	0	18,470,806	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,432,427		4,432,427	0	4,432,427	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,579,286		2,579,286	0	2,579,286	55.00
56.00	05600	RADIOISOTOPE	1,264,810		1,264,810	0	1,264,810	56.00
57.00	05700	CT SCAN	1,914,618		1,914,618	0	1,914,618	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,168,286		1,168,286	0	1,168,286	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,785,167		3,785,167	0	3,785,167	59.00
60.00	06000	LABORATORY	8,327,229		8,327,229	0	8,327,229	60.00
64.00	06400	INTRAVENOUS THERAPY	1,289,689		1,289,689	0	1,289,689	64.00
65.00	06500	RESPIRATORY THERAPY	2,381,171	0	2,381,171	0	2,381,171	65.00
66.00	06600	PHYSICAL THERAPY	1,138,585	0	1,138,585	0	1,138,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	727,601	0	727,601	0	727,601	67.00
68.00	06800	SPEECH PATHOLOGY	238,457	0	238,457	0	238,457	68.00
69.00	06900	ELECTROCARDIOLOGY	988,732		988,732	0	988,732	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,655,155		14,655,155	0	14,655,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,139,219		8,139,219	0	8,139,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,742,345		16,742,345	0	16,742,345	73.00
76.00	03040	AUDIOLOGY	0		0	0	0	76.00
76.01	03280	EKG AND EEG	742,990		742,990	0	742,990	76.01
76.02	03950	O/P REHAB SERVICES	4,446,242		4,446,242	359	4,446,601	76.02
76.03	03951	SPORTS FITNESS	2,113,738		2,113,738	0	2,113,738	76.03
76.04	03952	LIFE CENTER	2,793,583		2,793,583	0	2,793,583	76.04
76.06	03480	ONCOLOGY	4,616,833		4,616,833	0	4,616,833	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	246,355		246,355	0	246,355	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,432,568		7,432,568	0	7,432,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,324,032		1,324,032		1,324,032	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,152,290		1,152,290	0	1,152,290	95.00
101.00	10100	HOME HEALTH AGENCY	3,197,425		3,197,425		3,197,425	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,069,767		3,069,767		3,069,767	116.00
200.00		Subtotal (see instructions)	163,537,641	0	163,537,641	359	163,538,000	200.00
201.00		Less Observation Beds	1,324,032		1,324,032		1,324,032	201.00
202.00		Total (see instructions)	162,213,609	0	162,213,609	359	162,213,968	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 1:46 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		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,942,526		35,942,526		30.00
31.00	03100	INTENSIVE CARE UNIT	6,888,118		6,888,118		31.00
41.00	04100	SUBPROVIDER - IRF	3,128,682		3,128,682		41.00
43.00	04300	NURSERY	1,775,049		1,775,049		43.00
44.00	04400	SKILLED NURSING FACILITY	2,788,340		2,788,340		44.00
45.00	04500	NURSING FACILITY	10,040,848		10,040,848		45.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,720,964	62,372,425	94,093,389	0.196303	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,397,967	14,869,996	18,267,963	0.242634	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	179,475	11,929,146	12,108,621	0.213012	55.00
56.00	05600	RADIOISOTOPE	451,790	4,167,002	4,618,792	0.273840	56.00
57.00	05700	CT SCAN	5,219,103	19,543,014	24,762,117	0.077320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,894,792	13,309,143	15,203,935	0.076841	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,698,772	12,783,459	21,482,231	0.176200	59.00
60.00	06000	LABORATORY	14,659,337	27,556,643	42,215,980	0.197253	60.00
64.00	06400	INTRAVENOUS THERAPY	1,997,230	5,535,780	7,533,010	0.171205	64.00
65.00	06500	RESPIRATORY THERAPY	7,799,244	4,111,795	11,911,039	0.199913	65.00
66.00	06600	PHYSICAL THERAPY	2,458,666	95,517	2,554,183	0.445773	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,032,975	63,147	2,096,122	0.347118	67.00
68.00	06800	SPEECH PATHOLOGY	674,227	21,817	696,044	0.342589	68.00
69.00	06900	ELECTROCARDIOLOGY	2,859,519	6,218,217	9,077,736	0.108918	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,774,124	2,731,286	6,505,410	2.252764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,487,964	4,399,822	13,887,786	0.586070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,824,583	38,127,867	46,952,450	0.356581	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	170,534	2,873,572	3,044,106	0.244075	76.01
76.02	03950	O/P REHAB SERVICES	0	6,794,413	6,794,413	0.654397	76.02
76.03	03951	SPORTS FITNESS	1,617	659,491	661,108	3.197266	76.03
76.04	03952	LIFE CENTER	131,838	9,836,513	9,968,351	0.280245	76.04
76.06	03480	ONCOLOGY	10,577	1,605,031	1,615,608	2.857644	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	321,473	2,550	324,023	0.760301	76.07
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,628,694	23,788,473	30,417,167	0.244354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,309,260	3,256,382	4,565,642	0.289999	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	25,319	2,099,114	2,124,433	0.542399	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,009,486	2,009,486		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,126,144	2,126,144		116.00
200.00		Subtotal (see instructions)	175,293,607	282,887,245	458,180,852		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	175,293,607	282,887,245	458,180,852		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196303		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242634		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213012		55.00
56.00	05600	RADIOISOTOPE	0.273840		56.00
57.00	05700	CT SCAN	0.077320		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076841		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.176200		59.00
60.00	06000	LABORATORY	0.197253		60.00
64.00	06400	INTRAVENOUS THERAPY	0.171205		64.00
65.00	06500	RESPIRATORY THERAPY	0.199913		65.00
66.00	06600	PHYSICAL THERAPY	0.445773		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347118		67.00
68.00	06800	SPEECH PATHOLOGY	0.342589		68.00
69.00	06900	ELECTROCARDIOLOGY	0.108918		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.252764		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.586070		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.356581		73.00
76.00	03040	AUDIOLOGY	0.000000		76.00
76.01	03280	EKG AND EEG	0.244075		76.01
76.02	03950	O/P REHAB SERVICES	0.654450		76.02
76.03	03951	SPORTS FITNESS	3.197266		76.03
76.04	03952	LIFE CENTER	0.280245		76.04
76.06	03480	ONCOLOGY	2.857644		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.760301		76.07
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.244354		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.289999		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.542399		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
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: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,249,307		21,249,307	0	21,249,307	30.00
31.00	03100	INTENSIVE CARE UNIT	4,680,922		4,680,922	0	4,680,922	31.00
41.00	04100	SUBPROVIDER - IRF	1,611,837		1,611,837	0	1,611,837	41.00
43.00	04300	NURSERY	722,806		722,806	0	722,806	43.00
44.00	04400	SKILLED NURSING FACILITY	2,033,619		2,033,619	0	2,033,619	44.00
45.00	04500	NURSING FACILITY	13,859,744		13,859,744	0	13,859,744	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,470,806		18,470,806	0	18,470,806	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,432,427		4,432,427	0	4,432,427	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,579,286		2,579,286	0	2,579,286	55.00
56.00	05600	RADIOISOTOPE	1,264,810		1,264,810	0	1,264,810	56.00
57.00	05700	CT SCAN	1,914,618		1,914,618	0	1,914,618	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,168,286		1,168,286	0	1,168,286	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,785,167		3,785,167	0	3,785,167	59.00
60.00	06000	LABORATORY	8,327,229		8,327,229	0	8,327,229	60.00
64.00	06400	INTRAVENOUS THERAPY	1,289,689		1,289,689	0	1,289,689	64.00
65.00	06500	RESPIRATORY THERAPY	2,381,171	0	2,381,171	0	2,381,171	65.00
66.00	06600	PHYSICAL THERAPY	1,138,585	0	1,138,585	0	1,138,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	727,601	0	727,601	0	727,601	67.00
68.00	06800	SPEECH PATHOLOGY	238,457	0	238,457	0	238,457	68.00
69.00	06900	ELECTROCARDIOLOGY	988,732		988,732	0	988,732	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,655,155		14,655,155	0	14,655,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,139,219		8,139,219	0	8,139,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,742,345		16,742,345	0	16,742,345	73.00
76.00	03040	AUDIOLOGY	0		0	0	0	76.00
76.01	03280	EKG AND EEG	742,990		742,990	0	742,990	76.01
76.02	03950	O/P REHAB SERVICES	4,446,242		4,446,242	359	4,446,601	76.02
76.03	03951	SPORTS FITNESS	2,113,738		2,113,738	0	2,113,738	76.03
76.04	03952	LIFE CENTER	2,793,583		2,793,583	0	2,793,583	76.04
76.06	03480	ONCOLOGY	4,616,833		4,616,833	0	4,616,833	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	246,355		246,355	0	246,355	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,432,568		7,432,568	0	7,432,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,324,032		1,324,032		1,324,032	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,152,290		1,152,290	0	1,152,290	95.00
101.00	10100	HOME HEALTH AGENCY	3,197,425		3,197,425		3,197,425	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,069,767		3,069,767		3,069,767	116.00
200.00		Subtotal (see instructions)	163,537,641	0	163,537,641	359	163,538,000	200.00
201.00		Less Observation Beds	1,324,032		1,324,032		1,324,032	201.00
202.00		Total (see instructions)	162,213,609	0	162,213,609	359	162,213,968	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

			Title XIX			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			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,942,526		35,942,526			30.00
31.00	03100	INTENSIVE CARE UNIT	6,888,118		6,888,118			31.00
41.00	04100	SUBPROVIDER - IRF	3,128,682		3,128,682			41.00
43.00	04300	NURSERY	1,775,049		1,775,049			43.00
44.00	04400	SKILLED NURSING FACILITY	2,788,340		2,788,340			44.00
45.00	04500	NURSING FACILITY	10,040,848		10,040,848			45.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,720,964	62,372,425	94,093,389	0.196303	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,397,967	14,869,996	18,267,963	0.242634	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	179,475	11,929,146	12,108,621	0.213012	0.000000	55.00
56.00	05600	RADIOISOTOPE	451,790	4,167,002	4,618,792	0.273840	0.000000	56.00
57.00	05700	CT SCAN	5,219,103	19,543,014	24,762,117	0.077320	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,894,792	13,309,143	15,203,935	0.076841	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,698,772	12,783,459	21,482,231	0.176200	0.000000	59.00
60.00	06000	LABORATORY	14,659,337	27,556,643	42,215,980	0.197253	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,997,230	5,535,780	7,533,010	0.171205	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	7,799,244	4,111,795	11,911,039	0.199913	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,458,666	95,517	2,554,183	0.445773	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,032,975	63,147	2,096,122	0.347118	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	674,227	21,817	696,044	0.342589	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,859,519	6,218,217	9,077,736	0.108918	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,774,124	2,731,286	6,505,410	2.252764	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,487,964	4,399,822	13,887,786	0.586070	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,824,583	38,127,867	46,952,450	0.356581	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03280	EKG AND EEG	170,534	2,873,572	3,044,106	0.244075	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	6,794,413	6,794,413	0.654397	0.000000	76.02
76.03	03951	SPORTS FITNESS	1,617	659,491	661,108	3.197266	0.000000	76.03
76.04	03952	LIFE CENTER	131,838	9,836,513	9,968,351	0.280245	0.000000	76.04
76.06	03480	ONCOLOGY	10,577	1,605,031	1,615,608	2.857644	0.000000	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	321,473	2,550	324,023	0.760301	0.000000	76.07
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	6,628,694	23,788,473	30,417,167	0.244354	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,309,260	3,256,382	4,565,642	0.289999	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	25,319	2,099,114	2,124,433	0.542399	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,009,486	2,009,486			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,126,144	2,126,144			116.00
200.00		Subtotal (see instructions)	175,293,607	282,887,245	458,180,852			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	175,293,607	282,887,245	458,180,852			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196303		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242634		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213012		55.00
56.00	05600	RADIOISOTOPE	0.273840		56.00
57.00	05700	CT SCAN	0.077320		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076841		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.176200		59.00
60.00	06000	LABORATORY	0.197253		60.00
64.00	06400	INTRAVENOUS THERAPY	0.171205		64.00
65.00	06500	RESPIRATORY THERAPY	0.199913		65.00
66.00	06600	PHYSICAL THERAPY	0.445773		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347118		67.00
68.00	06800	SPEECH PATHOLOGY	0.342589		68.00
69.00	06900	ELECTROCARDIOLOGY	0.108918		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.252764		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.586070		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.356581		73.00
76.00	03040	AUDIOLOGY	0.000000		76.00
76.01	03280	EKG AND EEG	0.244075		76.01
76.02	03950	O/P REHAB SERVICES	0.654450		76.02
76.03	03951	SPORTS FITNESS	3.197266		76.03
76.04	03952	LIFE CENTER	0.280245		76.04
76.06	03480	ONCOLOGY	2.857644		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.760301		76.07
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.244354		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.289999		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.542399		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part II
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,470,806	3,032,007	15,438,799	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,432,427	1,049,874	3,382,553	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,579,286	633,473	1,945,813	0	55.00
56.00	05600	RADIOISOTOPE	1,264,810	257,419	1,007,391	0	56.00
57.00	05700	CT SCAN	1,914,618	371,851	1,542,767	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,168,286	338,158	830,128	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,785,167	824,042	2,961,125	0	59.00
60.00	06000	LABORATORY	8,327,229	816,749	7,510,480	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,289,689	206,308	1,083,381	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,381,171	230,486	2,150,685	0	65.00
66.00	06600	PHYSICAL THERAPY	1,138,585	222,921	915,664	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	727,601	37,753	689,848	0	67.00
68.00	06800	SPEECH PATHOLOGY	238,457	12,076	226,381	0	68.00
69.00	06900	ELECTROCARDIOLOGY	988,732	67,413	921,319	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,655,155	632,613	14,022,542	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,139,219	365,538	7,773,681	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,742,345	777,290	15,965,055	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	742,990	121,199	621,791	0	76.01
76.02	03950	O/P REHAB SERVICES	4,446,242	481,876	3,964,366	0	76.02
76.03	03951	SPORTS FITNESS	2,113,738	483,580	1,630,158	0	76.03
76.04	03952	LIFE CENTER	2,793,583	417,539	2,376,044	0	76.04
76.06	03480	ONCOLOGY	4,616,833	442,701	4,174,132	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	246,355	61,656	184,699	0	76.07
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	7,432,568	902,249	6,530,319	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,324,032	184,030	1,140,002	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,152,290	172,016	980,274	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,197,425	282,365	2,915,060	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,069,767	401,298	2,668,469	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	119,379,406	13,826,480	105,552,926	0	200.00
201.00		Less Observation Beds	1,324,032	184,030	1,140,002	0	201.00
202.00		Total (line 200 minus line 201)	118,055,374	13,642,450	104,412,924	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part II
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,470,806	94,093,389	0.196303	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,432,427	18,267,963	0.242634	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,579,286	12,108,621	0.213012	55.00
56.00	05600	RADIOISOTOPE	1,264,810	4,618,792	0.273840	56.00
57.00	05700	CT SCAN	1,914,618	24,762,117	0.077320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,168,286	15,203,935	0.076841	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,785,167	21,482,231	0.176200	59.00
60.00	06000	LABORATORY	8,327,229	42,215,980	0.197253	60.00
64.00	06400	INTRAVENOUS THERAPY	1,289,689	7,533,010	0.171205	64.00
65.00	06500	RESPIRATORY THERAPY	2,381,171	11,911,039	0.199913	65.00
66.00	06600	PHYSICAL THERAPY	1,138,585	2,554,183	0.445773	66.00
67.00	06700	OCCUPATIONAL THERAPY	727,601	2,096,122	0.347118	67.00
68.00	06800	SPEECH PATHOLOGY	238,457	696,044	0.342589	68.00
69.00	06900	ELECTROCARDIOLOGY	988,732	9,077,736	0.108918	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,655,155	6,505,410	2.252764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,139,219	13,887,786	0.586070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,742,345	46,952,450	0.356581	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	742,990	3,044,106	0.244075	76.01
76.02	03950	O/P REHAB SERVICES	4,446,242	6,794,413	0.654397	76.02
76.03	03951	SPORTS FITNESS	2,113,738	661,108	3.197266	76.03
76.04	03952	LIFE CENTER	2,793,583	9,968,351	0.280245	76.04
76.06	03480	ONCOLOGY	4,616,833	1,615,608	2.857644	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	246,355	324,023	0.760301	76.07
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	7,432,568	30,417,167	0.244354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,324,032	4,565,642	0.289999	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,152,290	2,124,433	0.542399	95.00
101.00	10100	HOME HEALTH AGENCY	3,197,425	2,009,486	1.591166	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	3,069,767	2,126,144	1.443819	116.00
200.00		Subtotal (sum of lines 50 thru 199)	119,379,406	397,617,289		200.00
201.00		Less Observation Beds	1,324,032	0		201.00
202.00		Total (line 200 minus line 201)	118,055,374	397,617,289		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,953,475	0	2,953,475	21,955	134.52	30.00
31.00	INTENSIVE CARE UNIT	504,563		504,563	2,013	250.65	31.00
41.00	SUBPROVIDER - IRF	199,216	0	199,216	2,193	90.84	41.00
43.00	NURSERY	93,164		93,164	1,433	65.01	43.00
44.00	SKILLED NURSING FACILITY	251,122		251,122	4,738	53.00	44.00
45.00	NURSING FACILITY	2,210,460		2,210,460	50,748	43.56	45.00
200.00	Total (lines 30 through 199)	6,212,000		6,212,000	83,080		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	10,923	1,469,362				30.00
31.00	INTENSIVE CARE UNIT	1,182	296,268				31.00
41.00	SUBPROVIDER - IRF	1,276	115,912				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	3,968	210,304				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	17,349	2,091,846				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part II
Date/Time Prepared:
11/29/2018 1:46 pm

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)
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,032,007	94,093,389	0.032223	14,360,188	462,728	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,049,874	18,267,963	0.057471	1,949,399	112,034	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	633,473	12,108,621	0.052316	102,831	5,380	55.00
56.00	05600	RADIOISOTOPE	257,419	4,618,792	0.055733	317,605	17,701	56.00
57.00	05700	CT SCAN	371,851	24,762,117	0.015017	3,162,883	47,497	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	338,158	15,203,935	0.022241	1,165,263	25,917	58.00
59.00	05900	CARDIAC CATHETERIZATION	824,042	21,482,231	0.038359	5,593,480	214,560	59.00
60.00	06000	LABORATORY	816,749	42,215,980	0.019347	8,117,309	157,046	60.00
64.00	06400	INTRAVENOUS THERAPY	206,308	7,533,010	0.027387	1,037,274	28,408	64.00
65.00	06500	RESPIRATORY THERAPY	230,486	11,911,039	0.019351	4,856,434	93,977	65.00
66.00	06600	PHYSICAL THERAPY	222,921	2,554,183	0.087277	805,959	70,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,753	2,096,122	0.018011	620,640	11,178	67.00
68.00	06800	SPEECH PATHOLOGY	12,076	696,044	0.017349	201,691	3,499	68.00
69.00	06900	ELECTROCARDIOLOGY	67,413	9,077,736	0.007426	1,601,092	11,890	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	632,613	6,505,410	0.097244	1,838,946	178,826	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	365,538	13,887,786	0.026321	4,316,036	113,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	777,290	46,952,450	0.016555	4,686,764	77,589	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	121,199	3,044,106	0.039814	91,359	3,637	76.01
76.02	03950	O/P REHAB SERVICES	481,876	6,794,413	0.070922	0	0	76.02
76.03	03951	SPORTS FITNESS	483,580	661,108	0.731469	1,584	1,159	76.03
76.04	03952	LIFE CENTER	417,539	9,968,351	0.041886	57,871	2,424	76.04
76.06	03480	ONCOLOGY	442,701	1,615,608	0.274015	7,868	2,156	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	61,656	324,023	0.190283	279,650	53,213	76.07
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	902,249	30,417,167	0.029662	3,847,700	114,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	184,030	4,565,642	0.040308	606,148	24,433	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,970,801	391,357,226		59,625,974	1,833,326	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/29/2018 1:46 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	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	0	21,955	0.00	10,923	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,013	0.00	1,182	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,193	0.00	1,276	0	41.00	
43.00	04300	NURSERY	0	0	0	1,433	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	4,738	0.00	3,968	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	50,748	0.00	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	83,080	0.00	17,349	0	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	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
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: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/29/2018 1:46 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	94,093,389	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,267,963	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,108,621	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,618,792	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	24,762,117	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,203,935	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,482,231	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	42,215,980	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,533,010	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,911,039	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,554,183	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,096,122	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	696,044	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,077,736	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,505,410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,887,786	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	46,952,450	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	0	0	0	3,044,106	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	6,794,413	0.000000	76.02
76.03	03951	SPORTS FITNESS	0	0	0	661,108	0.000000	76.03
76.04	03952	LIFE CENTER	0	0	0	9,968,351	0.000000	76.04
76.06	03480	ONCOLOGY	0	0	0	1,615,608	0.000000	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	324,023	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	30,417,167	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,565,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	391,357,226		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description			Title XVIII			Hospital	PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	14,360,188	0	19,235,564	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,949,399	0	4,596,213	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	102,831	0	6,723,807	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	317,605	0	2,171,549	0	56.00
57.00	05700	CT SCAN	0.000000	3,162,883	0	7,950,888	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,165,263	0	4,474,091	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,593,480	0	5,961,486	0	59.00
60.00	06000	LABORATORY	0.000000	8,117,309	0	5,874,389	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,037,274	0	2,038,032	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,856,434	0	1,826,140	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	805,959	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	620,640	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	201,691	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,601,092	0	3,744,184	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,838,946	0	1,662,045	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,316,036	0	2,423,496	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,686,764	0	21,237,616	0	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0.000000	91,359	0	1,045,751	0	76.01
76.02	03950	O/P REHAB SERVICES	0.000000	0	0	85,517	0	76.02
76.03	03951	SPORTS FITNESS	0.000000	1,584	0	264	0	76.03
76.04	03952	LIFE CENTER	0.000000	57,871	0	4,917,080	0	76.04
76.06	03480	ONCOLOGY	0.000000	7,868	0	898,116	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	279,650	0	2,550	0	76.07
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	3,847,700	0	5,805,206	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	606,148	0	1,748,190	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		59,625,974	0	104,422,174	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/29/2018 1:46 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.196303	19,235,564		0	3,775,999	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242634	4,596,213		0	1,115,198	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213012	6,723,807		0	1,432,252	55.00	
56.00	05600	RADIOISOTOPE	0.273840	2,171,549		0	594,657	56.00	
57.00	05700	CT SCAN	0.077320	7,950,888		0	614,763	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076841	4,474,091		0	343,794	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.176200	5,961,486		0	1,050,414	59.00	
60.00	06000	LABORATORY	0.197253	5,874,389		0	1,158,741	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.171205	2,038,032		0	348,921	64.00	
65.00	06500	RESPIRATORY THERAPY	0.199913	1,826,140		0	365,069	65.00	
66.00	06600	PHYSICAL THERAPY	0.445773	0		0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.347118	0		0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.342589	0		0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.108918	3,744,184		0	407,809	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.252764	1,662,045		0	3,744,195	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.586070	2,423,496		0	1,420,338	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.356581	21,237,616		0	34,325	7,572,930	73.00
76.00	03040	AUDIOLOGY	0.000000	0		0	0	0	76.00
76.01	03280	EKG AND EEG	0.244075	1,045,751		0	0	255,242	76.01
76.02	03950	O/P REHAB SERVICES	0.654397	85,517		0	0	55,962	76.02
76.03	03951	SPORTS FITNESS	3.197266	264		0	0	844	76.03
76.04	03952	LIFE CENTER	0.280245	4,917,080		0	0	1,377,987	76.04
76.06	03480	ONCOLOGY	2.857644	898,116		0	0	2,566,496	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.760301	2,550		0	0	1,939	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.244354	5,805,206		0	92	1,418,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.289999	1,748,190		0	0	506,973	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.542399			0			95.00
200.00		Subtotal (see instructions)		104,422,174		0	34,417	30,129,048	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)		104,422,174		0	34,417	30,129,048	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Costs					
				Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
				6.00	7.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0				
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0				
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0				
56.00	05600	RADIOISOTOPE		0	0				
57.00	05700	CT SCAN		0	0				
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0				
59.00	05900	CARDIAC CATHETERIZATION		0	0				
60.00	06000	LABORATORY		0	0				
64.00	06400	INTRAVENOUS THERAPY		0	0				
65.00	06500	RESPIRATORY THERAPY		0	0				
66.00	06600	PHYSICAL THERAPY		0	0				
67.00	06700	OCCUPATIONAL THERAPY		0	0				
68.00	06800	SPEECH PATHOLOGY		0	0				
69.00	06900	ELECTROCARDIOLOGY		0	0				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0				
73.00	07300	DRUGS CHARGED TO PATIENTS		0	12,240				
76.00	03040	AUDIOLOGY		0	0				
76.01	03280	EKG AND EEG		0	0				
76.02	03950	O/P REHAB SERVICES		0	0				
76.03	03951	SPORTS FITNESS		0	0				
76.04	03952	LIFE CENTER		0	0				
76.06	03480	ONCOLOGY		0	0				
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0	0				
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	22				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0				
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0					
200.00		Subtotal (see instructions)		0	12,262				
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0					
202.00		Net Charges (line 200 - line 201)		0	12,262				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/29/2018 1:46 pm	
					Component CCN: 16-T057			
					Title XVIII	Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,032,007	94,093,389	0.032223	38,886	1,253	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,049,874	18,267,963	0.057471	25,162	1,446	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	633,473	12,108,621	0.052316	646	34	55.00
56.00	05600	RADIOISOTOPE	257,419	4,618,792	0.055733	1,440	80	56.00
57.00	05700	CT SCAN	371,851	24,762,117	0.015017	37,809	568	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	338,158	15,203,935	0.022241	29,228	650	58.00
59.00	05900	CARDIAC CATHETERIZATION	824,042	21,482,231	0.038359	40,823	1,566	59.00
60.00	06000	LABORATORY	816,749	42,215,980	0.019347	127,049	2,458	60.00
64.00	06400	INTRAVENOUS THERAPY	206,308	7,533,010	0.027387	1,031	28	64.00
65.00	06500	RESPIRATORY THERAPY	230,486	11,911,039	0.019351	64,496	1,248	65.00
66.00	06600	PHYSICAL THERAPY	222,921	2,554,183	0.087277	457,705	39,947	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,753	2,096,122	0.018011	398,834	7,183	67.00
68.00	06800	SPEECH PATHOLOGY	12,076	696,044	0.017349	238,947	4,145	68.00
69.00	06900	ELECTROCARDIOLOGY	67,413	9,077,736	0.007426	2,977	22	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	632,613	6,505,410	0.097244	24,729	2,405	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	365,538	13,887,786	0.026321	3,593	95	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	777,290	46,952,450	0.016555	78,190	1,294	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	121,199	3,044,106	0.039814	2,004	80	76.01
76.02	03950	O/P REHAB SERVICES	481,876	6,794,413	0.070922	0	0	76.02
76.03	03951	SPORTS FITNESS	483,580	661,108	0.731469	33	24	76.03
76.04	03952	LIFE CENTER	417,539	9,968,351	0.041886	620	26	76.04
76.06	03480	ONCOLOGY	442,701	1,615,608	0.274015	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	61,656	324,023	0.190283	15,300	2,911	76.07
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	902,249	30,417,167	0.029662	6,313	187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,565,642	0.000000	4,375	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,786,771	391,357,226		1,600,190	67,650	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	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
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
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
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 16-0057 Component CCN: 16-T057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	94,093,389	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	18,267,963	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	12,108,621	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	4,618,792	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	24,762,117	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	15,203,935	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	21,482,231	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	42,215,980	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,533,010	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,911,039	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,554,183	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,096,122	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	696,044	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,077,736	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	6,505,410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	13,887,786	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	46,952,450	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	3,044,106	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	6,794,413	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	661,108	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	9,968,351	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	1,615,608	0.000000	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	324,023	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	30,417,167	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,565,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	391,357,226		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 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	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	38,886	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	25,162	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	646	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	1,440	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	37,809	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	29,228	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	40,823	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	127,049	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	1,031	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	64,496	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	457,705	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	398,834	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	238,947	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	2,977	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	24,729	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	3,593	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	78,190	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	2,004	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	33	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	620	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0.000000	15,300	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	6,313	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	4,375	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,600,190	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	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
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
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
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 16-0057 Component CCN: 16-5110		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	94,093,389	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	18,267,963	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	12,108,621	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	4,618,792	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	24,762,117	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	15,203,935	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	21,482,231	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	42,215,980	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,533,010	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,911,039	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,554,183	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,096,122	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	696,044	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,077,736	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	6,505,410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	13,887,786	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	46,952,450	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	3,044,106	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	6,794,413	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	661,108	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	9,968,351	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	1,615,608	0.000000	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	324,023	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	30,417,167	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,565,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	391,357,226		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XVIII		Skilled Nursing Facility		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	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	12,883	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	15,523	0	0	0	54.00
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	155	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	14,636	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	70,183	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	230	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	423,239	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	387,244	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	39,778	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	252	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	985	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	124,027	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	2,384	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	629	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,092,148	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part I
Date/Time Prepared:
11/29/2018 1:46 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,953,475	0	2,953,475	21,955	134.52	30.00
31.00	INTENSIVE CARE UNIT	504,563		504,563	2,013	250.65	31.00
41.00	SUBPROVIDER - IRF	199,216	0	199,216	2,193	90.84	41.00
43.00	NURSERY	93,164		93,164	1,433	65.01	43.00
44.00	SKILLED NURSING FACILITY	251,122		251,122	4,738	53.00	44.00
45.00	NURSING FACILITY	2,210,460		2,210,460	50,748	43.56	45.00
200.00	Total (lines 30 through 199)	6,212,000		6,212,000	83,080		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	561	75,466				30.00
31.00	INTENSIVE CARE UNIT	42	10,527				31.00
41.00	SUBPROVIDER - IRF	45	4,088				41.00
43.00	NURSERY	426	27,694				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	3,711	161,651				45.00
200.00	Total (lines 30 through 199)	4,785	279,426				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part II
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Title XIX		Hospital Program Charges	PPS	
			Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)		Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,032,007	94,093,389	0.032223	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,049,874	18,267,963	0.057471	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	633,473	12,108,621	0.052316	0	55.00
56.00	05600	RADIOISOTOPE	257,419	4,618,792	0.055733	0	56.00
57.00	05700	CT SCAN	371,851	24,762,117	0.015017	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	338,158	15,203,935	0.022241	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	824,042	21,482,231	0.038359	0	59.00
60.00	06000	LABORATORY	816,749	42,215,980	0.019347	0	60.00
64.00	06400	INTRAVENOUS THERAPY	206,308	7,533,010	0.027387	0	64.00
65.00	06500	RESPIRATORY THERAPY	230,486	11,911,039	0.019351	0	65.00
66.00	06600	PHYSICAL THERAPY	222,921	2,554,183	0.087277	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,753	2,096,122	0.018011	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,076	696,044	0.017349	0	68.00
69.00	06900	ELECTROCARDIOLOGY	67,413	9,077,736	0.007426	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	632,613	6,505,410	0.097244	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	365,538	13,887,786	0.026321	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	777,290	46,952,450	0.016555	0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	76.00
76.01	03280	EKG AND EEG	121,199	3,044,106	0.039814	0	76.01
76.02	03950	O/P REHAB SERVICES	481,876	6,794,413	0.070922	0	76.02
76.03	03951	SPORTS FITNESS	483,580	661,108	0.731469	0	76.03
76.04	03952	LIFE CENTER	417,539	9,968,351	0.041886	0	76.04
76.06	03480	ONCOLOGY	442,701	1,615,608	0.274015	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	61,656	324,023	0.190283	0	76.07
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	902,249	30,417,167	0.029662	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	184,030	4,565,642	0.040308	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	12,970,801	391,357,226		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/29/2018 1:46 pm	
					Title XIX		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	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	21,955	0.00	561	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,013	0.00	42	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,193	0.00	45	41.00		
43.00	04300	NURSERY	0	0	1,433	0.00	426	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	4,738	0.00	0	44.00		
45.00	04500	NURSING FACILITY	0	0	50,748	0.00	3,711	45.00		
200.00		Total (lines 30 through 199)	0	0	83,080	0.00	4,785	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							
31.00	03100	INTENSIVE CARE UNIT	0							
41.00	04100	SUBPROVIDER - IRF	0							
43.00	04300	NURSERY	0							
44.00	04400	SKILLED NURSING FACILITY	0							
45.00	04500	NURSING FACILITY	0							
200.00		Total (lines 30 through 199)	0							

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 16-0057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XIX		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	94,093,389	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	18,267,963	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	12,108,621	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	4,618,792	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	24,762,117	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	15,203,935	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	21,482,231	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	42,215,980	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,533,010	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,911,039	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,554,183	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,096,122	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	696,044	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,077,736	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	6,505,410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	13,887,786	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	46,952,450	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	3,044,106	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	6,794,413	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	661,108	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	9,968,351	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	1,615,608	0.000000	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	324,023	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	30,417,167	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,565,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	391,357,226		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
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	0	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	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
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	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03280 EKG AND EEG	0.000000	0	0	0	0	76.01
76.02	03950 O/P REHAB SERVICES	0.000000	0	0	0	0	76.02
76.03	03951 SPORTS FITNESS	0.000000	0	0	0	0	76.03
76.04	03952 LIFE CENTER	0.000000	0	0	0	0	76.04
76.06	03480 ONCOLOGY	0.000000	0	0	0	0	76.06
76.07	03954 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/29/2018 1:46 pm		
					Title XIX		Subprovider - IRF		PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)				
			1.00	2.00	3.00	4.00	5.00				
	ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	3,032,007	94,093,389	0.032223	0	0	50.00			
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,049,874	18,267,963	0.057471	0	0	54.00			
55.00	05500	RADIOLOGY-THERAPEUTIC	633,473	12,108,621	0.052316	0	0	55.00			
56.00	05600	RADIOISOTOPE	257,419	4,618,792	0.055733	0	0	56.00			
57.00	05700	CT SCAN	371,851	24,762,117	0.015017	0	0	57.00			
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	338,158	15,203,935	0.022241	0	0	58.00			
59.00	05900	CARDIAC CATHETERIZATION	824,042	21,482,231	0.038359	0	0	59.00			
60.00	06000	LABORATORY	816,749	42,215,980	0.019347	0	0	60.00			
64.00	06400	INTRAVENOUS THERAPY	206,308	7,533,010	0.027387	0	0	64.00			
65.00	06500	RESPIRATORY THERAPY	230,486	11,911,039	0.019351	0	0	65.00			
66.00	06600	PHYSICAL THERAPY	222,921	2,554,183	0.087277	0	0	66.00			
67.00	06700	OCCUPATIONAL THERAPY	37,753	2,096,122	0.018011	0	0	67.00			
68.00	06800	SPEECH PATHOLOGY	12,076	696,044	0.017349	0	0	68.00			
69.00	06900	ELECTROCARDIOLOGY	67,413	9,077,736	0.007426	0	0	69.00			
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	632,613	6,505,410	0.097244	0	0	71.00			
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	365,538	13,887,786	0.026321	0	0	72.00			
73.00	07300	DRUGS CHARGED TO PATIENTS	777,290	46,952,450	0.016555	0	0	73.00			
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00			
76.01	03280	EKG AND EEG	121,199	3,044,106	0.039814	0	0	76.01			
76.02	03950	O/P REHAB SERVICES	481,876	6,794,413	0.070922	0	0	76.02			
76.03	03951	SPORTS FITNESS	483,580	661,108	0.731469	0	0	76.03			
76.04	03952	LIFE CENTER	417,539	9,968,351	0.041886	0	0	76.04			
76.06	03480	ONCOLOGY	442,701	1,615,608	0.274015	0	0	76.06			
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	61,656	324,023	0.190283	0	0	76.07			
	OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	902,249	30,417,167	0.029662	0	0	91.00			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,565,642	0.000000	0	0	92.00			
	OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES						95.00			
200.00		Total (lines 50 through 199)	12,786,771	391,357,226		0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
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
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 16-0057 Component CCN: 16-T057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	94,093,389	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	18,267,963	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	12,108,621	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	4,618,792	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	24,762,117	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	15,203,935	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	21,482,231	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	42,215,980	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,533,010	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,911,039	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,554,183	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,096,122	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	696,044	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,077,736	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	6,505,410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	13,887,786	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	46,952,450	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	3,044,106	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	6,794,413	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	661,108	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	9,968,351	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	1,615,608	0.000000	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	324,023	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	30,417,167	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,565,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	391,357,226		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XIX		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	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
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	0	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	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
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	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 16-0057 Component CCN: 16-5110		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	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
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
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
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 16-0057 Component CCN: 16-5110		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	94,093,389	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	18,267,963	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	12,108,621	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	4,618,792	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	24,762,117	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	15,203,935	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	21,482,231	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	42,215,980	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,533,010	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,911,039	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,554,183	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,096,122	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	696,044	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,077,736	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	6,505,410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	13,887,786	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	46,952,450	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	3,044,106	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	6,794,413	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	661,108	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	9,968,351	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	1,615,608	0.000000	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	324,023	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	30,417,167	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,565,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	391,357,226		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XIX		Skilled Nursing Facility		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	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
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	0	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	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
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	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,955	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,955	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)		20,587	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)		10,923	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,249,307	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)		21,249,307	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		21,249,307	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		967.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,571,935	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)		10,571,935	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-1

Date/Time Prepared:
11/29/2018 1:46 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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,680,922	2,013	2,325.35	1,182	2,748,564
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		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	2,953,475	21,249,307	0.138992	1,324,032	184,030
91.00	Nursing School cost	0	21,249,307	0.000000	1,324,032	0
92.00	Allied health cost	0	21,249,307	0.000000	1,324,032	0
93.00	All other Medical Education	0	21,249,307	0.000000	1,324,032	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,193	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,193	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)		2,193	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,276	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,611,837	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,611,837	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,611,837	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		734.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		937,847	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)		937,847	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					590,334	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,528,181	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)					115,912	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					67,650	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					183,562	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,344,619	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 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	199,216	1,611,837	0.123596	0	0	90.00
91.00 Nursing School cost	0	1,611,837	0.000000	0	0	91.00
92.00 Allied health cost	0	1,611,837	0.000000	0	0	92.00
93.00 All other Medical Education	0	1,611,837	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,738	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,738	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)		4,738	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,968	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,033,619	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)		2,033,619	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,033,619	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 pm
			Title XVIII	Skilled Nursing Facility	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)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					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 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					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)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					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					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					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)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					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)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					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)					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)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					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)				2,033,619	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				429.21	71.00
72.00 Program routine service cost (line 9 x line 71)				1,703,105	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)				1,703,105	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)				0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00 Inpatient routine service cost per diem limitation				0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)				1,703,105	83.00
84.00 Program inpatient ancillary services (see instructions)				406,814	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				2,109,919	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)				0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

Worksheet D-1

Component CCN: 16-5110

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

Title XVIII

Skilled Nursing
Facility

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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-1

Date/Time Prepared:

11/29/2018 1:46 pm

Title XIX		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	21,955	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	21,955	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)	20,587	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)	561	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,433	15.00
16.00	Nursery days (title V or XIX only)	426	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	21,249,307	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)	21,249,307	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	21,249,307	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	967.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	542,969	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)	542,969	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Title XIX		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)	722,806	1,433	504.40	426	214,874
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,680,922	2,013	2,325.35	42	97,665
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					855,508
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					113,687
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)					113,687
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					741,821
TARGET AMOUNT AND LIMIT COMPUTATION						
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
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
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
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)					1,368
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					967.86
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,324,032

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-1

Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Title XIX		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	2,953,475	21,249,307	0.138992	1,324,032	184,030
91.00	Nursing School cost	0	21,249,307	0.000000	1,324,032	0
92.00	Allied health cost	0	21,249,307	0.000000	1,324,032	0
93.00	All other Medical Education	0	21,249,307	0.000000	1,324,032	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,193	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,193	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)		2,193	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)		45	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,433	15.00
16.00	Nursery days (title V or XIX only)		426	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,611,837	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,611,837	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,611,837	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		734.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		33,075	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)		33,075	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XIX		Subprovider - IRF	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,075	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,088	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)					4,088	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,987	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

Worksheet D-1

Component CCN: 16-T057

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

Title XIX

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	199,216	1,611,837	0.123596	0	0	90.00
91.00	Nursing School cost	0	1,611,837	0.000000	0	0	91.00
92.00	Allied health cost	0	1,611,837	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,611,837	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 pm
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,738	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,738	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)		4,738	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,433	15.00
16.00	Nursery days (title V or XIX only)		426	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,033,619	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)		2,033,619	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,033,619	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 1:46 pm	
				Title XIX		Skilled Nursing Facility	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					2,033,619	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					429.21	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					251,122	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					53.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

Worksheet D-1

Component CCN: 16-5110

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

Title XIX

Skilled Nursing
Facility

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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 1:46 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		20,366,069		30.00
31.00	03100	INTENSIVE CARE UNIT		4,065,180		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.196303	14,360,188	2,818,948	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242634	1,949,399	472,990	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213012	102,831	21,904	55.00
56.00	05600	RADIOISOTOPE	0.273840	317,605	86,973	56.00
57.00	05700	CT SCAN	0.077320	3,162,883	244,554	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076841	1,165,263	89,540	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.176200	5,593,480	985,571	59.00
60.00	06000	LABORATORY	0.197253	8,117,309	1,601,164	60.00
64.00	06400	INTRAVENOUS THERAPY	0.171205	1,037,274	177,586	64.00
65.00	06500	RESPIRATORY THERAPY	0.199913	4,856,434	970,864	65.00
66.00	06600	PHYSICAL THERAPY	0.445773	805,959	359,275	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347118	620,640	215,435	67.00
68.00	06800	SPEECH PATHOLOGY	0.342589	201,691	69,097	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108918	1,601,092	174,388	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.252764	1,838,946	4,142,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.586070	4,316,036	2,529,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.356581	4,686,764	1,671,211	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	0.244075	91,359	22,298	76.01
76.02	03950	O/P REHAB SERVICES	0.654450	0	0	76.02
76.03	03951	SPORTS FITNESS	3.197266	1,584	5,064	76.03
76.04	03952	LIFE CENTER	0.280245	57,871	16,218	76.04
76.06	03480	ONCOLOGY	2.857644	7,868	22,484	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.760301	279,650	212,618	76.07
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.244354	3,847,700	940,201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.289999	606,148	175,782	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		59,625,974	18,026,375	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)		59,625,974		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 1:46 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		1,823,433		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.196303	38,886	7,633	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.242634	25,162	6,105	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213012	646	138	55.00
56.00	05600 RADIOISOTOPE	0.273840	1,440	394	56.00
57.00	05700 CT SCAN	0.077320	37,809	2,923	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.076841	29,228	2,246	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.176200	40,823	7,193	59.00
60.00	06000 LABORATORY	0.197253	127,049	25,061	60.00
64.00	06400 INTRAVENOUS THERAPY	0.171205	1,031	177	64.00
65.00	06500 RESPIRATORY THERAPY	0.199913	64,496	12,894	65.00
66.00	06600 PHYSICAL THERAPY	0.445773	457,705	204,033	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.347118	398,834	138,442	67.00
68.00	06800 SPEECH PATHOLOGY	0.342589	238,947	81,861	68.00
69.00	06900 ELECTROCARDIOLOGY	0.108918	2,977	324	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.252764	24,729	55,709	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.586070	3,593	2,106	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.356581	78,190	27,881	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	0.244075	2,004	489	76.01
76.02	03950 O/P REHAB SERVICES	0.654450	0	0	76.02
76.03	03951 SPORTS FITNESS	3.197266	33	106	76.03
76.04	03952 LIFE CENTER	0.280245	620	174	76.04
76.06	03480 ONCOLOGY	2.857644	0	0	76.06
76.07	03954 OTHER ANCILLARY SERVICE COST CENTERS	0.760301	15,300	11,633	76.07
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.244354	6,313	1,543	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.289999	4,375	1,269	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,600,190	590,334	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)		1,600,190		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 1:46 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.196303	12,883	2,529	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.242634	15,523	3,766	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213012	0	0	55.00
56.00	05600 RADIOISOTOPE	0.273840	0	0	56.00
57.00	05700 CT SCAN	0.077320	155	12	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.076841	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.176200	14,636	2,579	59.00
60.00	06000 LABORATORY	0.197253	70,183	13,844	60.00
64.00	06400 INTRAVENOUS THERAPY	0.171205	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.199913	230	46	65.00
66.00	06600 PHYSICAL THERAPY	0.445773	423,239	188,669	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.347118	387,244	134,419	67.00
68.00	06800 SPEECH PATHOLOGY	0.342589	39,778	13,628	68.00
69.00	06900 ELECTROCARDIOLOGY	0.108918	252	27	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.252764	985	2,219	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.586070	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.356581	124,027	44,226	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	0.244075	0	0	76.01
76.02	03950 O/P REHAB SERVICES	0.654397	0	0	76.02
76.03	03951 SPORTS FITNESS	3.197266	0	0	76.03
76.04	03952 LIFE CENTER	0.280245	2,384	668	76.04
76.06	03480 ONCOLOGY	2.857644	0	0	76.06
76.07	03954 OTHER ANCILLARY SERVICE COST CENTERS	0.760301	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.244354	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.289999	629	182	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,092,148	406,814	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)		1,092,148		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 1:46 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		24,096,547	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)		173,155	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		3,352,052	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		134.25	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		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
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		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
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.48	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.70	31.00
32.00	Sum of lines 30 and 31		25.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.99	33.00
34.00	Disproportionate share adjustment (see instructions)		601,811	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 1:46 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000156611	0.000189026	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		936,138	1,279,082	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		235,958	956,683	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,192,641		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (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 excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		26,064,154		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			26,064,154	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,981,299	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			2,652	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)			28,048,105	59.00
60.00	Primary payer payments			32,133	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			28,015,972	61.00
62.00	Deductibles billed to program beneficiaries			2,846,444	62.00
63.00	Coinsurance billed to program beneficiaries			99,964	63.00
64.00	Allowable bad debts (see instructions)			0	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			0	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)			25,069,564	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)			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)			164,861	70.93
70.94	HRR adjustment amount (see instructions)			-270,336	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A
Date/Time Prepared:
11/29/2018 1:46 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		24,964,089		71.00
71.01	Sequestration adjustment (see instructions)		499,282		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		24,495,010		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-30,203		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 1:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,262	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,129,048	2.00
3.00	OPPS payments		27,407,017	3.00
4.00	Outlier payment (see instructions)		60,429	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.878	5.00
6.00	Line 2 times line 5		26,453,304	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)		12,262	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		34,417	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)		34,417	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)		34,417	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		22,155	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)		12,262	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)		27,467,446	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,266,509	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		22,213,199	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)		22,213,199	30.00
31.00	Primary payer payments		6,852	31.00
32.00	Subtotal (line 30 minus line 31)		22,206,347	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		22,206,347	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)		22,206,347	40.00
40.01	Sequestration adjustment (see instructions)		444,127	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		21,759,647	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,573	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet E-1
Part I
Date/Time Prepared:
11/29/2018 1:46 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		24,495,010		21,759,647	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)		24,495,010		21,759,647	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		2,573	6.01	
6.02	SETTLEMENT TO PROGRAM		30,203		0	6.02	
7.00	Total Medicare program liability (see instructions)		24,464,807		21,762,220	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: 16-0057

Period:

Worksheet E-1

Component CCN: 16-T057

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 1:46 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				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		2,167,096		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)		2,167,096		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		27,733		0	6.02
7.00	Total Medicare program liability (see instructions)		2,139,363		0	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: 16-0057
 Component CCN: 16-5110

 Period:
 From 07/01/2017
 To 06/30/2018

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/29/2018 1:46 pm

Title XVIII

 Skilled Nursing
 Facility

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		1,162,139		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)		1,162,139		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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,162,139		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: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet E-1
Part II
Date/Time Prepared:
11/29/2018 1:46 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE 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: 16-0057 Component CCN: 16-T057	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/29/2018 1:46 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			2,084,861 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0127 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			76,723 3.00
4.00	Outlier Payments			40,252 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)			6.008219 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)			2,201,836 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)			2,201,836 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,201,836 19.00
20.00	Deductibles			10,576 20.00
21.00	Subtotal (line 19 minus line 20)			2,191,260 21.00
22.00	Coinsurance			8,237 22.00
23.00	Subtotal (line 21 minus line 22)			2,183,023 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)			2,183,023 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
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,183,023 32.00
32.01	Sequestration adjustment (see instructions)			43,660 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,167,096 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)			-27,733 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			40,252 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VI Date/Time Prepared: 11/29/2018 1:46 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,371,371	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,371,371	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		185,515	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,185,856	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		1,185,856	15.00
15.01	Sequestration adjustment (see instructions)		23,717	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		1,162,139	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet G

Date/Time Prepared:
11/29/2018 1:46 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	14,094,096	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	16,509,755	0	0	0	4.00
5.00	Other receivable	1,336,612	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,828,663	0	0	0	7.00
8.00	Prepaid expenses	4,431,664	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)	40,200,790	0	0	0	11.00
FIXED ASSETS						
12.00	Land	133,357,529	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	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)	133,357,529	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,147,480	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	155,401,784	0	0	0	33.00
34.00	Other assets	2,407,823	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	161,957,087	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	335,515,406	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,985,228	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,720,111	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,455,175	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,160,514	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	52,532,356	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	2,126,939	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	54,659,295	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	82,819,809	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	252,695,597				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)	252,695,597	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	335,515,406	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-1

Date/Time Prepared:
11/29/2018 1:46 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		263,033,845		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,164,859				2.00
3.00	Total (sum of line 1 and line 2)		266,198,704		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)		266,198,704		0		11.00
12.00	EQUITY TRANSFERS	12,894,269		0		0	12.00
13.00	CHANGE IN BENEFICIAL INTEREST	73,995		0		0	13.00
14.00	NET ASSETS RELEASED FROM RESTRICTION	534,843		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)		13,503,107		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		252,695,597		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	EQUITY TRANSFERS		0				12.00
13.00	CHANGE IN BENEFICIAL INTEREST		0				13.00
14.00	NET ASSETS RELEASED FROM RESTRICTION		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: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	37,717,575		37,717,575	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,128,682		3,128,682	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	2,788,340		2,788,340	7.00
8.00	NURSING FACILITY	10,040,848		10,040,848	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	53,675,445		53,675,445	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,888,118		6,888,118	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	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,888,118		6,888,118	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	60,563,563		60,563,563	17.00
18.00	Ancillary services	106,766,771	249,607,646	356,374,417	18.00
19.00	Outpatient services	7,937,954	27,044,855	34,982,809	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		2,009,486	2,009,486	22.00
23.00	AMBULANCE SERVICES	25,319	2,099,114	2,124,433	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	161,567	1,964,577	2,126,144	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	175,455,174	282,725,678	458,180,852	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		176,746,601		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	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)		176,746,601		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-3

Date/Time Prepared:
11/29/2018 1:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	458,180,852	1.00
2.00	Less contractual allowances and discounts on patients' accounts	285,672,133	2.00
3.00	Net patient revenues (line 1 minus line 2)	172,508,719	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	176,746,601	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,237,882	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	7,402,741	24.00
25.00	Total other income (sum of lines 6-24)	7,402,741	25.00
26.00	Total (line 5 plus line 25)	3,164,859	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)	3,164,859	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0057

Period:

Worksheet H

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	144,765	40,124	0	0	103,869	288,758	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	875,849	242,759	0	0	12,972	1,131,580	6.00
7.00 Physical Therapy	288,450	79,950	0	0	14,676	383,076	7.00
8.00 Occupational Therapy	115,044	31,887	0	0	0	146,931	8.00
9.00 Speech Pathology	13,254	3,674	0	0	0	16,928	9.00
10.00 Medical Social Services	1,113	308	0	0	0	1,421	10.00
11.00 Home Health Aide	137,476	38,104	0	0	0	175,580	11.00
12.00 Supplies (see instructions)	0	0	0	0	906	906	12.00
13.00 Drugs	0	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	3,229	895	0	0	631	4,755	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	1,579,180	437,701	0	0	133,054	2,149,935	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	233,572	522,330	-807	521,523			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	-22,289	1,109,291	0	1,109,291			6.00
7.00 Physical Therapy	-7,341	375,735	0	375,735			7.00
8.00 Occupational Therapy	-2,928	144,003	0	144,003			8.00
9.00 Speech Pathology	-337	16,591	0	16,591			9.00
10.00 Medical Social Services	-28	1,393	0	1,393			10.00
11.00 Home Health Aide	-3,499	172,081	0	172,081			11.00
12.00 Supplies (see instructions)	0	906	0	906			12.00
13.00 Drugs	0	0	0	0			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	-82	4,673	0	4,673			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	197,068	2,347,003	-807	2,346,196			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0057

Period:

Worksheet H-1

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

						Agency 1			
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
			Bldgs & Fixtures	Movable Equipment					
			1.00	2.00					3.00
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	521,523	0	0	0	0	521,523	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,109,291	0	0	0	0	1,109,291	6.00	
7.00	Physical Therapy	375,735	0	0	0	0	375,735	7.00	
8.00	Occupational Therapy	144,003	0	0	0	0	144,003	8.00	
9.00	Speech Pathology	16,591	0	0	0	0	16,591	9.00	
10.00	Medical Social Services	1,393	0	0	0	0	1,393	10.00	
11.00	Home Health Aide	172,081	0	0	0	0	172,081	11.00	
12.00	Supplies (see instructions)	906	0	0	0	0	906	12.00	
13.00	Drugs	0	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	4,673	0	0	0	0	4,673	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	2,346,196	0	0	0	0	2,346,196	24.00	
		Administrative & General	Total (cols. 4A + 5)						
		5.00	6.00						
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00	
2.00	Capital Related - Movable Equipment							2.00	
3.00	Plant Operation & Maintenance							3.00	
4.00	Transportation							4.00	
5.00	Administrative and General	521,523						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	317,054	1,426,345					6.00	
7.00	Physical Therapy	107,391	483,126					7.00	
8.00	Occupational Therapy	41,159	185,162					8.00	
9.00	Speech Pathology	4,742	21,333					9.00	
10.00	Medical Social Services	398	1,791					10.00	
11.00	Home Health Aide	49,184	221,265					11.00	
12.00	Supplies (see instructions)	259	1,165					12.00	
13.00	Drugs	0	0					13.00	
14.00	DME	0	0					14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00	
16.00	Respiratory Therapy	0	0					16.00	
17.00	Private Duty Nursing	1,336	6,009					17.00	
18.00	Clinic	0	0					18.00	
19.00	Health Promotion Activities	0	0					19.00	
20.00	Day Care Program	0	0					20.00	
21.00	Home Delivered Meals Program	0	0					21.00	
22.00	Homemaker Service	0	0					22.00	
23.00	All Others (specify)	0	0					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		2,346,196					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-1

HHA CCN: 16-7136

From 07/01/2017

Part II

To 06/30/2018

Date/Time Prepared:

11/29/2018 1:46 pm

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-521,523	1,824,673	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,109,291	6.00	
7.00	Physical Therapy	0	0	0	0	0	375,735	7.00	
8.00	Occupational Therapy	0	0	0	0	0	144,003	8.00	
9.00	Speech Pathology	0	0	0	0	0	16,591	9.00	
10.00	Medical Social Services	0	0	0	0	0	1,393	10.00	
11.00	Home Health Aide	0	0	0	0	0	172,081	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	906	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	4,673	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-521,523	1,824,673	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		521,523	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.285817	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

Cost Center Description		Agency 1							
		HHA Trial Balance (1)	CAPITAL RELATED COSTS				BLDG & FIXT - MERCY		
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY			
			0	1.00	1.01	1.02			1.03
1.00	Administrative and General	0	0	0	0	0	0	1.00	
2.00	Skilled Nursing Care	1,426,345	0	0	0	0	0	2.00	
3.00	Physical Therapy	483,126	0	0	0	0	0	3.00	
4.00	Occupational Therapy	185,162	0	0	0	0	0	4.00	
5.00	Speech Pathology	21,333	0	0	0	0	0	5.00	
6.00	Medical Social Services	1,791	0	0	0	0	0	6.00	
7.00	Home Health Aide	221,265	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	1,165	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	6,009	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	2,346,196	0	0	0	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
		CAPITAL RELATED COSTS							
Cost Center Description		BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
		1.05	1.06	1.07	1.08	2.00	4.00		
1.00	Administrative and General	0	120,526	0	0	10,227	6,779	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	41,063	2.00	
3.00	Physical Therapy	0	0	0	0	0	13,530	3.00	
4.00	Occupational Therapy	0	0	0	0	0	5,390	4.00	
5.00	Speech Pathology	0	0	0	0	0	611	5.00	
6.00	Medical Social Services	0	0	0	0	0	56	6.00	
7.00	Home Health Aide	0	0	0	0	0	6,446	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	139	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	0	120,526	0	0	10,227	74,014	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

Cost Center Description		ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	9,608	147,140	12,940	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,467,408	129,052	0	10,682	14,277	2.00
3.00	Physical Therapy	0	496,656	43,678	0	0	0	3.00
4.00	Occupational Therapy	0	190,552	16,758	0	0	0	4.00
5.00	Speech Pathology	0	21,944	1,930	0	0	0	5.00
6.00	Medical Social Services	0	1,847	162	0	0	0	6.00
7.00	Home Health Aide	0	227,711	20,026	0	0	0	7.00
8.00	Supplies (see instructions)	0	1,165	102	942	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	6,148	541	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	9,608	2,560,571	225,189	942	10,682	14,277	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		Subtotal	OTHER A&G	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		5A.05	5.06	7.00	7.01	7.02	7.03	
1.00	Administrative and General	160,080	8,616	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,621,419	87,272	0	0	0	0	2.00
3.00	Physical Therapy	540,334	29,083	0	0	0	0	3.00
4.00	Occupational Therapy	207,310	11,158	0	0	0	0	4.00
5.00	Speech Pathology	23,874	1,285	0	0	0	0	5.00
6.00	Medical Social Services	2,009	108	0	0	0	0	6.00
7.00	Home Health Aide	247,737	13,334	0	0	0	0	7.00
8.00	Supplies (see instructions)	2,209	119	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	6,689	360	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,811,661	151,335	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.04	7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	0	31,716	0	0	63,495	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	31,716	0	0	63,495	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	4,334	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	2,884	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	4,334	0	2,884	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	116,258	384,499	0	384,499	1.00
2.00	Skilled Nursing Care	0	15,742	0	1,724,433	0	1,724,433	2.00
3.00	Physical Therapy	0	0	0	569,417	0	569,417	3.00
4.00	Occupational Therapy	0	0	0	218,468	0	218,468	4.00
5.00	Speech Pathology	0	0	0	25,159	0	25,159	5.00
6.00	Medical Social Services	0	0	0	2,117	0	2,117	6.00
7.00	Home Health Aide	0	0	0	261,071	0	261,071	7.00
8.00	Supplies (see instructions)	0	0	0	5,212	0	5,212	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	7,049	0	7,049	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	15,742	116,258	3,197,425	0	3,197,425	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	235,713	1,960,146					2.00
3.00	Physical Therapy	77,834	647,251					3.00
4.00	Occupational Therapy	29,862	248,330					4.00
5.00	Speech Pathology	3,439	28,598					5.00
6.00	Medical Social Services	289	2,406					6.00
7.00	Home Health Aide	35,686	296,757					7.00
8.00	Supplies (see instructions)	712	5,924					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	964	8,013					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	384,499	3,197,425					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.136690						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	BLDG & FIXT - EASTMAN (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	
		BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.06	1.07	1.08	2.00			
1.00	Administrative and General	8,570	0	0	10,147	244	78	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,478	0	2.00
3.00	Physical Therapy	0	0	0	0	487	0	3.00
4.00	Occupational Therapy	0	0	0	0	194	0	4.00
5.00	Speech Pathology	0	0	0	0	22	0	5.00
6.00	Medical Social Services	0	0	0	0	2	0	6.00
7.00	Home Health Aide	0	0	0	0	232	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	5	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	8,570	0	0	10,147	2,664	78	20.00
21.00	Total cost to be allocated	120,526	0	0	10,227	74,014	9,608	21.00
22.00	Unit cost multiplier	14.063711	0.000000	0.000000	1.007884	27.783033	123.179487	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

Cost Center Description		Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	147,140	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,467,408	0	2,009,486	2,009,486	0	2.00
3.00	Physical Therapy	0	496,656	0	0	0	0	3.00
4.00	Occupational Therapy	0	190,552	0	0	0	0	4.00
5.00	Speech Pathology	0	21,944	0	0	0	0	5.00
6.00	Medical Social Services	0	1,847	0	0	0	0	6.00
7.00	Home Health Aide	0	227,711	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	1,165	21,361	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	6,148	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)		2,560,571	21,361	2,009,486	2,009,486		20.00
21.00	Total cost to be allocated		225,189	942	10,682	14,277		21.00
22.00	Unit cost multiplier		0.087945	0.044099	0.005316	0.007105		22.00
Cost Center Description		OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		5.06	7.00	7.01	7.02	7.03	7.04	
1.00	Administrative and General	160,080	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,621,419	0	0	0	0	0	2.00
3.00	Physical Therapy	540,334	0	0	0	0	0	3.00
4.00	Occupational Therapy	207,310	0	0	0	0	0	4.00
5.00	Speech Pathology	23,874	0	0	0	0	0	5.00
6.00	Medical Social Services	2,009	0	0	0	0	0	6.00
7.00	Home Health Aide	247,737	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	2,209	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	6,689	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	2,811,661	0	0	0	0	0	20.00
21.00	Total cost to be allocated	151,335	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.053824	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	9.01	
1.00	Administrative and General	0	8,570	0	0	3,576	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	8,570	0	0	3,576	0	20.00
21.00	Total cost to be allocated	0	31,716	0	0	63,495	0	21.00
22.00	Unit cost multiplier	0.000000	3.700817	0.000000	0.000000	17.755872	0.000000	22.00
Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	
		10.00	10.01	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	194	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	21,361	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	194	0	21,361	0	20.00
21.00	Total cost to be allocated	0	0	4,334	0	2,884	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	22.340206	0.000000	0.135012	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

PPS

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
		16.00	17.00		
1.00	Administrative and General	0	15,241		1.00
2.00	Skilled Nursing Care	2,009,486	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	2,009,486	15,241		20.00
21.00	Total cost to be allocated	15,742	116,258		21.00
22.00	Unit cost multiplier	0.007834	7.627977		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/29/2018 1:46 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	1,960,146		1,960,146	6,624	295.92	1.00
2.00	Physical Therapy	3.00	647,251	0	647,251	3,125	207.12	2.00
3.00	Occupational Therapy	4.00	248,330	0	248,330	1,328	187.00	3.00
4.00	Speech Pathology	5.00	28,598	0	28,598	131	218.31	4.00
5.00	Medical Social Services	6.00	2,406		2,406	41	58.68	5.00
6.00	Home Health Aide	7.00	296,757		296,757	3,992	74.34	6.00
7.00	Total (sum of lines 1-6)		3,183,488	0	3,183,488	15,241		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
				0	1.00		
	0	1.00	2.00	3.00	4.00	5.00	

Limitation Cost Computation

8.00	Skilled Nursing Care		99916	0	2,615			8.00
9.00	Physical Therapy		99916	0	2,147			9.00
10.00	Occupational Therapy		99916	0	1,084			10.00
11.00	Speech Pathology		99916	0	83			11.00
12.00	Medical Social Services		99916	0	35			12.00
13.00	Home Health Aide		99916	0	1,269			13.00
14.00	Total (sum of lines 8-13)			0	7,233			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	5,924	11,669	17,593	5,180	3.396332	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services			
		Part B			Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	2,615		0	773,831		1.00
2.00	Physical Therapy	0	2,147		0	444,687		2.00
3.00	Occupational Therapy	0	1,084		0	202,708		3.00
4.00	Speech Pathology	0	83		0	18,120		4.00
5.00	Medical Social Services	0	35		0	2,054		5.00
6.00	Home Health Aide	0	1,269		0	94,337		6.00
7.00	Total (sum of lines 1-6)	0	7,233		0	1,535,737		7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
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Limitation Cost Computation

8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2017

Part I

To 06/30/2018

Date/Time Prepared:

11/29/2018 1:46 pm

Title XVIII

Home Health

Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	5,180	0	0	17,593	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation								
1.00	Skilled Nursing Care	773,831						1.00
2.00	Physical Therapy	444,687						2.00
3.00	Occupational Therapy	202,708						3.00
4.00	Speech Pathology	18,120						4.00
5.00	Medical Social Services	2,054						5.00
6.00	Home Health Aide	94,337						6.00
7.00	Total (sum of lines 1-6)	1,535,737						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 1:46 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.445773	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.347118	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.342589	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	2.252764	5,180	11,669	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.356581	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0057

Period:

Worksheet H-4

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Part I-II
Date/Time Prepared:
11/29/2018 1:46 pm

Title XVIII

Home Health
Agency I

PPS

		Agency 1		Agency 2	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	977,922	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	105,670	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	15,248	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	15,971	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,114,811	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,114,811	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	1,114,811	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,114,811	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	1,114,811	31.00
31.01	Sequestration adjustment (see instructions)		0	22,848	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,091,963	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 16-0057

Period:

Worksheet H-5

HHA CCN: 16-7136

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pmHome Health
Agency I

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		0		1,091,963	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			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			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. H-4, Part II, column as appropriate, line 32)		0		1,091,963	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,091,963	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0 2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0 3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	0	0	0 4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0 5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0 6.00
7.00	HOUSEKEEPING*	0	0	0	0	0 7.00
8.00	DIETARY*	0	0	0	0	0 8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0 10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0 11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0 12.00
13.00	VOLUNTEER SERVICE COORDINATION*	10,448	2,879	13,327	-278	13,049 13.00
14.00	PHARMACY*	377,348	131,549	508,897	246,987	755,884 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0 25.00
26.00	PHYSICIAN SERVICES**	0	39,790	39,790	0	39,790 26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0 27.00
28.00	REGISTERED NURSE**	714,749	177,949	892,698	0	892,698 28.00
29.00	LPN/LVN**	0	0	0	0	0 29.00
30.00	PHYSICAL THERAPY**	938	233	1,171	0	1,171 30.00
31.00	OCCUPATIONAL THERAPY**	116	28	144	0	144 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES**	144,845	36,062	180,907	0	180,907 33.00
34.00	SPIRITUAL COUNSELING**	33,378	8,310	41,688	0	41,688 34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0 35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0 36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	147,476	36,717	184,193	0	184,193 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0 38.00
39.00	PATIENT TRANSPORTATION**	0	60	60	0	60 39.00
40.00	IMAGING SERVICES**	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0 42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0 42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	178,946	178,946	0	178,946 46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0 60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0 61.00
62.00	FUNDRAISING*	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0 66.00
67.00	ADVERTISING*	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0 68.00
69.00	THRIFT STORE*	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0 71.00
100.00	TOTAL	1,429,298	612,523	2,041,821	246,709	2,288,530 100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	13,049	13.00
14.00	PHARMACY*	-904	754,980	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	39,790	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	892,698	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	1,171	30.00
31.00	OCCUPATIONAL THERAPY**	0	144	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	180,907	33.00
34.00	SPIRITUAL COUNSELING**	0	41,688	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	184,193	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	60	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	178,946	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-904	2,287,626	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 16-0057

Period:

Worksheet 0-2

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

					Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00	
26.00	PHYSICIAN SERVICES	0	37,906	37,906	0	37,906	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	680,904	169,522	850,426	0	850,426	28.00	
29.00	LPN/LVN	0	0	0	0	0	29.00	
30.00	PHYSICAL THERAPY	893	222	1,115	0	1,115	30.00	
31.00	OCCUPATIONAL THERAPY	110	27	137	0	137	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	137,987	34,354	172,341	0	172,341	33.00	
34.00	SPIRITUAL COUNSELING	31,797	7,916	39,713	0	39,713	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	140,492	34,978	175,470	0	175,470	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	170,530	170,530	0	170,530	46.00	
100.00	TOTAL *	992,183	455,455	1,447,638	0	1,447,638	100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	37,906	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	850,426	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	1,115	30.00
31.00	OCCUPATIONAL THERAPY	0	137	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	172,341	33.00
34.00	SPIRITUAL COUNSELING	0	39,713	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	175,470	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	170,530	46.00
100.00	TOTAL *	0	1,447,638	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE

Provider CCN: 16-0057

Period:

Worksheet 0-3

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	669	669	0	669	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	12,013	2,991	15,004	0	15,004	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	16	4	20	0	20	30.00
31.00	OCCUPATIONAL THERAPY	2	0	2	0	2	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,434	606	3,040	0	3,040	33.00
34.00	SPIRITUAL COUNSELING	561	140	701	0	701	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,479	617	3,096	0	3,096	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	21	21	0	21	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	2,987	2,987	0	2,987	46.00
100.00	TOTAL *	17,505	8,035	25,540	0	25,540	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	669	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	15,004	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	20	30.00
31.00	OCCUPATIONAL THERAPY	0	2	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,040	33.00
34.00	SPIRITUAL COUNSELING	0	701	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	3,096	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	21	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	2,987	46.00
100.00	TOTAL *	0	25,540	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 16-0057

Period:

Worksheet 0-4

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

						Hospice I	11/20/2018 1:45 pm
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	1,215	1,215	0	1,215	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	21,832	5,436	27,268	0	27,268	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	29	7	36	0	36	30.00
31.00	OCCUPATIONAL THERAPY	4	1	5	0	5	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	4,424	1,102	5,526	0	5,526	33.00
34.00	SPIRITUAL COUNSELING	1,020	254	1,274	0	1,274	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	4,505	1,122	5,627	0	5,627	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	39	39	0	39	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5,429	5,429	0	5,429	46.00
100.00	TOTAL *	31,814	14,605	46,419	0	46,419	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	1,215	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	27,268	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	36	30.00
31.00	OCCUPATIONAL THERAPY	0	5	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	5,526	33.00
34.00	SPIRITUAL COUNSELING	0	1,274	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	5,627	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	39	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5,429	46.00
100.00	TOTAL *	0	46,419	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 16-0057

Period:

Worksheet 0-5

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	115,182	115,182	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	33,216	33,216	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	70,041	70,041	3.00
4.00	ADMINISTRATIVE & GENERAL	0	399,193	399,193	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	30,309	30,309	5.00
6.00	LAUNDRY & LINEN SERVICE	0	7,523	7,523	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	2,798	2,798	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	12,256	12,256	10.00
11.00	MEDICAL RECORDS	0	16,656	16,656	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	13,049	0	13,049	13.00
14.00	PHARMACY	754,980	86,210	841,190	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	8,757	8,757	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,447,638	0	1,447,638	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	25,540	0	25,540	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	46,419	0	46,419	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,287,626	782,141	3,069,767	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

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Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	115,182	115,182					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	33,216		33,216				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	70,041	0	0	70,041			3.00
4.00	ADMINISTRATIVE & GENERAL	399,193	0	0	0	399,193		4.00
5.00	PLANT OPERATION & MAINTENANCE	30,309	0	0	0	30,309		5.00
6.00	LAUNDRY & LINEN SERVICE	7,523	0	0	0	7,523		6.00
7.00	HOUSEKEEPING	0	0	0	0	0		7.00
8.00	DIETARY	2,798	0	0	0	2,798		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,256	0	0	0	12,256		10.00
11.00	MEDICAL RECORDS	16,656	0	0	0	16,656		11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	13,049	0	0	0	13,049		13.00
14.00	PHARMACY	841,190	0	0	0	841,190		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0			8,757	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	1,447,638			0	1,447,638		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	25,540	0	0	0	25,540		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	46,419	115,182	33,216	70,041	264,858		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	3,069,767	115,182	33,216	70,041	3,069,767		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

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Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00		5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	399,193						4.00
5.00	PLANT OPERATION & MAINTENANCE	4,531	34,840					5.00
6.00	LAUNDRY & LINEN SERVICE	1,125	0		8,648			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	418	0			0	3,216	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,832	0			0		10.00
11.00	MEDICAL RECORDS	2,490	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	1,951	0			0		13.00
14.00	PHARMACY	125,739	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	1,309	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	216,390						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,818	0		3,069	0	1,141	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	39,590	34,840		5,579	0	2,075	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	399,193	34,840		8,648	0	3,216	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

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Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	14,088				10.00
11.00	MEDICAL RECORDS	0		19,146			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	15,000	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	13,421	18,239	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	237	322	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	430	585	0	15,000	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	14,088	19,146	0	15,000	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	966,929					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				10,066		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		1,695,688	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	3,573	37,700	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	966,929	0	0	6,493	1,336,379	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	966,929	0	0	10,066	3,069,767	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 16-0057

Period:

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Hospice CCN: 16-1567

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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,190					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		32,955				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,217			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-399,193	2,670,574	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	30,309	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	7,523	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	2,798	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	12,256	10.00
11.00	MEDICAL RECORDS	0	0	0	0	16,656	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	13,049	13.00
14.00	PHARMACY	0	0	0	0	841,190	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	8,757	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,447,638	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	25,540	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,190	32,955	2,217	0	264,858	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	115,182	33,216	70,041		399,193	100.00
101.00	UNIT COST MULTIPLIER	14.063736	1.007920	31.592693		0.149478	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 16-0057

Period:

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Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	8,190					5.00
6.00	LAUNDRY & LINEN SERVICE	0	710				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	710		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	252	0	252	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,190	458	0	458	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	34,840	8,648	0	3,216	0	100.00
101.00	UNIT COST MULTIPLIER	4.253968	12.180282	0.000000	4.529577	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

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Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	14,994						10.00
11.00	MEDICAL RECORDS		14,994					11.00
12.00	STAFF TRANSPORTATION				0			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	1,148		13.00
14.00	PHARMACY				0	0	171,145	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	14,284	14,284	0	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	252	252	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	458	458	0	0	1,148	171,145	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	14,088	19,146	0	15,000	966,929		100.00
101.00	UNIT COST MULTIPLIER	0.939576	1.276911	0.000000	13.066202	5.649765		101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/29/2018 1:46 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			710		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	252		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	458		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	10,066		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	14.177465		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 16-0057

Period:

Worksheet 0-7

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018

Date/Time Prepared:
11/29/2018 1:46 pm

			Hospice I		
Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)		
			HCHC	HRHC	HIRC
	0	1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	66.00	0.445773	0	0	0
2.00 OCCUPATIONAL THERAPY	67.00	0.347118	0	0	0
3.00 SPEECH PATHOLOGY	68.00	0.342589	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.356581	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00				
6.00 LABORATORY	60.00	0.197253	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2.252764	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00				
9.00 RADIOLOGY-THERAPEUTIC	55.00	0.213012	0	0	0
10.00 AUDIOLOGY	76.00	0.000000	0	0	0
10.01 EKG AND EEG	76.01	0.244075	0	0	0
10.02 O/P REHAB SERVICES	76.02	0.654397	0	0	0
10.03 SPORTS FITNESS	76.03	3.197266	0	0	0
10.04 LIFE CENTER	76.04	0.280245	0	0	0
10.06 ONCOLOGY	76.06	2.857644	0	0	0
10.07 OTHER ANCILLARY SERVICE COST CENTERS	76.07	0.760301	0	0	0
11.00 Totals (sum of lines 1-11)					11.00
Cost Center Descriptions	Charges by LOC (from Provider Records)		Shared Service Costs by LOC		
	HGIP		HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)
	5.00		6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	0	0	0	0	0
2.00 OCCUPATIONAL THERAPY	0	0	0	0	0
3.00 SPEECH PATHOLOGY	0	0	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED					
6.00 LABORATORY	0	0	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER					
9.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
10.00 AUDIOLOGY	0	0	0	0	0
10.01 EKG AND EEG	0	0	0	0	0
10.02 O/P REHAB SERVICES	0	0	0	0	0
10.03 SPORTS FITNESS	0	0	0	0	0
10.04 LIFE CENTER	0	0	0	0	0
10.06 ONCOLOGY	0	0	0	0	0
10.07 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
11.00 Totals (sum of lines 1-11)		0	0	0	0

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 16-0057

Period:

Worksheet 0-8

Hospice CCN: 16-1567

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/29/2018 1:46 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,695,688	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			14,284	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			118.71	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	12,595	0		9.00
10.00	Program cost (line 8 times line 9)	1,495,152	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			37,700	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			252	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			149.60	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	209	0		14.00
15.00	Program cost (line 13 times line 14)	31,266	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,336,379	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			458	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,917.86	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	270	0		19.00
20.00	Program cost (line 18 times line 19)	787,822	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,069,767	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			14,994	22.00
23.00	Average cost per diem (line 21 divided by line 22)			204.73	23.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 16-0057

Period:
From 07/01/2017
To 06/30/2018Worksheet L
Parts I-III
Date/Time Prepared:
11/29/2018 1:46 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	1,945,638	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	35,661	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)	62.08	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)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	1,981,299	12.00
			1.00
PART II - PAYMENT UNDER REASONABLE COST			
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
			1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS			
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00